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Patient Workers' Compensation Claim Verification Form

Workers Compensation Board Phone: (800) 877-1373
http://www.wcb.state.ny.us

- Thank you for contacting us for help with your injury.
- Worker's Compensation claims require special paperwork; if we have correct information from the start, there won't be any delays in your care (ordering MRI's, surgery if needed…)
- **Patients: Complete a C-3 Form** (available at http://www.wcb.state.ny.us) **and this form. Fax a copy of BOTH to our office: (585) 730-6936.**
- The claim will be verified within 3 business days and the patient will be contacted to schedule an appointment.

Today's Date_____

Patient:_____ Date of Birth:_____

Phone #:_____ Date of Injury:_____

Body Part(s) Covered by this claim:_____

Employer:_____ Phone #:_____

Employer Address:_____

W/C Carrier:_____ Authorized: YES NO

Billing Address:_____

Adjustor:_____ Phone #:_____
Fax #:_____

Claim #:_____ Optional Prior Approval: Opt In Opt Out

WCB #_____ Preferred Provider Org (PPO): Yes No

Primary Care Physician:_____

For office use:

Initial Evaluation:	Time:	Doctor/PA:
Re-evaluation (2-3 wks from Initial eval):	Time:	Doctor/PA:
Follow-up (4 wks from Re-eval):	Time:	Doctor/PA:

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