



Workers' Compensation Complaint Form

Dear Doctor – The Association is aware that injured workers' compensation patients' and their treating providers are encountering problems and issues with the roll out of the new medical treatment guidelines and the associated variance processes. The NYSCA has a meeting scheduled with Workers' Compensation **March 3** to address some of these issues but we need to gather the information necessary to bring these issues to the Board's attention. Please provide a synopsis of an issue you have encountered below and submit with a copy of your original bill and the EOB provided by the WC carrier by Fax or mail to the address and telephone exchange below ASAP. Your patient will need to sign an authorization form (attached) which should be maintained in the patient's record.

Carrier's Name:	Carrier's Address:	
Claims Examiner's Name:	Examiner's Phone #:	Extension:
Patient # or First Name/First Initial - Last Name:	WCB Case #:	
Date Called Carrier:	Date Billed/Variance Submitted:	
Carrier's Response: _____ _____		

Nature of Complaint: _____

Doctor's Name:	Doctor's Address:	
Doctor's Phone #:	Doctor's Fax:	Doctor's email address:

Submit with copies of the: 1) Original bill; and 2) EOB received from carrier

Mail to: **NYSCA, 777 Lishakill Road, Niskayuna, NY 12309**

or Fax to: **518-785-6352**

Remember to have your patient sign the attached Authorization Form for your office records.

Dear Patient

On December 1, 2010, the New York State Workers' Compensation Board (WCB) implemented new regulatory procedures designed, in theory, to guide a provider's treatment of clinically necessary care and treatment of injured workers through the adoption of medical treatment guidelines. At the same time, the WCB adopted wholly new processes for the administration, adjudication and settlement of workers' compensation claims and cases. In the run-up to the adoption of the new regulations, many questions were raised for which the Workers' Compensation Board had no specific or concrete answers. For example, the medical treatment guidelines implemented by the Board were adopted without input from health care providers from the field and, more specifically, did not address any instance where a patient may have a lingering or chronic care problem or issue. In addition, every case was to be treated as new as of December 1, 2010 regardless of when the injury occurred or how the case had been handled prior to December 1. To compound matters, all interested parties involved – the workers compensation board and its administration, employers, workers' compensation insurance carriers, claimant's and claimant representatives and health care providers are interpreting the regulations differently and are implementing them in a variety of ways that lack consistency and, in some cases, complete coherence.

Since these are wholly new processes that have been implemented by the Board, there are a lot of unsettled problem areas between the different parties that ultimately could have a negative or detrimental affect on your care and your workers' compensation claim and case.

As your health care provider, I would like to advocate for you to make sure you receive all the necessary care you need and deserve. Consequently, I am asking you to help me, help you.

The chiropractic profession is attempting to collect and sort problem cases that have arisen in handling and administration of claimants' cases. To do this, however, we need your authorization to share some basic information about your case with the New York State Chiropractic Association (NYCSA), primarily: ❶ the nature of the complaint involved in the administrative or adjudication of your specific claim and case number; ❷ a copy of the original bill I submitted to your employer or workers' compensation carrier on your behalf; and ❸ a copy of the Explanation of Benefits (EOB) that was received in return in response to the bill that was submitted to your insurance carrier. Outside of your first name and the first initial of your last name, no other personal information about you or your care will be shared with the state Association. The NYSCA is simply looking for patterns of incorrect or inconsistent implementation of the new regulations in order to settle some long-standing procedural issues in the administration of claimant cases with the state WCB.

You are under no obligation to sign this statement or this form; but then, neither the state Association nor I would be in a position to help you if any particular issue arose, that when combined with other, similar cases could demonstrate a misapplication of the regulation and its implementation. If you agreed to help, however, just complete and sign the statement below. A copy of this authorization form will be placed in your WC file and will be valid for a period of one-year from the date you sign below. In addition, you may revoke this authorization at any time in writing. If you have any other comments or questions relative to this authorization, please let me know.

Patient's Name: _____ (Please Print)	WCB Case #: _____
Patient's Signature: _____	Date: _____