**Information on the Workers’ Compensation Board (WCB) Process for Injured BNL Workers**

**If you are injured at work, Immediately -**

**Obtain medical treatment…**

* In case of emergency, or uncertainty, call X2222 or 911 (631 344-2222 from a cell phone)
* In non-emergencies, get to the Occupational Medicine Clinic (OMC), Bldg 490, during normal working hours, or to the Fire House, Bldg 599, during off-hours.
* The OMC can provide you with first aid, referrals to specialists, send you for x-rays, provide a list of medical providers from which you can choose, provide Physical Therapy Services, help manage and expedite your claim, and help you make provider appointments.
* If you go to an outside medical provider, make sure they are authorized by the WCB, except in the case of an emergency. Generally, you can choose any provider authorized by the WCB. However, if the insurance carrier has preferred provider organizations, pharmacy or diagnostic networks, you must get service within those networks, once the provider tells you how to use them.
* Do not pay the provider directly. Authorized providers know they will be paid by the insurance carrier. There are no co-pays under WC. Note that providers may request that you sign a form that you will be responsible for payment, if the WCB disallows the claim or if you do not pursue the claim.
* Should you need to fill a prescription, or need medical equipment immediately, keep your receipts, because such expenses are usually reimbursable.

**Notify your supervisor…**

* Tell the supervisor about the injury and how it happened.
* The OMC will notify the BNL Workers’ Compensation Office in Building 120 of the need to file a *First Report of Injury or Employer’s Report of Work-Related Injury/Illness* (C-2) with the carrier. (The statute gives the employer 10 days to complete that report once notified by the injured worker.) This is done electronically and a carrier case number is immediately available for the workers to give to their medical provider.
* You will be required to complete an *Injured Worker’s Statement* by the accident investigator who will complete an *Injury/Illness Analysis Report* on your injury. This *Statement* will satisfy the WCB requirement to notify the employer of the injury in writing as soon as possible, but within 30 days of the injury.
* Note that even if you feel that you can eventually get by the “pain”, make sure that the supervisor knows about your pain before you go home that day. Late reporting is not acceptable to management.
* Should you not follow this part of the process, the claim will be controverted/questioned and the process will become more difficult. You may choose to go on line and file an *Employee Claim Form* (C-3) at any point within 2 years after you knew or should have known that the injury was related to your employment. (The WCB advises that you file a C-3. If it’s the same body part you injured before, or had a similar illness, you may need to file a C-3.3 form.)
* Find forms on line at:

<http://www.wcb.state.ny.us/content/main/Forms.jsp>

**Within 48 Hours of the Accident**

* Your medical provider completes a preliminary medical report on the Form Doctor’s Initial Report (C-4) and either mails, faxes or electronically submits it to the nearest WCB District Office (for us that’s in Hauppauge).

**Within 72 Hours of the Employer’s Report of Work-Related Injury/Illness (C-2)**

* A representative of BNL’s Workers’ Compensation insurance carrier will attempt to contact you telephonically to follow up on your injury and talk about what to expect from them and if your case may be impacted by the Medical Treatment Guidelines. Should any difficulties arise, the intermediaries will be the BNL Workers’ Compensation Office and the Occupational Medicine Clinic.

**Within 18 Days of Receipt of Form Employer’s Report of Work-Related Injury/Illness (C-2)**

* The insurer begins payment, if BNL is not paying and the lost time exceeds 7 days. The insurer files Form Notice to Chair of Carrier’s Action on Claim for Benefits (C-669), indicating that payment has begun.
* If the claim is disputed, the carrier files Notice that Right to Compensation is Controverted (C-7) indicating why payments are not being made.
* If the employee has not informed the employer, the process is delayed and the above notices may also be delayed.

**Every 2 Weeks**

* If the case is not disputed, the carrier continues to make payments.
* If payments are stopped or modified for any reason, the carrier issues to the WCB a Form Notice that Payment Has Been Stopped or Modified (C-8.6).

**Every 45 Days**

* The medical provider submits progress reports to the carrier and the WCB on Form Doctor’s Progress Report (C-4.2).

**After 12 Weeks**

* The carrier must consider the necessity of rehabilitation treatment for the injured worker.

**Do I need an attorney?**

* You may represent yourself in matters before the WCB, or you may wish to have a representative do that for you. If there are disputes, the Law Judge will usually strongly advise you retain an attorney. There will usually be attorneys at the WCB Hearings to see if you need an attorney.
* If you are considering using an attorney, ask around. Sometimes your co-workers, friends or relatives, bargaining units, etc. are familiar with someone who can help advise you best.

**Benefits for Lost Wages**

* State law gives you an entitlement to replace a portion of your lost wages, if your injury affects you in one or more of the following ways:

1. It keeps you from work for more than 7 days;
2. Part of your body is permanently disabled;
3. Your pay is reduced because you now work fewer hours or do other work.

* If BNL accepts your claim and you have accrued sick leave, BNL pays you full wages from day one. Your medical treatment can begin. Otherwise, the insurance carrier will pick you up at some temporary rate while you are out of work, but will not authorize medical benefits.
* If the claim is disputed, you may not receive any payment for lost wages until the WCB resolves the dispute (usually within 90 days). The WCB will notify you as to how to proceed and resolve the claim.
* You may wish to hire an attorney or licensed representative to help resolve disputed claims, but it is not required unless the hearing judge tells you to get one…but like the medical providers, do not pay them. The WCB sets their fees and will pay them out of your lost wages award.
* While your case is disputed, you may be entitled to disability benefits while the case is heard. You can either call the WCB at (800) 353-3092 or check on line to get Form DB-450.

**Claimant Information Packet**

* Shortly after the carrier receives the electronic transmission of your case from BNL, the carrier will send to you a WCB-mandated packet of information (21 pages in Spanish and English) that includes your rights, instructions and forms (C-3, C-3.3, etc.). It is provided for your information and use. There are no requirements for you to complete any of the forms included, but you may.

**How are Medical Providers paid?**

* You do not pay anything. The insurance carrier pays medical and pharmacy costs according to a State established Fee Schedule.

**What about Hearings?**

* The WCB may hold hearings before a WC Administrative Law Judge (ALJ), who may take testimony, review medical and other evidence to decide on whether a claimant is entitled to benefits. If so, the ALJ determines the amount of benefits and duration of same. If the claim is not settled at that point…
* Some cases take a long time to adjudicate. Once the ALJ makes a determination, either side may appeal within 30 days. This is done by applying for a Board Review. If the application is approved, the decision will be made by a three-judge panel.
* If the panel is not unanimous, any party may apply in writing for a Full Board Review to review the decision of the three-judge panel.
* Further appeals may be taken to the Appellate Division, 3rd Department, Supreme Court of the State of New York within 30 days. The decision of the Appellate Division may be appealed to the highest court in the state, the Court of Appeals.
* During this process, the carrier does not have to pay weekly benefits, but must pay compensation awards and doctor bills.

**Medical Treatment Guidelines (for injuries to the Neck, Back, Shoulder and Knee only**)

<http://www.wcb.state.ny.us/content/main/Workers/MTGFacts.pdf>

**WC Policy Number: WC1-621-004517-XXX** (the last three digits change each year)

**BNL Contacts:**

J. Ellerkamp, BNL WC Administrator, Bldg 120 (x7493) or [ellerkamp@bnl.gov](mailto:ellerkamp@bnl.gov)

L. Greves, Staff Specialist, Bldg 120 (x3750) or [greves@bnl.gov](mailto:greves@bnl.gov)

J. Falco, MD, OMC Manager, Bldg 490 (x3670) or [falco@bnl.gov](mailto:falco@bnl.gov)

S. McCafferty, RN, Nurse Case Manager, Bldg 490 (x3670) or [smccafferty@bnl.gov](mailto:smccafferty@bnl.gov)

**Liberty Mutual:** 80 Grasslands Road, Elmsford, NY 10523, (1-800-422-0820)