



STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
100 BROADWAY – MENANDS
ALBANY, NY 12241
(518) 474-2686
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JOSEPH F. SALAMONE
DIRECTOR, HEALTH MANAGEMENT

Preferred Provider Organization (PPO) Registration Form For Self-Insured Employers

Please complete ALL requested information:

Name of Employer :

Employer aliases (i.e. AKAs):

Address of employer :

County:

Employer contact name and address :

Name of certified PPO:

Effective date of employer participation in the PPO program:

Union employees ? Yes No

Are any union employees in the program ? Yes No

Total estimated number of employees covered by the PPO :

Mail or fax information to:

Bureau of Health Management
State of New York Workers' Compensation Board
100 Broadway-Menands, Albany NY 12241
Fax: (518) 473-6379