

**State of New York
WORKERS' COMPENSATION BOARD**

**CLAIMANT'S NOTICE OF INDEPENDENT MEDICAL EXAMINATION
under Section 137 WCL**

WCB CASE NUMBER	CARRIER CASE NUMBER	DATE OF ACCIDENT	DATE OF THIS NOTICE
CLAIMANT'S NAME AND ADDRESS		INSURANCE CARRIER'S NAME AND ADDRESS	

DATE OF EXAMINATION	PLACE OF EXAMINATION	THIS EXAMINATION WAS REQUESTED BY
TIME OF EXAMINATION		

IF THIS EXAMINATION WAS REQUESTED BY THE CLAIMANT, THE CLAIMANT MAY BE RESPONSIBLE FOR PAYMENT OF THE COST OF THE EXAMINATION. THE COST OF THIS EXAMINATION WILL BE: (Health provider must indicate exact fee or fee range.)

Exact fee: \$ _____

Fee range: From \$ _____ to \$ _____

THE PRACTITIONER INTENDS DOES NOT INTEND TO RECORD OR VIDEOTAPE THIS EXAMINATION.
(This notice is invalid if this item is not completed.)

Purpose of Examination/Special Instructions:

You have been scheduled for an independent medical examination in connection with your workers' compensation claim at the time and place indicated above. YOUR RECEIPT OF BENEFITS COULD BE DENIED, TERMINATED OR REDUCED AS A RESULT OF A DETERMINATION WHICH MAY BE BASED ON A MEDICAL EVALUATION MADE AFTER THIS MEDICAL EXAMINATION. You have the right to videotape or otherwise record the examination. You also have the right to be accompanied during the exam by an individual or individuals of your choosing. **See the reverse of this form for a complete statement of your rights and obligations under the law with regard to independent medical examinations.**

If for any reason you are unable to appear for this examination, contact _____ Name
at _____ as soon as possible.
Telephone Number

STATEMENT OF RIGHTS AND OBLIGATIONS - INDEPENDENT MEDICAL EXAMINATIONS - Section 137 WCL

1. The claimant must receive notice by mail of the scheduled independent medical examination at least seven business days prior to such examination. The notice must advise the claimant if the practitioner intends to record or videotape the examination.
2. If the examination was requested by the claimant, the claimant may be responsible for the cost of the examination, and the health provider must indicate on the notice of examination the actual fee or the fee range for the examination.
3. All independent medical examinations shall be performed in medical facilities suitable for such exam, with due regard and respect for the privacy and dignity of the injured worker/claimant.
4. Examination facilities must be provided in a safe, convenient and accessible location within a reasonable distance from the claimant's residence. Examinations will be held during regular business hours, except with the consent and for the convenience of the claimant.
5. All independent medical examinations shall be performed by a practitioner competent to evaluate or examine the injury or disease from which the claimant suffers. A practitioner is not eligible to perform an independent medical examination of a claimant if the practitioner has treated or examined the claimant for the condition for which the examination is being requested, or if another member of the preferred provider organization or managed care provider to which the practitioner belongs has treated or examined the claimant for the condition for which the examination is being requested.
6. The claimant has the right to videotape or otherwise record the examination.
7. The claimant has the right to be accompanied during the examination by an individual or individuals of his/her choosing.
8. The claimant has the right to be reimbursed for travel expenses to and from the examination site, if the examination was requested by the insurance carrier or employer.
9. A copy of each report of independent medical examination shall be submitted by the practitioner on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier, the claimant's attending physician or other attending practitioner, the claimant's representative, if any, and the claimant.
10. The claimant's receipt of benefits could be denied, terminated, or reduced as a result of a determination, made by the Workers' Compensation Board, which may be based upon a medical evaluation made after an independent medical examination. However, the ability of the claimant to appear for an examination or hearing shall not in itself determine questions of disability, extent of disability or eligibility for benefits.
11. In any open case where an award has been directed by the Board for temporary or permanent disability at an established rate of compensation, and there is a direction by the Board for continuation of payments, or any closed case where an award for compensation has been made for permanent total or permanent partial disability, a report of an independent medical examination shall not be the basis for suspending or reducing payments unless and until the rules and regulations of the Board regarding suspending or reducing payments have been met and there is a determination by the Board finding that such suspension or reduction is justified.
12. The claimant has the right to appeal any Workers' Compensation Board determination, including determinations based on an independent medical examination. The Board's notice of decision contains full instructions and time limitations for filing an appeal.

