SUFFOLK PLASTIC SURGEONS, P.C. **DATE:**_____

TO PROCESS YOUR **WORKER'S COMPENSATION** CLAIM, WE MUST HAVE THE FOLLOWING INFORMATION.
PLEASE COMPLETE THIS FORM AND GIVE US ANY PAPERWORK RELATED TO THIS INJURY

PATIENT'S NAME: _____

FIRST NAME MIDDLE NAME LAST NAME

Worker's Comp. Insurance Co. _____

Address for **Claim** Submission _____

WCB # _____ Claim# _____ Policy#_____

Adjuster's Name:_____ Telephone # _____ Ext. _____

Have you Reported this Injury to your Employer ? Yes ❒ / No ❒

Has your Employer Reported this Injury to the Workers Compensation Board? Yes ❒ / No ❒

Employer:_____ Address: _____

Occupation:_____ Supervisor's Name _____ Phone # _____

Date of Injury _____ Place of Injury _____

Detailed Description on how the injury occurred _____

Are You Currently Working ? Yes ❒ / No ❒ Full Duty Yes ❒ / No ❒ Light Duty Yes ❒ / No ❒

Did You Miss Any Days Off From Work Due to This Injury ? Yes ❒ / No ❒ If YES, How Many Days? _____

Under New York State Law, Your Employer is responsible for all claims that arise from a Work Related Injury. If the Employer fails to **or** refuses to file the appropriate paperwork (known as a **C-2**) to open your case, You have other options. As the injured employee, you can open the case by filing a **C-8**. This form can be obtained online at the NYS Workers Compensation Board Website or by contacting our billing department who will be more than happy to assist you. If you are having difficulty obtaining the insurance information from your employer, we strongly urge you to retain a worker's compensation attorney. You can be liable for all claims if you fail to obtain the insurance information, or retain an attorney who will do this for you .

Has your **Employer** filed the appropriate paperwork known as a C-2 ? Yes ❒ / No ❒ / Unsure❒

Have **you** filed a C-8 to report this injury to the Workers Compensation Board? Yes ❒ / No ❒

HAVE YOU RETAINED AN ATTORNEY FOR THIS WORKERS COMPENSATION INJURY ? Yes ❒ / No ❒

If **YES**, Please provide the following information:

Attorney's Name: _____ Phone: _____ FAX:_____

Address: _____

Signature:_____ Date:_____

Relationship:_____ Date:_____

NOTICE THAT YOU MAY BE RESPONSIBLE FOR MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE, OR IF COMPENSATION CLAIM IS DISALLOWED, OR IF AGREEMENT PURSUANT TO WCL §32 IS APPROVED

WCB CASE NO. (If Known)	CARRIER CASE NO. (If Known)	DATE OF INJURY	NATURE OF INJURY OR ILLNESS	INJURED PERSON'S SOC. SEC. NO.

CLAIMANT	NAME	ADDRESS	APT. NO.
EMPLOYER			
INSURANCE CARRIER			

You may become responsible for the medical costs of treatment for your illness or condition with the provider listed below if (1) you fail to prosecute the claim for workers' compensation or (2) it is determined by the Workers' Compensation Board that the illness or condition which required treatment was not a result of a compensable workplace accident or occupational disease or (3) if an agreement is executed by you and approved pursuant to Workers' Compensation Law §32 in which you waive your right to medical benefits from the workers' compensation carrier/self-insured employer for treatment/ services performed after the date the agreement is approved. If any of the above events occurs, the provider may bill you directly instead of the employer or insurance carrier, and you will be responsible for the provider's fees for services rendered.

I hereby acknowledge that I have read the above and understand the circumstances under which I may become responsible for payment.

Claimant's Signature_____ Date _____

Provider's Name and Address _____

_____

TO THE CLAIMANT

Workers' Compensation Board Regulation 325-1.23 permits your doctor or therapist to request that you sign this A-9 notice. By signing this notice, you acknowledge your obligation to pay the provider's fees for the services you receive if it turns out that such fees are not legally required to be paid by your employer or its workers' compensation insurance carrier and if such fees are not covered by other insurance. The employer or carrier may not be required to pay the doctor's fees if, for example, you fail to file a claim for workers' compensation, or fail to notify your employer of your injury or illness, or fail to attend a Board hearing if your employer challenges your right to benefits. Even if you make all required efforts to prosecute your claim, the Workers' Compensation Board may still find that you are not entitled to benefits. In such cases, this notice advises your health provider that you acknowledge your personal liability for payment of his/her bills.

Workers' Compensation Law Section 32

The A-9 notice also covers instances in which a claimant with an existing valid workers' compensation case comes to an agreement with his/her employer or its insurance carrier settling his/her case in accordance with Section 32 of the Workers' Compensation Law. A Section 32 agreement may include a provision which relieves the employer or carrier of the liability to pay future medical bills associated with the case. Your health care provider may ask you to sign this A-9 notice to insure that you acknowledge your personal liability for payment of his/her bills if you have waived your right to future medical benefits under a Section 32 agreement.

If you have any questions, contact your attorney or licensed hearing representative, if you have one. You may also contact your local district office of the Workers' Compensation Board.

TO THE HEALTH CARE PROVIDER

This notice is meant to advise the workers' compensation claimant that he/she may be responsible for payment. Failure of the claimant to sign this form does not relieve the provider of the obligation to treat the claimant, nor does it negate the claimant's responsibility for payment.

Keep the original of this form for your records and give a copy to the claimant. **Do not file with the Workers' Compensation Board.** You will receive Notices of Decisions in which the compensability of a claim, authorization of treatment, or payment of medical bills is included. You will also be notified if the claimant submits a Section 32 Agreement with the Board for approval. Do not bill the claimant unless and until you receive a Board decision finding that 1) claimant failed to prosecute the claim, or 2) the claim is denied, or 3) the treatment is not causally related to the work injury, or 4) a Section 32 agreement relieving the carrier of liability for medical treatment is approved.