

NOTICE THAT YOU MAY BE RESPONSIBLE FOR MEDICAL COSTS IN THE EVENT OF FAILURE TO PROSECUTE, OR IF COMPENSATION CLAIM IS DISALLOWED, OR IF AGREEMENT PURSUANT TO WCL §32 IS APPROVED

WCB CASE NO. (If Known)		CARRIER CASE NO. (If Known)	DATE OF INJURY	NATURE OF INJURY OR ILLNESS	INJURED PERSON'S SOC. SEC. NO.
CLAIMANT	NAME			ADDRESS	APT. NO.
EMPLOYER					
INSURANCE CARRIER					

You may become responsible for the medical costs of treatment for your illness or condition with the provider listed below if (1) you fail to prosecute the claim for workers' compensation or (2) it is determined by the Workers' Compensation Board that the illness or condition which required treatment was not a result of a compensable workplace accident or occupational disease or (3) if an agreement is executed by you and approved pursuant to Workers' Compensation Law §32 in which you waive your right to medical benefits from the workers' compensation carrier/self-insured employer for treatment/ services performed after the date the agreement is approved. If any of the above events occurs, the provider may bill you directly instead of the employer or insurance carrier, and you will be responsible for the provider's fees for services rendered.

I hereby acknowledge that I have read the above and understand the circumstances under which I may become responsible for payment.

Claimant's Signature _____ Date _____

Provider's Name and Address _____

TO THE CLAIMANT

Workers' Compensation Board Regulation 325-1.23 permits your doctor or therapist to request that you sign this A-9 notice. By signing this notice, you acknowledge your obligation to pay the provider's fees for the services you receive if it turns out that such fees are not legally required to be paid by your employer or its workers' compensation insurance carrier and if such fees are not covered by other insurance. The employer or carrier may not be required to pay the doctor's fees if, for example, you fail to file a claim for workers' compensation, or fail to notify your employer of your injury or illness, or fail to attend a Board hearing if your employer challenges your right to benefits. Even if you make all required efforts to prosecute your claim, the Workers' Compensation Board may still find that you are not entitled to benefits. In such cases, this notice advises your health provider that you acknowledge your personal liability for payment of his/her bills.

Workers' Compensation Law Section 32

The A-9 notice also covers instances in which a claimant with an existing valid workers' compensation case comes to an agreement with his/her employer or its insurance carrier settling his/her case in accordance with Section 32 of the Workers' Compensation Law. A Section 32 agreement may include a provision which relieves the employer or carrier of the liability to pay future medical bills associated with the case. Your health care provider may ask you to sign this A-9 notice to insure that you acknowledge your personal liability for payment of his/her bills if you have waived your right to future medical benefits under a Section 32 agreement.

If you have any questions, contact your attorney or licensed hearing representative, if you have one. You may also contact your local district office of the Workers' Compensation Board.

TO THE HEALTH CARE PROVIDER

This notice is meant to advise the workers' compensation claimant that he/she may be responsible for payment. Failure of the claimant to sign this form does not relieve the provider of the obligation to treat the claimant, nor does it negate the claimant's responsibility for payment.

Keep the original of this form for your records and give a copy to the claimant. **Do not file with the Workers' Compensation Board.** You will receive Notices of Decisions in which the compensability of a claim, authorization of treatment, or payment of medical bills is included. You will also be notified if the claimant submits a Section 32 Agreement with the Board for approval. Do not bill the claimant unless and until you receive a Board decision finding that 1) claimant failed to prosecute the claim, or 2) the claim is denied, or 3) the treatment is not causally related to the work injury, or 4) a Section 32 agreement relieving the carrier of liability for medical treatment is approved

关于在未提起诉讼、诉讼驳回或 WCL §32 项下协议获得批准的情况下需支付医疗费用的通知

WCB 案件编号 (若已知)	保险公司案件编号 (若已知)	受伤日期	伤/病的性质	伤者社会安全号码
索赔人	姓名	地址		公寓号码
雇主				
保险公司				

在下列条件下，您可能需要向医疗服务提供者支付疾病的治疗费用：(1) 如果您未就劳工赔偿提起诉讼；(2) 如果劳工赔偿局裁定，需治疗的疾病并非可赔偿的工伤事故或职业病所致；(3) 如果您依据《劳工赔偿法》第 32 节签署了协议并获得批准（其中，您放弃就协议批准后所接受的治疗/服务，从劳工赔偿保险公司/自我投保的雇主接受医疗补贴的权利）。如果发生上述任一情况，医疗服务提供者可直接向您，而非雇主或保险公司收取费用，而您则需要向服务提供者支付医疗服务费。

特此声明，本人已读过以上内容，并且了解需要自行付款的情况。

索赔人签字 _____ 日期 _____

服务提供者的名称及地址 _____

致索赔人

根据劳工赔偿局第 325-1.23 条规定，您的医生或治疗师有权要求您签署本 A-9 通知。签署本通知，即表示您确认在此种情况下需要向服务提供者支付相关的服务费用：您的雇主或其劳工赔偿保险公司无支付此等费用的法定义务，且此等费用不属其他保险的范围。如果您未提起劳工赔偿诉讼，或者未将所受伤害或所患疾病告知雇主，或在雇主对您享受补贴的权利提出质疑时未能出席听证会，则雇主或保险公司无需支付医疗费用。即使您做足必要准备提起索赔诉讼，劳工赔偿局仍有可能裁定您无权享有此等补贴。这种情况下，本通知将告知您的医疗服务提供者，您确认自行支付医疗费用。

《劳工赔偿法》第 32 节

A-9 通知同样适用于以下情形：现有劳工赔偿案的索赔人与其雇主或保险公司依据《劳工赔偿法》第 32 节达成协议。依据《劳工赔偿法》第 32 节达成的协议可以约定，免除雇主或保险公司支付与该案相关的未来医疗费用的义务。您的医疗服务提供者可能要求您签署本 A-9 通知，以确保在您依据《劳工赔偿法》第 32 节达成协议、放弃享受未来医疗补贴的权利时，确认会自行负责支付医疗费用。

如果您有任何疑问，请与您的律师或持牌听证代理（若有）联系。您也可以联系劳工赔偿局在当地的区域办公室。

致医疗服务提供者

本通知旨在告知劳工赔偿索赔人，他/她可能需要负责支付医疗费用。索赔人不签署本表单不能免除医疗服务提供者治疗索赔人的义务以及索赔人的付款责任。

请保留本表单原件以存档，同时提供索赔人一份副本。**无需向劳工赔偿局备案。**您将收到裁定通知书，告知索赔是否应予赔偿、治疗授权、医疗费用的支付等裁定结果。同时还会告知，索赔人是否向本局提交了依据《劳工赔偿法》第 32 节达成的协议。除非您收到含有以下内容的本局裁定，否则不得要求索赔人支付医疗费用：1) 索赔人未提起索赔诉讼；或 2) 索赔被驳回；或 3) 治疗与工伤无关；或 4) 已批准依据《劳工赔偿法》第 32 节达成的协议，免除保险公司支付医疗费用的义务。