

Spine Surgery of Buffalo Niagara, LLC  
Franco E. Vigna, M.D.  
Summit Healthplex  
6932 Williams Rd. Suite 1600  
Niagara Falls, NY 14304  
(716) 629-3338  
Fax (716) 304-6571

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

WCB CASE # \_\_\_\_\_ CARRIER CASE # \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**NAME**

**ADDRESS**

**CLAIMANT** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**INSURANCE** \_\_\_\_\_

**CARRIER**

In the event I fail to prosecute the claim for workers' compensation for this illness or condition, or it is determined by the workers' compensation board that the illness or condition is not a result of a compensable workers' compensation case, I, \_\_\_\_\_, Hereby agree to pay Spine Surgery of Buffalo Niagara, LLC their usual and customary fees for services rendered for the above named claimant in the above identified case.

Signature \_\_\_\_\_

Date

Printed Name \_\_\_\_\_

Relationship to claimant \_\_\_\_\_

Address \_\_\_\_\_