

Hartford Orthopaedic, Plastic & Hand Surgeons, Inc.

Duffield Ashmead, M.D.  
Board Certified Plastic Surgeon  
Fellowship Trained Hand Surgeon  
Director, UCONN Hand Fellowship

Daniel J. Mastella, M.D.  
Board Certified Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon  
Assistant Clinical Professor — UCONN

Christopher Dillon, PA-C  
Board Certified Physician Assistant



195 Eastern Blvd, Ste 200, Glastonbury, CT 06033  
T: (860) 527-7161 F: (860) 652-8410  
www.thehandcenteronline.com

Christopher M. McCarthy, M.D.  
Board Certified Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon  
Clinical Associate — UCONN

Peter J. Shaughnessy, M.D.  
Orthopaedic Surgeon  
Fellowship Trained Hand Surgeon

Julie B. Forster, PA-C  
Board Certified Physician Assistant

Authorization for Treatment

Date:

To: Fax#  
Attn: Phone#

PATIENT'S NAME: DOB:  
Patient Address Patient Date of Injury:  
Patient Phone #  
Claim #: Patient Date of Injury:

It is our policy that authorization from the worker's compensation carrier be received in our office prior to the scheduled appointment. All fees are to be reimbursed at the CT Worker's Compensation Fee Schedule. For your convenience, please sign and return this notice via fax to 860-652-8412 or via email to: [WC@thehandcenteronline.com](mailto:WC@thehandcenteronline.com), as **authorization for this appointment or treatment**. If you have any questions, please contact the office.

The above referenced patient is being granted authorization for evaluation and treatment at The Hand Center with Dr. \_\_\_\_\_ and his ancillary staff

Body Part: \_\_\_\_\_ Employer: \_\_\_\_\_  
Workers' Compensation Carrier: \_\_\_\_\_  
Claims Mailing Address: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Fax# \_\_\_\_\_  
Adjuster Phone: \_\_\_\_\_

**EVAL ONLY** (please circle): **PT** **OT** valid from: \_\_\_\_\_

**EVAL & TREAT:**  
Physical Therapy Visits Authorized: \_\_\_\_\_

Occupational Therapy Visits Authorized: \_\_\_\_\_

Authorization Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of person signing the Authorization: \_\_\_\_\_

Very truly yours,

The Hand Center  
Attn: Workers Comp Coordinator  
Ph: (860) 527-7161 X 228  
Fax: (860) 652-8410  
Email: [WC@thehandcenteronline.com](mailto:WC@thehandcenteronline.com)