



Report of Impartial Specialist Examination or Record Review

State of New York - Workers' Compensation Board

Prepare and submit a written report of your examination, including any test results and a list of records that were reviewed, to the Board within 20 days of the examination, or in the case of a review of records only, within 25 days of receipt of records, or by such date directed by the Board.

WCB CASE NO.	CARRIER CASE NO.	DATE OF INJURY	DATE OF EXAMINATION

Patient's Name: _____ Date of Birth: _____
First Name Middle Initial Last Name

Patient's Address: _____ Telephone No.: _____

Employer's Name & Address: _____

Insurance Carrier's Name & Address: _____

Results of Examination or Record Review: Attach Report

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition.

Physician's Name

Physician's License/Authorization Number

Indicate days of week & times (AM or PM) when you are available to testify

Physician's Signature

Date

What is an Impartial Specialist Examination?

The Chair of the Workers' Compensation Board may designate unbiased medical experts to serve as Impartial Specialists. A Board panel, Law Judge, or the parties jointly may request an Impartial Specialist exam to help resolve a complex medical issue. The Impartial Specialist exam may include a physical examination or simply a review of medical records.

Limits on Impartial Specialists

1. The Impartial Specialist shall not provide treatment to the claimant and shall not have previously treated the claimant; no patient-physician or physician-patient relationship shall be established.
2. The Impartial Specialist shall not have examined the claimant as an Independent Medical Examiner (IME).

Instructions to Impartial Specialist

1. Please complete Form IS-4 in its entirety and return to the Board at the address below.
2. The report must be submitted within 20 days of the examination of the claimant, or 25 days of receiving the records if no examination is performed.
3. All reports of such examinations shall be sworn to, or duly verified, and the original report shall be promptly sent to the Board. A copy thereof shall be furnished by the Board to each of the parties. The original of such report shall be made a part of the case record and scanned into the electronic case folder, and any party desiring shall be given the opportunity to cross-examine such physician.
4. Payment for the report will be according to the Impartial Specialist fee schedule or otherwise approved amount. Please submit to the Board a statement for services with the Form IS-4.

Instructions to Parties

1. The carrier or self-insured employer shall reimburse the claimant for travel expenses to and from the examination site.
2. Either party may request cross-examination of the Impartial Specialist within 10 days of receiving a copy of the IS-4, Report of Impartial Specialist Examination or Record Review, from the Board.
3. The carrier or self-insured employer must promptly pay the Impartial Specialist according to the fee schedule or otherwise approved amount, as determined by the Chair of the Workers' Compensation Board.

HIPAA NOTICE - In order to adjudicate a workers' compensation claim, WCL13-a(4)(a) and 12 NYCRR 325-1.3 require health care providers to regularly file medical reports of treatment with the Board and the carrier or employer. Pursuant to 45 CFR 164.512 these legally required medical reports are exempt from HIPAA's restrictions on disclosure of health information.

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 that 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.

NYS WORKERS' COMPENSATION BOARD
PO Box 5205
Binghamton, NY 13902-5205

Customer Service Toll-Free Number: 877-632-4996
Statewide Fax Line: 877-533-0337