

Physician Partners

Patient Nam	e: DOB:	
In order to serve you better please ansv	ver the following questions.	

*Note: Definitions are available below for reference.

Did your injury occur at work?	□Yes	\square No
If yes, do you have an ACTIVE Workers Compensation case?	□Yes	□No
Did your injury occur due to a Motor Vehicle Accident	□Yes	□No
If yes, do you have an ACTIVE No Fault case?	□Yes	\square No

Workers Compensation:

Workers' compensation is insurance that provides cash benefits and/or medical care for workers who are injured or become ill as a direct result of their job. Employers pay for this insurance, and shall not require the employee to contribute to the cost of compensation. Weekly cash benefits and medical care are paid by the employer's insurance carrier, as directed by the Workers' Compensation Board. The Workers' Compensation Board is a state agency that processes the claims. If Board intervention is necessary, it will determine whether that insurer will reimburse for cash benefits and/or medical care, and the amounts payable.

Your injury should be covered under Workers Compensation if:

- You were injured on the job.
- You were injured while traveling on business.
- You were doing a work-related errand.

- You were attending a required business-related social function.
- If your job requires you to drive a motor vehicle and you were hurt in an accident.

No Fault

A no fault insurance claim, sometimes called a <u>Personal Injury Protection claim (or PIP claim)</u>, is one you make against your own automobile insurer for payment of medical bills and lost earnings under New York's no fault laws. Your insurer will pay your medical bills and will reimburse you for some of all of your lost earnings up to the amount of your claim or New York's no fault limit, whichever is lower. Once your medical bills exceed New York's no fault limit, you are responsible for paying them. If you have health insurance, your health insurer will pay your medical bills from that point on. If you are on Medicare or a state run health insurance program through Medicaid, those entities will pay the bills. If you do not have health insurance, Medicare, or Medicaid, then you are responsible for working out payment arrangements with your health care providers.

Your injury should be covered under No Fault if:

- The accident occurred in New York.
- The injured party was the driver or passenger of the insured vehicle or a cyclist or pedestrian struck by or in contact with the motor vehicle.
- The vehicle caused the injury, for example: a motor vehicle accident, a parked car causes bodily harm, etc.
- The vehicle must be a car, truck, bus, taxi (not a motorcycle) or other vehicle covered by New York No-Fault law.
- The vehicle is registered in New York.
- The vehicle has an insurance policy sold in New York or issued by a company licensed to do business in the State of New York.



Patient Name:	DOB:
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Workers' Compensation Report Information

Please fill in any incomplete fields

Patient Information	ı				
Phone: (Home)		(Cell)		(Work)	
Street Address:					
City:	_ State:	Zip:	DOB:	Sex:	
Workers' Compens	ation Informatio	on			
Date of Injury:					
On the date of injury/	'illness, what was	the patient's jo	b title or description? _		
Employer when injury	occurred:			Phone:	
Claims Address:					
City:	_ State:	Zip:			
Workers' Compensati	ion Carrier:				
WCB Case #:			Carrier Case #:		
Claims Representative	e:			Phone:	
Address:					
	State:				