

**Katonah Physical Therapy, P.C.  
190 Goldens Bridge Road  
Katonah, N.Y. 10536**

**Workers' Compensation Agreement**

W.C. Board No.: \_\_\_\_\_ Carrier Case No.: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Nature of Injury: \_\_\_\_\_

Claimant Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Workers Comp. Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have retained an attorney please provide name, address, and phone number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event I fail to prosecute the claim for workers' compensation for this injury or illness or it is determined by the workers' compensation board that the injury or illness is not a result of a compensable workers' compensation case, I, \_\_\_\_\_, hereby agree to pay:

**Katonah Physical Therapy, P.C., located at 190 Goldens Bridge Road, Katonah, N.Y. 10536,**

their usual and customary fees for services rendered to the above named claimant in the above identified case.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If signed by someone other than claimant please print name, address, and relationship of signer.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_