Northfield Hospital + Clinics

Rehabilitation Services Accident Form

Patient Sticker

❑ **Worker's Compensation**

Date of injury: _____

Employer's insurance company: _____

Address: _____

City: _____ State: _____ Zip: _____

Adjuster's name: _____ Phone: _____

Adjuster's FAX number: _____

Claim number: _____

❑ **Automobile Accident** ❑ **Other**

Date of accident: _____

Name of insurance company: _____

Address: _____

City: _____ State: _____ Zip: _____

Adjuster's name: _____ Phone: _____

Adjuster's FAX number: _____

Claim number: _____

Rehabilitation Services - Northfield
1381 Jefferson Road • Northfield MN 55057 • 507-646-8800 • Fax 507-646-8801
Rehabilitation Services - Lakeville
9913 214th Street, W • Lakeville MN 55044 • 952-985-2020 • Fax 952-985-2025