

# Workers' Compensation Information Card

Employer: **Vanderburgh County**

Department:

Employee Name:

Date of Injury:

**EMPLOYEE:** To ensure correct and prompt payment of bills, you must present this card to **all medical facilities** where you receive any type of care for your injury. Use the separate Mitchell Script Advisor card for all prescriptions related to your injury.

**WC Insurance Carrier:**

**Davies**

Corporate Office:

PO Box 291587

Nashville, TN 37229

Adjuster:

Kristi Brown

Phone:

502-547-2109

Email:

kristi.brown@us.davies-group.com



**SEND ALL BILLS TO:**

Davies

PO Box 211392

Eagan, MN 55121