

NEW YORK STATE WORKERS' COMPENSATION BOARD

COUNTY LEWIS

AUTHORIZED PROVIDERS - NAME ORDER REPORT

CHIROPRACTORS

NAME/ADDRESS	AUTHORIZATION # / DATES			SPECIALTY	PHONE	NEW
	LICENSE #	Treat	IME			
HOOVER DAVID R PORT LEYDEN NY 13433-	C02036-4B 002036	3/3/1978	4/2/2001	DC		

* - Indicates that the provider is new this month

AUTHORIZATION # SUFFIX KEY: W - WCB Treat Only, I - IME Only, B - Both IME and WCB Treat

IME Authorized Providers Effective March 20, 2001