

New York No Fault Form - NF3

07/24/2024 6:55 pm EDT

For no-fault accident claims in New York, the NF3, or *Verification of Treatment by Attending Physician or Other Provider of Health Services* form is required. This form is built into your DrChrono account and is easily accessible through the patient's appointment.

- Navigate to the patient's appointment
 - Make sure the payment profile is set to Auto Accident. Also, ensure all fields are filled in under the Auto Accident under the patient's insurance section.
- Select Other Forms on the right side of the screen

The screenshot shows the DrChrono interface with the 'Billing' tab selected. The 'Payment Profile' dropdown is highlighted with an orange box and set to 'Auto Accident'. An orange arrow points to the 'Other Forms' dropdown menu in the top right corner.

- Here you can select and print a couple of related forms.
 - **HCFA/1500** - This is a regular 1500 form that will print on plain white 8.5" X 11" paper
 - **HCFA/1500 (text)** - This will print just the text. Select this option if you have the red pre-printed HCFA paper in your printer.
 - **New York: C4.3** - Doctor's Report of MMI/Permanent Impairment
 - **New York: NF3** - New York Motor Vehicle No-Fault Insurance Law Verification of Treatment by Attending Physician or Other Provider of Health Service

The screenshot shows the 'Other Forms' dropdown menu with the following options:

- to: HCFA/1500 02/12
- HCFA/1500 02/12 (text)
- New York: C4.3
- New York: NF3

Motor Vehicle No-Fault Insurance Law Verification of Treatment by Attending Physician or Other Provider of Health Service

- When you select the NF3 form from the dropdown, many fields will pre-populate if the information is listed in the patient's Auto Accident insurance section. If it is not, or you need to update the information shown, you can click into the box and it will let you free text.

NEW YORK MOTOR VEHICLE NO-FAULT INSURANCE LAW
VERIFICATION OF TREATMENT BY ATTENDING PHYSICIAN OR OTHER PROVIDER OF HEALTH SERVICE
 (This form is not for verification of hospital treatment)

NAME AND ADDRESS OF INSURER OR SELF-INSURER* Geico MD		NAME, ADDRESS, AND PHONE NUMBER OF INSURER'S CLAIMS REPRESENTATIVE* Geico MD		
DATE 04/07/22	POLICYHOLDER Jenny Harris	POLICY NUMBER 123456	DATE OF ACCIDENT 05/16/24	CLAIM NUMBER case #123
PROVIDER'S NAME AND ADDRESS*		Donald Duck, D Inpatient Hospital, 567 Main Street, Halethorpe, MD 21227		

KINDLY COMPLETE AND SUBMIT THIS FORM AS SOON AS POSSIBLE. PLEASE NOTE, THIS COMPLETED FORM MUST BE SUBMITTED TO THE INSURER AS SOON AS REASONABLY POSSIBLE **BUT NO LATER THAN 45 DAYS OR 180 DAYS AFTER THE TREATMENT DATE, DEPENDING UPON THE POLICY ENDORSEMENT IN EFFECT AT THE TIME OF THE ACCIDENT.** IF YOU ARE UNSURE OF THE APPLICABLE TIME REQUIREMENT, KINDLY CONTACT THE CLAIMS REPRESENTATIVE TO DETERMINE WHICH DEADLINE IS APPLICABLE TO THIS CLAIM.

IF YOU HAVE PREVIOUSLY SUBMITTED AN EARLIER REPORT ON THIS ACCIDENT, YOU NEED ONLY NOTE ANY CHANGES FROM THE INFORMATION PREVIOUSLY FURNISHED AND ADDITIONAL CHARGES.

1. PATIENT'S NAME AND ADDRESS				
Jenny Harris, Main St, Curtis Bay, MD 21226, United States				
2. DATE OF BIRTH 09/01/20	3. SEX Female	4. OCCUPATION (IF KNOWN)		
5. DIAGNOSIS AND CONCURRENT CONDITIONS				

All patient data listed in this article is sample data. This is not a real person or real patient data.

Source:

https://www.dfs.ny.gov/apps_and_licensing/property_insurers/nofault

