

## **Workers' Compensation Claimant Responsibilities**

1. The first document a claimant receives from NYSIF is a "[Personal Privacy Protection Law Notification](#)" letter. NYSIF's carrier case number, the employer's name and date of accident will be clearly listed at the top of the form.
2. The carrier case number is also referred to as the CC number, [NYSIF case number](#), claim number or loss record identification number, Loss ID. Always include your name, date of correspondence and NYSIF case number in all contacts with NYSIF.
3. Provide all medical providers with the NYSIF case number as soon as it is assigned.
4. Claimants receiving medical treatment for compensable claims should have medical bills sent directly to NYSIF. Compensable injury treatment and medical services are not processed through major medical insurance or Medicare.
5. The claimant is responsible for making sure all medical providers send updated medical reports to NYSIF.
6. If NYSIF schedules an Independent Medical Exam (IME) for you, make every effort to attend the scheduled appointment. If you cannot attend, contact the IME doctor and your case manager immediately. A new appointment must be scheduled.
7. Promptly return all forms and requests for information from NYSIF, including the WA-1 (Work Activity Form). NYSIF periodically sends this form to claimants requesting certification of current employment status and continued entitlement to workers' compensation benefits.
8. When requesting reimbursement for prescription and durable medical equipment, you must include a copy of the prescription from the prescribing doctor and the purchase receipt.
9. For transportation and mileage reimbursement, you must include dates of the medical appointments, the medical providers' names and addresses where treatments were rendered, and receipts for tolls and public transportation. [NYSIF Claimant Expense Record Reimbursement Request](#)
10. Keep copies of ALL documents received from or mailed to NYSIF, including receipts for reimbursement. Always include your name, date of correspondence and NYSIF case number on everything you send to NYSIF.
11. Advise both NYSIF and the Workers' Compensation Board any time you change your phone number or address.