

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

Culver Medical Park
2621 Culver Road
Rochester, NY 14609-1746

Lyell-Gates Office
2211 Lyell Avenue, Suite 107
Rochester, NY 14606

(585) 295-5350

Out of area: 1-800-724-7712
www.gro-md.com

Orthopaedic Surgeons

Gregory S. Finkbeiner, MD
*Joint Replacement Surgery /
Foot & Ankle*

Joshua R. Olsen, MD
*Sports Injury / Arthroscopy /
General*

Benjamin Plucknette, DO
Hand & Upper Extremity

Frank Puppardo, MD
Joint Replacement Surgery

Everett S. Weiss, MD
Joint Replacement Surgery

Michael C. Yip MD
Shoulder & Elbow

Physician Assistants

Nicholas Briggs, PA-C

Timothy Bucklaew, PA-C

Jessica Calzolari, PA-C

Thomas Frosini, PA-C

David Paniccia, PA-C