



STATE OF NEW YORK WORKERS' COMPENSATION BOARD STATEMENT OF REGISTRATION Section 13-n, WCL IME Entity

Pursuant to Section 13-n and 12 NYCRR 300.2 of the Workers' Compensation Law, any entity which derives income from independent medical examinations performed in accordance with Sections 13-a(4), 13-k(3), 13-l(3) or 13-m(4), of the WCL or review or records, whether by employing or contracting with independent examiners to conduct such independent medical examinations or review of records or by acting as a referral service or otherwise facilitating such examinations, shall register with the Chair by filing a statement of registration containing such information prescribed by the Chair in regulation.

Instructions: Complete all items below and on reverse, attach additional sheet if necessary. Please print or type. Illegible forms will be returned. A registration fee of \$250 payable to the Chair, Workers' Compensation Board, must accompany each submission. Send completed statements to: Workers' Compensation Board, Medical Director's Office, Riverview Center, 150 Broadway - Suite 195, Menands, NY 12204. You must resubmit this registration every three years together with the registration fee. In the event that your company has a change of name, officers, owners or partners, or a change of any address or business location, you must notify the Board within 30 days. For updates to registration or electronic transmission please e-mail: IMEEntityRegistration@wcb.ny.gov.

- 1. Entity Name(s) as registered with Department of State (attach copies of the organizational documents for the entity, such as articles of incorporation or articles of organization):

Federal Tax ID No(s): _____

- 2. Name(s) under which entity conducts business and URL of any associated website: _____

- 3. Name, title and phone number of contact person for the entity: _____

- 4. Address(es) of IME entity's administrative offices and all New York business locations, including all addresses of locations the IME entity owns, leases or conducts business therein(please specify each): _____

- 5. Name, title, address, telephone number and email of each of the entity organization's officers, owners and partners:

- 6. Have any of the officers, owners or partners been convicted of any criminal offense? Yes No

If Yes, please explain: _____

- 7. Describe the services provided by the IME entity and its employees or independent contractors; please include the number of New York employees working for the IME entity:

8. Describe the relationship between the IME entity and its owners, officers and partners and the independent medical examiners it employs or contracts with to conduct independent medical examinations and/or review of records:

9. Describe the relationship between the IME entity and its owners, officers or partners and its employees or independent contractors (other than the independent medical examiners noted in question 8):

10. List the names and addresses of all organizations that are affiliated with, share common ownership with, own or are owned by the IME entity, including but not limited to other IME entities required to register with the New York State Workers' Compensation Board:

11. Is the entity owned by, or does it share common ownership with, or is it affiliated with an insurance carrier or third-party administrator? Yes No

If Yes, please provide explanation of relationship and legal name of affiliated entities: _____

12. Does the IME entity, presently or during the prior registration period, contract, subcontract or have an informal agreement with an organization that is not a registered IME entity to perform any ancillary services related to independent medical examinations or review of records? Yes No

If yes, attach a separate statement identifying each such organization and affirming that such ancillary services performed by a subcontractor do not require registration as an IME entity as they are not functions central to the examination or review of records such as identifying and retaining the services of an independent medical examiner, scheduling of the examination, mailing of the report of independent medical examination or review of records and any related notices or Board forms, and negotiation of payment for the examination or review of records.

13. Does the IME entity, presently or during the prior registration period, contract, subcontract or have an informal agreement with other IME entities to perform any services? Yes No

If yes, attach a separate statement identifying each other IME entity and affirming the services to be provided.

14. Does the current IME entity's agreement with independent medical examiners, presently or during the prior registration period, include the review of records by an independent medical examiner in preparation for an IME examination? Yes No

If Yes, how is the review of records billed and paid? _____

16. Describe the process for arranging addendums. Attach a separate statement if needed.

17. Describe the process for arranging depositions. Attach a separate statement if needed.

AFFIRMATION

_____, affirms that they are the _____ of _____ the entity named in the foregoing statement of registration; that they have read the same and know(s) the contents thereof; and that the same is true to their own knowledge.

Deponent further says that the _____ is a _____ entity and deponent is an officer thereof, to-wit its _____ (deponent's title).

Deponent further says that the entity registering with the Chair, Workers' Compensation Board, is organized under the laws of New York State in a business form that is recognized by the laws of New York State or in the state in which it is incorporated, is duly registered with the Department of State, and is in full compliance with the laws of the State of New York, its state of incorporation if outside of New York, and the United States, including but not limited to any laws or regulations under the Public Health Law, the Education Law and the Workers' Compensation Law governing the practice of medicine, podiatry, chiropractic and psychology, treatment of injured or ill workers, solicitation and fee-splitting, and any laws or regulations under the jurisdiction of the state Department of Insurance, the federal Health Care Financing Administration, the State Department of Taxation and Finance or the federal Internal Revenue Service.

Deponent will supply any material changes to this information to the Board within thirty days of such change. Deponent shall register with and submit the registration fee to the Board every three years.

Deponent understands that the entity registering with the Chair will be required to provide data on a regular basis to the Workers' Compensation Board and any additional information upon request for the purpose of administering and ensuring compliance with the Workers' Compensation Laws.

I affirm this _____ day of _____ 20_____

_____ under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.