New York Form C4.3 - Doctor's Report of MMI/Permanent Impairment

09/17/2024 3:38 pm EDT

For workers' claims in New York that result in the permanent impairment of a patient, the C4.3 form, or *Doctor's Report of MMI/Permanent Impairment* form is required. This form is built into your DrChrono account and is easily accessible through the patient's appointment.

- 1. Navigate to the patient's appointment
- 2. Make sure the payment profile is set to Workers' Comp. Also, ensure all fields are filled in under the Workers' Comp section under the patient's insurance.
- 3. Select Other Forms on the right side of the screen

Appointment Billing	Eligibility Vitals	Growthcharts	Flags	Log Comm.	Revisions	Custom Data	MU Help	ber
Institutional Claim				Patient Super	Bill Clinical N	ote Billing Deta	ails Othe	er Forms 🕶
Billing Status		~	HCFA Box	10 - Is patient's o	condition relat	ed to:		†
ICD Version	ICD-10	~		Employment	No	~		
Primary Insurer	Case #: Accident Date: nu	∎ ◄		Auto Accident	No	~		
Secondary Insurer	Case #: Accident Date: nu	∥ ~		Other Accident	No	~		
Patient Payment	\$ 175.00 +				Orest of Ore			
t	Receipt -			Onset Date Type	Unset of Cur	rent Symptoms	0 •	
Pre Authorization Approval				Onset Date				
Referral #				Other Date Type	- Other Date	Type -	~	
Payment Profile	Workers' Comp	~		Other Date				
Billing Profile	~ +		iŀ	ICFA documents				
Billing Pick List	Choose Codes from Pick List							
Diagnosis Pick List	Choose Codes from Pt Problem	ns			0			

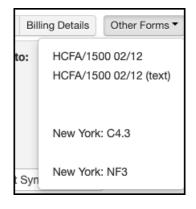
Here you can select and print a couple of related forms.

HCFA/1500 - This is a regular 1500 form that will print on plain white 8.5" X 11" paper

HCFA/1500 (text) - This will print just the text. Select this option if you have the red pre-printed HCFA paper in your printer.

New York: C4.3 - Doctor's Report of MMI/Permanent Impairment

New York: NF3 - New York Motor Vehicle No-Fault Insurance Law Verification of Treatment by Attending Physician or Other Provider of Health Service



Doctor's Report of MMI/Permanent Impairment

When you select the C4.3 form from the dropdown, many fields will pre-populate if the information is listed in the patient's Workers' Compensation insurance section. If it is not, or you need to update the information shown, you can click into the box and it will let you free text.

Yerk STATE Board	Doctor's of MMI/Permane	ent Impairment	C-4 .3
Use this form: 1. When rendering an op Board to render a decision on MMI and	inion on MMI and/or permanent impairment; /or permanent impairment.	or 2. In response to a request by the Wo	rkers' Compensation
patient's attorney or licensed represent	, attaching extra pages if necessary, and sut ative, if he/she has one; if not, send a copy to f wage loss benefits to the patient, create th form online at www.wcb.ny.gov.	the patient. Failure to do so may delay	the payment of necessa
Date(s) of Examination: 04 / 07	/ 22 WCB Case # (if known):	Carrier Case #:	
A. Patient's Information			
1. Name: Harris Jenny	First MI	2. Date of Birth: 9 / 1 / 2020 3. s	SN:
4. Address (if changed from previous rep			
5. Home phone #: ()	Number and Street 6. Date of injury/illness:	City 7. Patient's Account #: HAJI	State Zip Code E000002
B. Doctor's Information			

All patient data listed in this article is sample data. This is not a real person or real patient data.

Source: https://www.dfs.ny.gov/apps_and_licensing/property_insurers/nofault