ARUNA BAKHRU, M.D.
KANDR BUILDING
22 IBM ROAD, SUITE 104B
Poughkeepsie, New York 12601
Telephone: (845) 463-1044 FAX: (845) 463-1043

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	Claimant's SSN

Claimant: Name _____

Address: _____

_____

Employer: _____

Address: _____

_____

Insurance Carrier: _____

Address: _____

_____

In the event I fail to prosecute the claim for Worker's Compensation for this illness or condition, Or it is determined by the Worker's Compensation Board that the illness or condition is not a result of a Compensable Worker's Compensation case, I, _____, hereby agree to pay Dr. _____
Address: Kandr Building, 22 IBM Road, Suite 104B, Poughkeepsie, NY 12601
the usual and customary fees for services rendered to the above named claimant in the above identified case.

Date: _____ Signature: _____

If signed by other than claimant, print below name, address and relationship to soignée.

Name: _____

Address: _____

Relationship: _____

Described by Chairman
Worker's Compensation Board of New York (1-79)