Neurosurgical
ASSOCIATES

Masaki Oishi, MD, PA

7030 New Sanger Rd., Suite 200
Waco, TX 76712
o 254-772-6760 • f 254-772-0050

IF YOU INDICATED ON THE PATIENT INFORMATION SHEET THAT YOUR CONDITION IS NOT RELATED TO WORK, PLEASE SIGN THIS STATEMENT.

The condition for which I am being treated is not related to my employment and it is not an injury compensable under the Texas Department of Insurance, Division of Workers' Compensation

(TDI-DWC). I have not notified nor do I intend to notify my employer or any previous employer that this condition is a work related injury and I have not filed nor do I intend to file a claim for this condition with TDI-DWC.

I am personally liable for all costs related to the treatment of my condition for which my personal health insurance does not cover.

I authorize you to contact my employer __________ Yes___________ No

Employer contact person: ________________________________ Telephone #:________________

Signature____

Printed Name____

Date signed ____