



**LITTLE ROCK**  
**CHIROPRACTIC CLINIC, P.A.**

We are very pleased you have chosen our doctors to get you back on the path to wellness after your Workers Comp injury.

We will be glad to forward your treatment plan and billing to your employer's insurance carrier. For us to do this it will be necessary to provide us with the following information in order to be seen on your appointment date.

**1) Notify your employer that you will be seeing our doctors.**

**2) Name and address of the insurance company.**

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**3) Name and phone number of the person handling your claim.**

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**4) Claim number:** \_\_\_\_\_

Please bring this to the clinic or fax along with your Application for Treatment to (501) 371-0810. If you have any questions, do not hesitate to call me.

Sincerely,

Melanie Riley  
Office Manager

RICHARD L. RILEY, D.C., D.A.B.C.O.  
DIPLOMATE OF THE AMERICAN BOARD OF CHIROPRACTIC ORTHOPEDISTS

JOSHUA N. WITTER, D.C.

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