

# Worker's Compensation claim



**You must have a current injury report on file with your employer in order for us to process your claim as a Worker's Compensation claim.**

**Please provide the following necessary information so that we may submit your charges correctly.**

Patient name

**Social Security** number

Employer (at the time of injury)

Employer's address

Employer's phone number

Employer's Workers' Compensation insurance carrier

Carrier's address

Carrier's phone number

Claim number

Case Manager / Adjuster

Case Manager's phone number

Case Manager's fax number

WCB number

Date of injury

Type of injury / body part

**This form must be completed and returned within one week of your office visit to ensure prompt processing of your medical charges.**

Signature

Date

**Greater Rochester  
Orthopaedics, PC**

*General and Specialty  
Orthopaedic Surgery*

Linden Oaks Medical Campus  
30 Hagen Drive, Suite 220  
Rochester, NY 14625-2658

2621 Culver Road  
Rochester, NY 14609-1746

**(585) 295-5476**

For out of area  
dial 1 (800) 724-7712

Orthopaedic Surgeons

**Peter N. Capicotto, MD**  
*Spine Surgery / Scoliosis*

**Gregory S. Finkbeiner, MD**  
*Foot & Ankle Reconstruction /  
General*

**Paul K. Peartree, MD**  
*Sports Injury / Arthroscopy /  
General*

**Frank Puppato, MD**  
*Joint Replacement Surgery*

**Todd Stein, MD**  
*Hand & Upper Extremity*

Physician Assistants

**Margaret M. Casper, RPA-C**

**Thomas A. Frosini, RPA-C**

**Ray C. Montanaro, RPA-C**

**Kathleen D. Sherman, RPA-C**

**Leslie R. Sonders, RPA-C**