

WORKERS' COMPENSATION AUTHORIZATION FORM

David K. Cox, LLC requires payment of \$600.00 for three EMDR/Therapy sessions (CPT code 90837). Receipt of this payment is required prior to the patient's first session. If additional sessions are warranted, payment needs to be received prior to resuming therapy. If payment has not been received before the scheduled therapy date, the patient will not be treated.

Referral Date: _____ Tentative Evaluation Date: _____

Case Manager Name: _____ Phone #: _____

Patient Name: _____ Date of Birth: _____

Patient Address: _____

Patient Phone #: _____

Insurance Company Information:

Name: _____

Address: _____

Claim: _____ Date of Injury: _____

Authorization for Evaluation: _____ Evaluation & Treatment: _____

Adjuster's Name: _____

Email Address: _____

Phone #: _____ Fax #: _____

CHECKS PAYABLE to:

DAVID K. COX, LLC
THORNEBROOK III
2830 NW 41ST STREET, SUITE D
GAINESVILLE, FL 32606