

**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

**SONJE OU KA RESPONSAB POU DEPANS MEDIKAL SIZOKA OU PA ALE NAN LAJISTIS, OSWA SI OU JWENN REFI POU REKLAMASYON KONPANSASYON, OSWA SI OU JWENN APWOBASYON POU AKÒ DAPRE SEKSYON 32 WCL**

NIMEWO DOSYE WCB (Si ou Konnen Li)		NIMEWO DOSYE KONPAYI AN (Si ou Konnen Li)		DAT OU PRAN CHÒK LA	KALITE CHÒK LA OSWA MALADI A	NIMEWO SEKIRITE SOSYAL MOUN KI PRAN CHÒK LA
MOUN KI MANDE KONPANSASYON	NON			ADRÈS	NIMEWO APATMAN	
NON TRAVAY						
KONPAYI ASIRANS						

Ou ka responsab pou fè depans medikal pou trete maladi ou oswa pwoblèm sante ou avèk founisè swen sante ki endike anba la a si (1) ou pa ale nan lajistis pou mande konpansasyon travayè oswa (2) si Komisyon Konpansasyon Travayè detèmine maladi oswa pwoblèm medikal ki te lakòz ou bezwen tretman an se pa t akòz yon aksidan nan espas travay ou oswa se pa t akòz yon maladi ou te pran nan travay ou ki te ka pèmèt ou resevwa konpansasyon oswa (3) si ou egzekite yon akò, epi si yo apwouve akò a dapre Seksyon 32 Lwa sou Konpansasyon Travayè kote ou renonse dwa ou pou jwenn avantaj medikal nan konpayi asirans ki bay konpansasyon travayè/patwon ki gen asirans li pou tretman/ sèvis ki fèt apre dat yo apwouve akò a. Si nenpòt nan sa ki anwo a ta rive, founisè swen sante a ka voye bòdwo ba ou dirèkteman alapas patwon an oswa konpayi asirans lan, epi w ap responsab pou peye frè founisè a reklame pou sèvis li ba ou yo.

Mwen rekonèt mwen te li sa ki endike anwo a, epi mwen konprann sikonstans kote mwen ka vin responsab pou peye lajan.

Siyati Moun ki Mande Konpansasyon an \_\_\_\_\_ Dat \_\_\_\_\_

Non ak Adrès Founisè Swen Sante a \_\_\_\_\_

<p><b>POU MOUN KI MANDE KONPANSASYON AN</b></p> <p>Règleman 325-1.23 Komisyon Konpansasyon Travayè bay doktè ou oswa espesyalis terapi ou pèmisyon pou mande pou ou siyen avi A-9 sa a. Depi ou siyen avi sa a, ou rekonèt obligasyon ou genyen pou peye frè founisè swen sante a pou sèvis ou resevwa yo si li sanble frè pou peye sa yo pa yon obligasyon legal pou travay ou peye oswa pou konpayi asirans konpansasyon travayè peye, epitou si lòt asirans pa garanti peman frè sa yo. Patwon an oswa konpayi asirans lan ka pa gen obligasyon pou peye frè doktè a si, pa egzanp, ou pa fè yon reklamasyon konpansasyon travayè, oswa si ou pa fè patwon ou konnen ou pran chòk oswa maladi, oswa si ou pa patisipe nan yon odyans Komisyon an si patwon ou ap konteste dwa ou genyen pou resevwa avantaj. Menmsi ou fè tout efò ki nesèsè pou ale nan lajistis pou reklamasyon konpansasyon ou, Komisyon Konpansasyon Travayè a ka toujou deside ou pa gen dwa pou resevwa avantaj. Nan ka konsa, avi sa a ap fè founisè swen sante ou konnen ou rekonèt obligasyon pèsònèl ou pou peye bòdwo li yo.</p> <p><b>Seksyon 32 Lwa sou Konpansasyon Travayè</b></p> <p>Avi A-9 la konsène tou egzanp kote yon moun ki mande konpansasyon ki gen yon dosye konpansasyon travayè valab fè yon akò avèk patwon li oswa avèk konpayi asirans li pou jwenn yon aranjman sou dosye li dapre Seksyon 32 Lwa sou Konpansasyon Travayè. Yon akò dapre Seksyon 32 ka gen ladan yon dispozisyon ki retire obligasyon patwon an oswa konpayi asirans lan pou peye bòdwo medikal pidevan ki asosye avèk dosye a. Founisè swen sante ou ka mande ou pou siyen avi A-9 sa a pou asire ou rekonèt obligasyon pèsònèl ou pou peye bòdwo li yo si ou te renonse dwa ou pou resevwa avantaj medikal pidevan anba yon akò dapre Seksyon 32.</p> <p>Si ou gen nenpòt kesyon, kontakte avoka ou oswa yon reprezantan odyans ki gen lisans, si ou gen youn. Ou ka kontakte tou biwo distri Komisyon Konpansasyon Travayè zòn ou.</p>
<p><b>POU FOUNISÈ SWEN SANTE A</b></p> <p>Avi sa a la pou fè moun ki mande konpansasyon travayè a konnen li ka responsab pou peye lajan. Si moun ki mande konpansasyon an pa siyen fòm sa a sa p ap retire obligasyon sou founisè swen sante a pou trete moun ki mande konpansasyon travayè, ni sa p ap anile responsablite moun ki mande konpansasyon travayè a pou peye lajan.</p> <p>Sere orijinal fòm sa a pou dosye ou, epi bay yon kopi pou moun ki mande konpansasyon an. <b>Pa depoze li nan Biwo Komisyon Konpansasyon Travayè.</b> W ap resevwa Avi Desizyon k ap gen ladan posiblite pou resevwa konpansasyon pou reklamasyon ou, otorizasyon pou swiv tretman, oswa peman bòdwo medikal yo. Y ap fè ou konnen tou si moun ki mande konpansasyon an soumèt yon Akò dapre Seksyon 32 ba Komisyon an pou apwobasyon. Pa voye bòdwo ba moun ki mande konpansasyon an sof si ak jouk lè ou resevwa yon desizyon Komisyon an ki detèmine 1) moun ki mande konpansasyon travayè a pa t ale nan lajistis pou reklamasyon an, oswa 2) moun nan jwenn refi pou reklamasyon an, oswa 3) tretman an pa asosye ditou avèk chòk nan travay, oswa 4) yo apwouve yon akò dapre Seksyon 32 ki retire obligasyon sou konpayi asirans pou tretman medikal</p>