

Information Guide for a Workers' Compensation Claim

Date of Injury:_____

- _____ Report injury to facility.
- _____ Complete the Accident/Injury Report and the Benefit Election form at your facility. Call ARS (888-800-0029) to report injury to State Insurance Fund.
- _____ Obtain prompt medical treatment in an Emergency Room, Urgent Care or with personal physician and advise providers the NYS Insurance Fund is the Workers' Compensation carrier. Any treating provider must have certification from the Workers' Compensation Board (WCB) to treat Workers' Compensation injuries. It is important to ask the physician, prior to making an appointment, if he/she is able to treat Workers' Compensation claims. Most Emergency Rooms and Urgent Care facilities have approval from the WCB.
- _____ Complete a C3 (new injury) or C3.3 (prior injury to same part of body) and mail to:

**Workers' Compensation Board
Centralized Mailing Address
PO Box 5205
Binghamton, NY 13902-5205**

The C3 can also be completed electronically on the Workers' Compensation Board website at www.wcb.ny.gov

- _____ Provide disability notes to facility even if it only involves one day after the injury. All the information requested on the Documentation **for Workers' Compensation Leave** form must be completed. Failure to do so may result in a pay status change. It is not necessary to use the leave form; however all the information requested on the leave form must be provided on a physician's letterhead. It is your responsibility to make sure all the information is completed correctly.
- _____ Review the Workers Compensation Statement of Rights and Legislation regarding injuries from an assault.
- _____ Review the Pharmacy Network Information.
- _____ Review Diagnostic Testing Network

- _____ Obtain and keep copies of all notes provided to facility that pertain to treatment, such as:
 - _____ Facility injury report
 - _____ Names of witnesses
 - _____ Emergency Room report – make sure to obtain an out-of-work note, if applicable
 - _____ **All** phone calls/dates
 - _____ **All** correspondence from the State Insurance Fund and the Workers' Compensation Board
 - _____ **All** correspondence from your facility
 - _____ Mileage including dates of treatment related to your injury - MD/chiropractic visits, physical therapy, Independent Medical Examination (IME)

These are expenses that should be sent to the State Insurance Fund for a reimbursement of out-of-pocket expenses.

- _____ If your WC claim is controverted (not accepted) or you are placed on LWOP, **YOU HAVE JUST 20 DAYS TO FILE A GRIEVANCE** after you receive notification. Refer to Frequently Asked Questions for further information.

- _____ IME information – see FAQ's for more information.

- _____ Review the Dispute Resolution appeal form and information.

- _____ Review the New York State Department of Correctional Services Directives:
 - # 2207 Time & Attendance Rules – Personal leave
 - # 2208A Workers Compensation Benefits – (Security Services)

- _____ Review the New York State Department of Civil Service Attendance and Leave Manual – Policy Bulletin 93-02 Section 21.8

- _____ Review the NYSCOPBA Contract, Article 14.9 (included).

All forms are provided in “List of Attachments”