



PLEASE SEND COMPLETED FORM TO:

THE KEMPTON COMPANY
13431 N BROADWAY, SUITE 130
OKLAHOMA CITY, OK 73114

INJURY INFORMATION / CLAIM FORM

- 1) Name Date of Birth
2) Address Phone #
3) Employer Employer Name City State
4) Social Security Number

CLAIM PROCESSING INFORMATION

- 5) Diagnosis Code Procedure Code (CPT)
6) Providers Tax ID# Providers Telephone #
7) Is this claim for a dependent? Yes No If yes, please give name. Relationship Date of Birth Married? Yes No Full-time student? Yes No
8) Is the claim based upon an accident? Yes No If yes, please give the date the accident occurred. If yes, where did the accident occur? If yes, how did it happen?

Was this injury in any way related to the injured persons job? Yes No
Was this injury in any way related to a motor vehicle accident? Yes No

Date Signature of Employee Signature of Patient

Only if patient is age 18 or over