

**AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT  
(NY-WILLIAM ST.)**

**PA 0587A / 06-18**

**OFFICE OF MEDICAL SERVICES  
156 WILLIAM STREET- 4<sup>TH</sup> FLOOR  
NEW YORK, NY 10038**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

<b>CLAIM #</b>
----------------

NAME: \_\_\_\_\_

EMPLOYEE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

The injury was claimed to have occurred during the course of employment on \_\_\_\_\_. This authorization is being provided at this time to facilitate the evaluation and/or treatment of our employee. Should the Port Authority's Workers' Compensation unit determine that the resultant medical condition(s) is/are not covered by our self-insured Workers' Compensation program, our liability for medical charges will be limited to this authorization only.

The Port Authority of New York and New Jersey is a self-insured employer. All fees and charges for treatment or services rendered by providers in New York shall be specified in the Medical Fee Schedule of the Chairman, Workers' Compensation Board. New Jersey providers should submit charges based on the usual and customary fees which prevail in your community.

**PLEASE SEND YOUR ORIGINAL MEDICAL REPORTS TO:**

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY  
OFFICE OF MEDICAL SERVICES  
156 WILLIAM STREET – 4<sup>TH</sup> FLOOR  
NEW YORK, NY 10038  
ATTENTION: HOWARD FISHER, MD  
PHONE: 212-435-2694 FAX: 212-435-2688**

**PLEASE SEND COPIES OF YOUR MEDICAL REPORTS, THIS FORM AND YOUR BILLS TO:**

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY  
THE RISK MANAGEMENT PLANNING GROUP  
P.O. BOX 457  
HEMPSTEAD, NEW YORK 11550  
888-492-7675 M. ANDRIANO: EXT 13727 L. HOFFMAN: EXT 13723 R. CABO: EXT 13668**

**PLEASE SEND AN ADDITIONAL COPY OF ALL MEDICAL REPORTS TO:**

**WORKERS' COMPENSATION BOARD  
PO BOX 5205  
BINGHAMTON, NEW YORK 13902**

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**APPOINTMENT DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**NOTE:** This appointment may not be changed without the approval of the PA Chief Medical Officer or designee. In addition, failure to show for the scheduled appointment will result in referral for administration disposition.

**THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

**BY:** \_\_\_\_\_