



Buffalo Spine Surgery

Center for Excellence in Spine Care

Andrew Cappuccino, MD
FAAOS, FACS
Diplomate American Board
Of Orthopedic Surgery
Charter Diplomate American Board
Of Spine Surgery
BES - Biomedical Engineering
Fellowship Trained Spine Surgery

AGREEMENT TO PAY MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE OR IF COMPENSATION CLAIM IS DISALLOWED

WCB # _____ Carrier Case # _____

Date of Injury _____ SS # _____

NAME

ADDRESS

CLAIMANT _____

EMPLOYER _____

INSURANCE CARRIER _____

In the event that I fail to prosecute the claim for Workman's Compensation for this illness or condition, or if it is determined by the Workman's Compensation Board that the illness or condition is not as a result of a compensable Workman's

Compensation case, I _____

hereby agree to pay Buffalo Spine Surgery, PLLC their usual and customary fees for services rendered for the above named claimant in the above identified case.

Signature _____

Printed Name _____

Relationship to Claimant _____

Address _____

Eric Dean, RPAC