

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

CARRIER'S/SELF -INSURED EMPLOYER'S OBJECTION TO ATTENDING DOCTOR'S
REQUEST FOR MEDICAL AUTHORIZATION DETERMINATION

WCB Case Number	Carrier Case Number	Carrier Code	Date of Injury	Social Security Number
Name			Address	
Claimant				
Employer				
Carrier				
Representative, If Any				
Medical Provider Requesting Authorization on Form MD -1				

Insurance Carrier/Self-Insured Employer making objection: _____

Date Form MD -1 Mailed: _____

Basis for Objection: _____

Signature: _____ Tel. No.: _____ Date: _____

(Ink only - Use blue ballpoint pen if possible.)

Signer's Name and Title (Please Print): _____

TO THE SIGNER: The original should be sent directly to the Workers' Compensation Board at the address shown at the top of this form. A copy of this objection must be sent to all parties in interest and the medical provider who requested authorization. Complete the Affidavit or Affirmation of Service on the reverse side of this form.

AFFIRMATION OF SERVICE

STATE OF NEW YORK, COUNTY OF _____ ss:

I, the undersigned, am an attorney admitted to practice in the courts of New York State, and on _____, I served a true copy of this form and attachments in the following manner (check one):
date

Service by Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post -office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee(s) as indicated below:

Personal Service By delivering the same personally to the persons and at the addresses indicated below:

I affirm that the foregoing statements are true under penalties of perjury.

Signature

Dated: _____

Signer's Name (Please Print)

AFFIDAVIT OF SERVICE

STATE OF NEW YORK, COUNTY OF _____ ss:

_____ being sworn says: I am over 18 years of age and on _____, I served a true copy of this form and attachments in the following manner (check one):
date

Service by Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post -office or official depository of the U.S. Postal Service within the State of New York, addressed to the last known address of the addressee(s) as indicated below:

Personal Service By delivering the same personally to the persons and at the addresses indicated below:

Sworn to before me on _____
Date

Signature

Notary Public

Signer's Name (Please Print)