



Roy B. Parke, D.O.  
And Associates  
1045 East Front Street  
Buchanan, MI 49107

**WORKMAN'S COMPENSATION  
RECORDS RELEASE AUTHORIZATION**

I hereby authorize you to release information regarding my injury or illness associated with my employment that occurred on the date of \_\_\_\_\_ while I was in the employ of:

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

\_\_\_\_\_

Employer Phone \_\_\_\_\_ Contact \_\_\_\_\_

The information may be released to my employer and to my employer's workman's compensation insurer and any governmental agencies affiliated with workman's compensation regulation and administration.

I understand that if it is determined that this was not a workman's compensation injury or illness, I may be held financially responsible for expenses incurred for services provided or ordered by this facility and its providers.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Birth date \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

FOR BFMC OFFICE USE ONLY:

Ph# called \_\_\_\_\_ Date \_\_\_\_\_

Contact \_\_\_\_\_ Time \_\_\_\_\_

Send claims to \_\_\_\_\_

\_\_\_\_\_

Notes \_\_\_\_\_

1045 East Front Street, Buchanan, MI 49107 Phone: 269.695.5540 Fax: 269.695.0412  
[www.buchananfamilymed.com](http://www.buchananfamilymed.com)