



**CENTER FOR WORK INJURIES**  
*Another service from the Center for Orthopaedics & Sports Medicine*



DATE: \_\_\_\_\_

TO: \_\_\_\_\_

COMPANY \_\_\_\_\_

YOUR REFERENCE: \_\_\_\_\_

Faxed \_\_\_\_\_

Mailed

Center for Work Injuries (CWI) follows the PA Workers Compensation Law. Records are mailed with the billing statement to the insurance carrier.

Release of duplicate records requires a signed release from the patient and prepayment. COSM will only accept our release form which may be found on our website.

CWI's Policy is to provide the Workers' Compensation Visit Information Form to the employer, insurance company or Third Party Administrator concerning office visits for the work related injury. This form is completed at each office visit.

Our policy is located on our website at [www.pacosm.com](http://www.pacosm.com).

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