

WORKERS' COMPENSATION
MADISON AVENUE ORTHOPEADIC ASSOCIATES, P.C
 145 East 32nd Street, New York, NY 10016
 41-61 Kissena Boulevard, Flushing, NY 11355
**AGREEMENT TO PAY MEDICAL COSTS IN THE EVENT OF FAILURE
 TO PROSECUTE OR IF COMPENSATION CLAIM IS DISALLOWED**

WCB CASE NO.	CARRIER CASE NO.	DATE OF INJURY	NATURE OF INJURY OR ILLNESS	SOCIAL SECURITY NO.	
CLAIMANT	NAME	ADDRESS	CITY, STATE	ZIP	PHONE #
EMPLOYER	NAME	ADDRESS	CITY, STATE	ZIP	PHONE #
INSURANCE CARRIER	NAME	ADDRESS	CITY, STATE	ZIP	PHONE #

In the event I fail to prosecute the claim for workers' compensation for this illness or condition or it is determined by the Workers' Compensation Board that the illness or condition is not a result of a compensable case,

I, _____, hereby agree to pay Madison Avenue Orthopaedic Associates, P.C., 145 East 32nd Street, New York, NY 10016 the usual and customary fees for services rendered in the above identified case.

Date: _____ Signature: _____

If signed by other than claimant, print below the name, address, and relationship of signer.

NAME	ADDRSS	CITY, STATE	ZIP	RELATIONSHIP

STATE HOW INJURY OCCURRED: