Health & Safety

Summer/Fall 2017

Keeping Up Changes to Workers' Compensation

At the request of TAS Vice President JP Patafio, the Health and Safety Department hosted a seminar on the subject for TAS officers. Attorney Robert Grey, an expert on Workers' Comp issues, was a guest speaker. He led a discussion on the most recent changes in the Workers' Compensation laws and regulations.
Grey reviewed the importance of Filing the Employee Claim form the C-3 and the Doctor's Initial Report, the C-4.
He reviewed the most important steps:

1. Report the accident to supervision as soon as possible;

2. See a doctor who handles workers' compensation Claims [not a regular general practitioner];

3. File the C-3 Form with the Workers' Compenstation Board;

4. Get Legal Representation;

5. Attend a I.M.E Exam [These are not independent. They work for the MTA and/or their insurer; but you still must go];

6. Keep Track of ALL out of pocket expenses;

7. Be sure to attend all Hearings, and come on time or early;

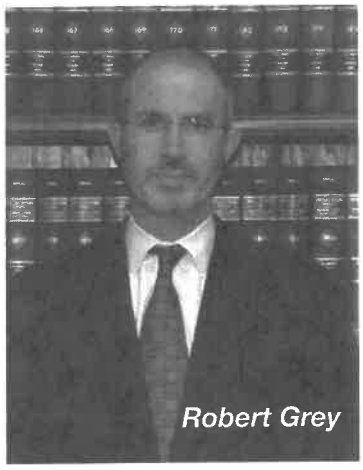
8. Keep track of what you are paid while your out of work;

9. Keep track of your earnings on return to work;

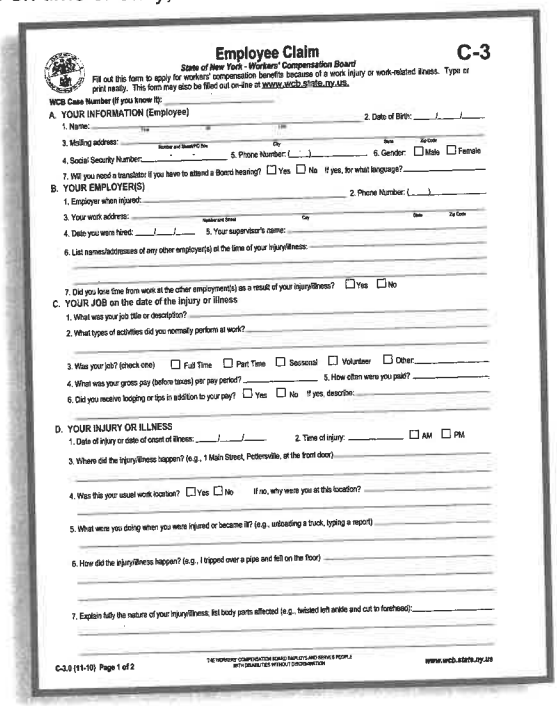
10. Beware of all your rights.

Grey reviewed the first successful workers' compensation case won in regard to worker exposure to diesel particulates and fumes. Anthony Nigro worked as a bus maintainer, full time, to get his 25-55 retirement. Within a few months following his full retirement, he started coughing and didn't stop. He later died of lung cancer. At the same time, a new scientific study was completed by the federal National Institute of Health that directly associated exposure to diesel spewing bus engines to lung cancer. At the worker's comp hearing, medical doctor Lewis Pepper gave the scientific testimony of this relationship. But, it was the Grey and Grey law firm to put everything together to win the case, the first of its kind in the U.S.
New areas of workers' compensation are opening with this kind of aggressive defense of workers' injuries and deaths. For example, pancreatic cancer and similar terrible outcomes from industrial experience like working in transit are being contested.

All Forms for Workers' Comp claims can be found on the union website: www.twulocal100.org under the dropdown Menu item, MEDIA / Downloacs / Forms.



GREY & GREY, LLP
Representing Injured Workers Since 1967



Employee Claim C-3
State of New York - Workers' Compensation Board
Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness. Type or print neatly. This form may also be filled out on-line at www.wcb.state.ny.us.

WCB Case Number (if you know it):

A. YOUR INFORMATION (Employee)
1. Name: 2. Date of Birth: ___/___/___
3. Mailing address:
4. Social Security Number: 5. Phone Number: (___) 6. Gender: ☐ Male ☐ Female
7. Will you need a translator if you have to attend a Board hearing? ☐ Yes ☐ No If yes, for what language?

