

PEF Members:

Workers Compensation Claim Forms You Should Know

The following forms are available on the NYS Insurance Fund (NYSIF) website at <https://ww3.nysif.com/Home/FooterPages/Column1/Forms> . Forms are also available in multiple languages.

Injured Worker		
<i>Form Number</i>	<i>Form Name</i>	<i>Purpose</i>
C-3	Employee's Claim for Compensation	To be filed by the claimant when making a claim within two years of accident, or within two years after employee knew or should have known that injury or illness was related to employment.
C-3.3	Limited Release of Health Information - HIPPA	Claimant <u>may</u> file if they received treatment for a <i>previous</i> injury to the same body part or for an illness similar to the one described in the current Claim. This form allows the health care providers listed by the Claimant to release health care information about previous injury/illness to the employer's workers' compensation insurer. There are some exceptions (e.g. HIV, mental health treatment, etc).
C-257	Claimant's Record of Medical and Travel Expenses	To be used by claimant to keep a record of reimbursable expenses in connection with a workers' compensation case. Bring completed form, with receipts, to hearings and present to Workers' Compensation Law Judge.

Workers' Compensation Claim Forms - Employer

<i>Form Number</i>	<i>Form Name</i>	<i>Purpose</i>
FROI – 00 C-2	Electronic Employer's Report of Work-Related Injury/Illness (online reporting) Employer's Report of Work-Related Injury/Illness (paper form)	To be filed by the employer within 10 days after of the employer's knowledge of a work-related injury, provided the injury has caused or will cause the injured employee's loss of time from regular duties of one day beyond the workday or shift during which the accident occurred; or has required or will require medical treatment beyond ordinary first aid or more than two treatments by a person rendering first aid.
Claimant Information Packet	Claimant Information Packet	Must be provided by the employer to the injured employee before filing First Report of Injury (FROI-00).
C-11	Employer's Report of Injured Employee's Change in Employment Status Resulting from Injury	Employer's Report of Injured Employee's Change in Status or Return to Work. File this form as soon as employment status of injured employee changes. Change in employment status includes return to work, discontinuance from work, an increase or decrease of regular hours of work.

Workers' Compensation Claim Forms – Medical Provider

<i>Form Number</i>	<i>Form Name</i>	<i>Purpose</i>
C-4	Attending Doctor's Report	• initial report within 48 hours of first treatment; • 15-day report within 17 days of first treatment; • 45-day progress report at 45-day intervals while continuing treatment Always include detailed information of your findings
C-4.1	Continuation to Carrier/Employer Billing Section C-4, C-5, PS-4 or OT/PT-4	Use as continuation sheet when more than six dates of service must be shown in the billing portion of Form C-4. (May also be used with Forms C-5, PS-4 and OT/PT-4)
OT/PT-4	OT/PT-4 "Occupational Therapist's or Physical Therapist's Report	• initial report within 48 hours of first treatment; • 15-day report within 17 days of first treatment; • 45-day progress report at 45 day intervals while continuing treatment. Always include detailed information of your findings.
FCE-4	Practitioner's Report of Functional Capacity Evaluation	The Functional Capacity Evaluation (FCE) is used to determine the level of safe maximal function at the time of maximum medical improvement; to determine whether additional treatment or referral to a work hardening program is indicated.