



Doctor's Initial Report

State of New York - Workers' Compensation Board

C-4

Use this form to report the *first* time you treated the patient. (To report continued treatment, use Form C-4.2. To report permanent impairment, use Form C-4.3.)

Please answer all questions completely, attaching extra pages if necessary, and submit promptly to the Board and to the insurance carrier. Failure to do so may delay the payment of necessary treatment, prevent the timely payment of wage loss benefits to the injured worker, create the necessity for testimony, and jeopardize your Board authorization. You may also fill out this form online at www.wcb.state.ny.us.

A. Patient's Information

1. Name: _____ 2. Social Security #: _____
Last First MI
3. Home phone #: _____ 4. WCB Case # (if known) _____ 5. Carrier Case # (if known) _____
6. Mailing address: _____
Number and Street City State Zip Code
7. Date of injury/onset of illness: _____ 8. Date of birth: _____ 9. Gender: ☐ Male ☐ Female
10. On the date of injury/illness what was the patient's job title or description: _____
11. On the date of injury/illness what were the patient's usual work activities: _____

B. Employer Information

1. Employer when injury occurred _____ 2. Phone #: _____
Company/Agency Name
3. Employer Address: _____
Number and Street City State Zip Code

C. Doctor's Information

1. Your name: _____ 2. WCB Authorization #: _____
Last First MI
3. You are a (check one): ☐ Physician ☐ Podiatrist ☐ Chiropractor 4. WCB Rating Code: _____
5. Office address: _____
Number and Street City State Zip Code
6. Billing address: _____
Number and Street City State Zip Code
7. Office phone #: _____ 8. Billing phone #: _____ 9. NPI #: _____
10. Federal Tax ID #: _____ The Tax ID # is the (check one): ☐ SSN ☐ EIN

D. Billing Information

1. Employer's insurance company: _____
2. Insurance company's address: _____
Number and Street City State Zip Code
3. Diagnosis or nature of disease or injury: _____

Relate ICD9 codes in (1), (2), (3), or (4) to Diagnosis Code column on page 2 by line.