

Jeffrey Bullard, M.D.

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Diplomates, American Board of Family Medicine

## Melinda Harrell, M.D.

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## Hours:

Monday	7am - 7pm
Tuesday	7am - 7pm
Wednesday	7am - 7pm
Thursday	7am - 7pm
Friday	7am - 5pm
Saturday	7am - noon
Sunday	Closed

## **Injury Waiver Form**

If you feel that this may be a work-related injury, please contact your employer immediately for further instructions in order to avoid unnecessary financial expense on your part. Your employer can explain the Workers' Compensation process and direct you to a licensed Workers' Comp provider.

MaxHealth providers are not licensed in the state of Texas to treat patients and file claims for Workers' Compensation. Therefore, if you currently plan to, or later decide to file a Workers' Comp claim for this injury through your employer, you will have to start over with a new provider that is licensed and able to provide care for work-related injuries. Most group health plans to do not cover work-related injuries and even after paying for a claim, will request the money back if they later determine the injury to be work-related. MaxHealth cannot file those claims with Workers' Comp, as we are NOT licensed. At this point, the claims would become the patient's responsibility.

By signing below, you are stating that your visit today is in no way a work related injury and that you will not be filing Workers' Comp now or at a later time. You are also stating that if you later file for Workers' Comp, you understand you will be held responsible for any charges incurred at MaxHealth for treatment of the work-related injury.

Patient's Name (please print)		
Signature of patient, parent or legal g	uardian Date	
For Office Use Only:		
1st Date of Service:  □ Entered □ Scanned	Patient's Account #:	