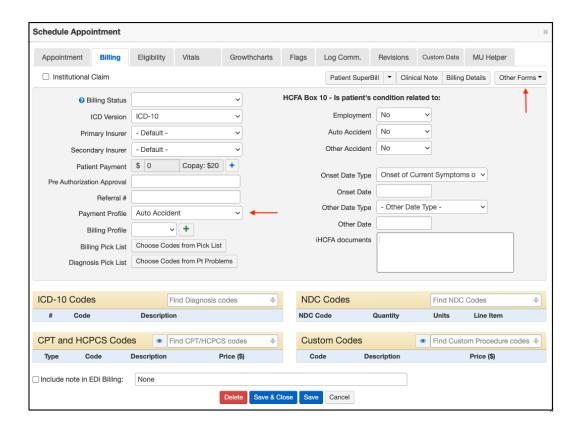
New York No Fault Form - NF3

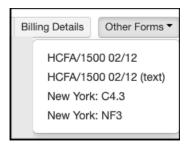
Last modified on 11/22/2024 2:28 pm EST

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.



- 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



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 click into the box and it will let you free text.

NAME AND ADDRESS OF INSURER OR SELF-INSUI Gelco MD	NAME, ADDRESS, AND PHONE NUMBER OF INSURER'S CLAMS REPRESENTATIVE GRICO MD		
DATE POLICYHOLDER 04/07/22 Jenny Harris	POLICY NUMBER	DATE OF ACCIDED 05/16/24	case #123
PROVIDER'S NAME AND ADDRESS*	Donald Duck, D Inp MD 21227	patient Hospital, 567 Ma	in Street, Halethorpe
KINDLY COMPLETE AND SUBMIT THI FORM MUST BE SUBMITTED TO THE THAN 45 DAYS OR 180 DAYS AFTER ENDORSEMENT IN EFFECT AT THE 1 TIME REQUIREMENT, KINDLY CONTA DEADLINE IS APPLICABLE TO THIS OF	EINSURER AS SOON AS REA THE TREATMENT DATE, DEI TIME OF THE ACCIDENT. IF Y ACT THE CLAIMS REPRESEN CLAIM.	SONABLY POSSIBLE BUT PENDING UPON THE POLIC OU ARE UNSURE OF THE . ITATIVE TO DETERMINE W	NO LATER CY APPLICABLE HICH

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