

New York No Fault Form - NF3

Last modified on 06/23/2025 2:03 pm EDT

For no-fault accident claims in New York, the NF3, or *Verification of Treatment by Attending Physician or Other Provider of Health Services* 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 Auto Accident.
3. Ensure all fields are filled in under the Auto Accident under the patient's insurance section.
4. Select **Other Forms** on the right side of the screen.

Schedule Appointment

Appointment **Billing** Eligibility Vitals Growthcharts Flags Log Comm. Revisions Custom Data MU Helper

☐ Institutional Claim Patient SuperBill Clinical Note Billing Details **Other Forms**

Billing Status **HCFA Box 10 - Is patient's condition related to:**

ICD Version Employment

Primary Insurer Auto Accident

Secondary Insurer Other Accident

Patient Payment \$ Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile **Auto Accident**

Billing Profile

Billing Pick List

Diagnosis Pick List

Onset Date Type

Onset Date

Other Date Type

Other Date

iHCFAs documents

ICD-10 Codes Find Diagnosis codes

NDC Codes Find NDC Codes

CPT and HCPCS Codes Find CPT/HCPCS codes

Custom Codes Find Custom Procedure codes

☐ Include note in EDI Billing:

5. Under **Other Forms** 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

Billing Details
Other Forms

HCFA/1500 02/12
HCFA/1500 02/12 (text)
New York: C4.3
New York: NF3

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

- When you select the NF3 form from the dropdown, many fields will pre-populate if the information is listed in the patient's Auto Accident insurance section. If it is not, or you need to update the information shown, you can enter text into the box to add/update/correct.

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
(This form is not for verification of hospital treatment)

NAME AND ADDRESS OF INSURER OR SELF-INSURER*
Geico
MD

NAME, ADDRESS, AND PHONE NUMBER OF INSURER'S CLAIMS REPRESENTATIVE*
Geico
MD

DATE	POLICYHOLDER	POLICY NUMBER	DATE OF ACCIDENT	CLAIM NUMBER
04/07/22	Jenny Harris	123456	05/16/24	case #123

PROVIDER'S NAME AND ADDRESS*

Donald Duck, D Inpatient Hospital, 567 Main Street, Halethorpe, MD 21227

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. **PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER THE TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT. IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.**

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES.

1. PATIENT'S NAME AND ADDRESS
Jenny Harris, Main St, Curtis Bay, MD 21226, United States

2. DATE OF BIRTH 09/01/20	3. SEX Female	4. OCCUPATION (IF KNOWN)
------------------------------	------------------	--------------------------

5. DIAGNOSIS AND CONCURRENT CONDITIONS

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