WORKERS' COMPENSATION INFORMATION

229 Parrish Street • Suite 100 • Canandaigua New York 14424
Phone 585.394.1960 • Fax 585.393.9232

Patient Name ______________________________ Account # ____________________

SS# ____________________________ NYS WCB #______________________________

Body Part Injured ____________________________ Date of Injury __________________

Employer ____

Employer's Address ____

Employer's City ____________________ State _____________ Zip code _______________

Has the injury been reported to your employer? ______________________________________

Workers' Compensation Insurance Carrier ____

Address ____

City ____________________________ State _____________ Zip code _______________

Phone __________________________ Contact Name ____________________________

Carrier Code W-____________________ Claim # ________________________________

Job Title__________________________ Type of Work ____________________________

Description of how injury occurred ____

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DISPUTED CLAIM/FAILURE TO PROSECUTE

In the event I fail to provide adequate billing information or prosecute a disputed claim, or it is determined by the Workers' Compensation Board that this injury or illness is not the result of a compensable Workers' Compensation Case, I hereby agree to pay Canandaigua Orthopaedic Associates their usual and customary fee for services rendered to the above named patient.

____ Date __________________
Patient signature *(parent or guardian if patient is a minor)*

CONSENT TO RELEASE MEDICAL RECORDS

I hereby authorize Canandaigua Orthopaedic Associates to release medical information, including photocopies, to the New York State Workers' Compensation Board and my employers' Workers' Compensation Insurance Carrier or to another third party payer and its assignees as required for payment as a Workers' Compensation Claim.

____ Date __________________
Patient signature *(parent or guardian if patient is a minor)*

WORKERS' COMPENSATION QUESTIONS: www.web.ny.gov or call 877-632-4996

REVISED 8/2019 * The above information is required for proper billing of your Workers' Compensation CLAIM