B. YOUR EMPLOYER(S)
1. Employer when injured: 2. Phone Number: (___)
3. Your work address:
4. Date you were hired: ___/___/___ 5. Your supervisor's name:
6. List names/addresses of any other employer(s) at the time of your injury/illness:
7. Did you lose time from work at the other employment(s) as a result of your injury/illness? ☐ Yes ☐ No

C. YOUR JOB on the date of the injury or illness
1. What was your job title or description?
2. What types of activities did you normally perform at work?
3. Was your job? (check one) ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Volunteer ☐ Other:
4. What was your gross pay (before taxes) per pay period? 5. How often were you paid?
6. Did you receive lodging or tips in addition to your pay? ☐ Yes ☐ No If yes, describe:

D. YOUR INJURY OR ILLNESS
1. Date of injury or date of onset of illness: ___/___/___ 2. Time of injury: ☐ AM ☐ PM
3. Where did the injury/illness happen? (e.g., 1 Main Street, Pottersville, at the front door)
4. Was this your usual work location? ☐ Yes ☐ No If no, why were you at this location?
5. What were you doing when you were injured or became ill? (e.g., unloading a truck, typing a report)
6. How did the injury/illness happen? (e.g., I tripped over a pipe and fell on the floor)
7. Explain fully the nature of your injury/illness; list body parts affected (e.g., twisted left ankle and cut to forehead):

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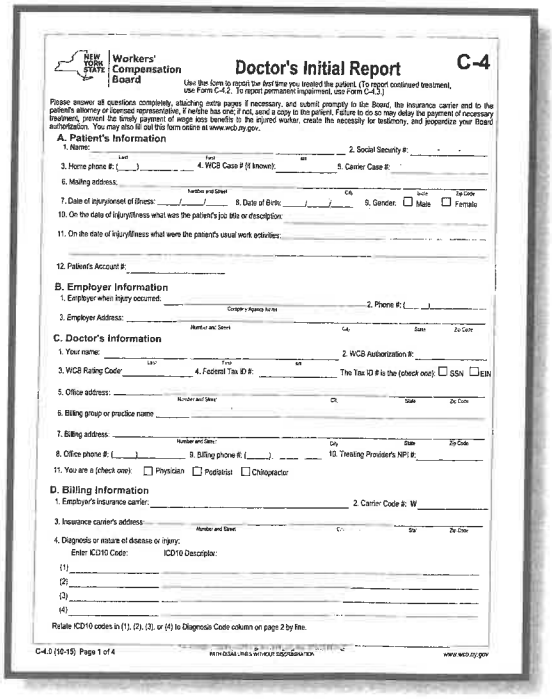

Doctor's Initial Report C-4
Workers' Compensation Board
Use this form to report the first time you treated the patient. (To report continued treatment, use Form C-4.2. To report permanent impairment, use Form C-4.3.)
Please answer all questions completely, attaching extra pages if necessary, and submit promptly to the Board, the insurance carrier and to the patient's attorney or licensed representative, if he/she has one; if not, send a copy to the patient. 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.ny.gov.

A. Patient's Information
1. Name: 2. Social Security #:
3. Home phone #: (___) 4. WCB Case # (if known): 5. Carrier Case #:
6. Mailing address:
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:
12. Patient's Account #:

B. Employer Information
1. Employer when injury occurred: 2. Phone #: (___)
3. Employer Address:

C. Doctor's Information
1. Your name: 2. WCB Authorization #:
3. WCB Rating Code: 4. Federal Tax ID #: The Tax ID # is the (check one): ☐ SSN ☐ EIN
5. Office address:
6. Billing group or practice name
7. Billing address:
8. Office phone #: (___) 9. Billing phone #: (___) 10. Treating Provider's NPI #:
11. You are a (check one): ☐ Physician ☐ Podiatrist ☐ Chiropractor

D. Billing Information
1. Employer's insurance carrier: 2. Carrier Code #: W
3. Insurance carrier's address:
4. Diagnosis or nature of disease or injury:
Enter ICD10 Code: ICD10 Descriptor:
(1)
(2)
(3)
(4)
Relate ICD10 codes in (1), (2), (3), or (4) to Diagnosis Code column on page 2 by line.

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