2nd Notice

State of New York
WORKERS' COMPENSATION BOARD

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

WCB CASE NUMBER	CARRIER CASENUMBER	DATE OF ACCIDENT	DATE OF THIS NOTICE
W54367	asdf23	07/08/2022	07/26/2022

CLAIMANT'S NAME AND ADDRESS	INSURANCE CARRIER'S NAME AND ADDRESS
Dev step2gen 256-536-2266 Ext _____ 10th Floor Robersonville, NC 27871	**NYSIF** Post Office Box 66699 Albany, NY 12206

IME ENTITY NAME	AUTHORIZATION NUMBER
Utopia Claims Concepts, Inc.	

DATE OF EXAMINATION	PLACE OF EXAMINATION	THIS EXAMINATION WAS REQUESTED BY
	(718)352-2270	Anjali Singh
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 INDEPENDENT EXAMINER ☐ **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:

See Attached

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 ofthis form for a complete statement of your rights and obligations under the law with regard toindependent medical examinations.**

If for any reason you are unable to appear for this examination, contact **Utopia Claims Concepts, Inc.**at **718-352-2270 x101**as soon as possible.

cc:
WCB
Samir Sood

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WORKERS' COMPENSATION BOARD

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cc:
WCB
Samir Sood

Vendors Report

Grand Total Charges:			**$ 166290.00**	