DECLARACIÓN DE DERECHOS Y OBLIGACIONES - EVALUACIONES MÉDICAS INDEPENDIENTES - WCL Artículo 137

1. El reclamante debe recibir notificación por correo de la evaluación médica independiente programada con una anticipación de al menos siete días laborales previos a dicho examen. La notificación debe avisarle al reclamante si el médico intentará grabar o filmar la evaluación.
2. Si el reclamante solicitó la evaluación, el reclamante podría ser responsable del costo del examen y el proveedor de servicios de salud puede indicar en la notificación de la evaluación los honorarios exactos o aproximados del examen.
3. Todas las evaluaciones médicas independientes se realizarán en establecimientos médicos adecuados para dichos exámenes con el debido respeto y consideración por la privacidad y dignidad del reclamante o trabajador lesionado.
4. Los establecimientos en que se realicen las evaluaciones deben estar ubicados en un lugar seguro, conveniente y accesible dentro de una distancia razonable de la residencia del reclamante. Las evaluaciones se llevarán a cabo en horario normal de oficina, a menos que el reclamante acepte otro horario según le convenga.
5. Un médico facultado para evaluar o examinar la lesión o enfermedad que sufre el reclamante estará a cargo de hacer las evaluaciones médicas independientes. Un médico no está facultado para realizar esta evaluación médica independiente si ya trató o examinó al reclamante por la condición por la que se solicita el examen; o si otro miembro de la organización proveedora preferente (PPO) o proveedor de atención médica administrada a la cual pertenece el facultativo trató o examinó al reclamante por la condición por la cual se solicita la evaluación.
6. El reclamante tiene el derecho de filmar o de grabar el examen.
7. El reclamante tiene el derecho de ser acompañado durante el examen por individuos de su elección.
8. El reclamante tiene el derecho a que se le reembolsen los gastos por los viajes realizados desde y hasta el lugar del examen, si la evaluación fue solicitada por la aseguradora o por el empleador.
9. Se entregará una copia de cada informe de la evaluación médica independiente realizada por el médico el mismo día y del mismo modo a la institución Workers' Compensation Board (Junta de Compensación Laboral), a la compañía aseguradora, al médico que atiende al reclamante o a otro médico, al representante del reclamante, si lo hay, y al reclamante.
10. La institución Workers' Compensation Board (Junta de Compensación Laboral) puede decidir que el reclamante no obtenga beneficios, deje de recibirlos o reciba menos privilegios; lo cual puede ser determinado según el resultado de una evaluación que se realice después de una evaluación médica independiente. Sin embargo, la capacidad del reclamante de presentarse para la evaluación o ante una audiencia no determinará en sí misma cuestiones de incapacidad, grado de incapacidad o admisibilidad para la obtención de beneficios.
11. En cualquier caso abierto donde la institución Workers' Compensation Board (Junta de Compensación Laboral) haya hecho una adjudicación por incapacidad temporal o permanente de acuerdo con la tasa de indemnización establecida, y en que la misma institución ordenara la continuación de los pagos; o en cualquier caso cerrado donde se haya adjudicado una indemnización por incapacidad parcial o total permanente, una evaluación médica independiente no constituirá las bases para suspender o reducir los pagos a menos que y hasta que se hayan cumplido las normas y reglamentos de la institución Workers' Compensation Board con respecto a la suspensión o reducción de pagos y que la misma institución determine que tal suspensión o reducción está justificada.
12. El reclamante tiene el derecho de apelar cualquier determinación de la institución Workers' Compensation Board (Junta de Compensación Laboral), incluidas las determinaciones basadas en una evaluación médica independiente. La notificación de las decisiones de la junta contiene instrucciones completas y limitaciones de tiempo para presentar una apelación.

HIPAA Notice: In order to adjudicate a workers' compensation claim, WCL Sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

IF YOU HAVE ANY QUESTIONS ABOUT AN INDEPENDENT MEDICAL EXAMINATION, OR ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.

SI TIENE ALGUNA DUDA SOBRE LAS EVALUACIONES MÉDICAS INDEPENDIENTES, O CUALQUIER OTRA PREGUNTA O PROBLEMA SOBRE ENFERMEDADES O LESIONES RELACIONADAS CON SU TRABAJO, COMUNÍQUESE CON CUALQUIER OFICINA DE LA INSTITUCIÓN WORKERS' COMPENSATION BOARD (JUNTA DE COMPENSACIÓN LABORAL).

DOWNSTATE CENTRALIZED MAILING
(for New York City, Hempstead, Hauppauge & Peekskill Districts)
PO Box 5205 Binghamton, NY 13902-5205

NYC (800)877-1373 Hemp.(866)805-3630/Haup.(866)681-5354/Peek.(866)746-0552

100 Broadway	State Office Building	Statler Towers		
Menands	44 Hawley Street	107 Delaware Ave.	130 Main Street W.	935 James St.
ALBANY 12241	BINGHAMTON 13901	BUFFALO 14202	ROCHESTER 14614	SYRACUSE 13203
(866) 750-5157	(866) 802-3604	(866) 211-0645	(866) 211-0644	(866) 802-3730