



Associates in Primary Care

Kim Eugair, MSN, FNP-C Family Nurse Practitioner
Alma Winther, MSN, ANP-BC Adult Nurse Practitioner

WORKERS COMP/ACCIDENT FORM

Patients Name: _____

Date of Injury/Accident: _____

Employer: _____

Insurance Company: _____

Address: _____

Telephone #: _____ Fax # _____

Claim # _____

Contact Person _____

Best Contact # _____

225 South Main Street
Rutland, VT 05701
(802)770-1850 * Fax (802)770-1851