State of New York Virtual Hearing ID: 622204399 NOTICE OF WORKERS' COMPENSATION HEARING **WORKERS' COMPENSATION BOARD** PLACE OF HEARING Date of Hearing District Office Workers' Compensation Board 3:00 PM Albany 150 Broadway-Riverview Center 10 03/23/2017 30 Min (877) 632-4996 Menands, NY 12204 WCB Case No. Date of Accident WCB Home Page 01/01/2008 G0030035 www.wcb.ny.gov Carrier Case No. ABC123 **Your Hearing ID** John Doe 123 Main Street Testville, NY 12345

CLAIMANT: Bring this notice with you. Read Important information on reverse side.

EMPLOYER Test Employer

CARRIER State Insurance Fund

COPIES TO John Doe

PURPOSE OF HEARING:

Question of period and extent of disability.

IMPORTANT INFORMATION FOR THE CLAIMANT:

In a compensable workers' compensation case, bills for related medical treatment are the responsibility of your own employer or its workers' compensation insurance carrier. If you have used a private health insurance policy (Blue Cross, Blue Shield, G.H.I., H.I.P., or other) for payment of any bills in your workers' compensation case please advise the private health insurer immediately.

In order to be reimbursed for any payments or co-payments you may have made for treatment or services which are the responsibility of the workers' compensation insurance carrier, you must tell the judge at this hearing about this payment.

THE NEW YORK STATE WORKERS' COMPENSATION BOARD PROHIBITS VISITORS, EMPLOYEES, CLIENTS OR WITNESSES FROM CARRYING OR BEARING FIREARMS OR ANY OTHER WEAPON ON BOARD PREMISES.

Virtual Hearing Available

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Your Hearing ID

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Visit the Board's website wcb.ny.gov/virtual-hearings to learn more

please visit the website at least 48 hours before your hearing to ensure you have the required computer technology to participate. Claimants who are not scheduled to testify and cannot conveniently attend the hearing in person or by video must call (844) 337-6301 for information about attending the hearing by telephone.

Dated: 03/26/2018