

Billy H. Ford, MD PC

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Provider Statement of Deposition Appearance

I, Billy H. Ford, MD hereby confirm that I appeared and provided sworn testimony in a deposition related to the following Workers' Compensation case:

- Claimant Name:
- WCB Case Number:
- Date of Deposition:
- Location/Format:

This testimony was provided at the request of
and/or their legal representative.

I confirm that I participated fully in the deposition and responded to all questions posed during the proceeding.



Billy H. Ford, MD
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