NEW YORK STATE | Workers' Compensation Board

PO Box 5205
Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996
www.wcb.ny.gov

COVER SHEET FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

CHECK ONE: ☐ PHYSICIAN ☐ PODIATRIST ☐ CHIROPRACTOR ☐ PSYCHOLOGIST

THIS EXAMINATION WAS REQUESTED BY: ☐ CARRIER/EMPLOYER ☐ CLAIMANT

WCB Case No.	Carrier Case No. (If Known)	Date of Injury/Illness	Injured Person's Social Security No.	Date of Examination

Injured Person	FIRST NAME	MIDDLE INITIAL	LAST NAME	ADDRESS (Include Apt. No.)
Insurance Carrier/ Self-Insured Employer				
Independent Examiner				
	Authorization No.			Date of Report of Independent Medical Examination
	Start Time of Patient Examination		End Time of Patient Examination	Total Time Spent Reviewing Records

IF EXAMINER CONDUCTED THIS EXAMINATION AS AN EMPLOYEE OF AN IME COMPANY, OR UNDER CONTRACT OR ARRANGEMENT WITH AN IME COMPANY, STATE NAME AND WORKERS' COMPENSATION BOARD REGISTRATION NUMBER OF IME COMPANY.

Attach Report of Independent Medical Examination

Report of Independent Medical Examination must include this cover sheet and a narrative report that includes the components listed below. If the examination concludes Schedule Loss of Use and/or Non-Schedule Permanent Partial Disability please include the IME-4.3A and/or IME-4.3B with the cover sheet and your medical narrative.

- A description of the examination;
- A list of all documents or information reviewed by the IME evaluator;
- The examiner's professional opinion; and
- A signed and dated certification at the end of the report of the independent medical examination as follows:
  - I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.
  - The signature and date must be below the required certification.

Any questionnaire or intake sheets completed by the claimant either before arriving or after arriving for the independent medical examination must be attached to this cover sheet with the report.

In certifying on the cover sheet, you are certifying to the entire contents of the Report of Independent Medical Examination.

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.

Independent Examiner's Name _____ Date _____

Independent Examiner's Signature _____

If the report does not substantially comply with the requirements of 12 NYCRR 300.2(d) it may be precluded from consideration as evidence.

NO INDEPENDENT EXAMINER EXAMINING OR EVALUATING A CLAIMANT UNDER THE WORKERS' COMPENSATION LAW NOR ANY SUPERVISING AUTHORITY OR PROPRIETOR NOR INSURANCE CARRIER OR EMPLOYER MAY CAUSE, DIRECT OR ENCOURAGE A REPORT TO BE SUBMITTED AS EVIDENCE IN WORKERS` COMPENSATION CLAIM ADJUDICATION WHICH DIFFERS SUBSTANTIALLY FROM THE PROFESSIONAL OPINION OF THE EXAMINING INDEPENDENT EXAMINER. SUCH AN ACTION SHALL BE CONSIDERED WITHIN THE JURISDICTION OF THE WORKERS` COMPENSATION FRAUD INSPECTOR GENERAL AND MAY BE REFERRED AS A FRAUDULENT PRACTICE.

It is unlawful for any person who has obtained individually identifiable information from Workers' Compensation Board records to disclose such information to any person who is not otherwise lawfully entitled to obtain these records. Any person who knowingly and willfully obtains workers' compensation records which contain individually identifiable information under false pretenses or otherwise violates Workers' Compensation Law Section 110-a shall be guilty of a class A misdemeanor and shall be subject upon conviction, to a fine of not more than one thousand dollars.

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.

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