



395 W. Central Avenue, Brea, CA 92821  
www.BreaUrgentCare.com

HOURS:  
Mon - Fri: 8am - 8pm  
Sat & Sun: 8am - 6pm

**714.494.2828**

714.482.2871 Fax

**\*\*PLEASE FILL OUT INFORMATION AND FAX BACK\*\***

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**WORKCOMP INSURANCE INFORMATION**

EMPLOYERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

WORKCOMP CARRIER: \_\_\_\_\_

CLAIMS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

Injured Employee's Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Body Part Injured: \_\_\_\_\_

THANK YOU  
Venus Elliott, Office Manager