

# New York Form C4.3 - Doctor's Report of MMI/Permanent Impairment

07/24/2024 6:55 pm EDT

For workers' claims in New York that result in the permanent impairment of a patient, the C4.3 form, or *Doctor's Report of MMI/Permanent Impairment* 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 Workers' Comp. Also, ensure all fields are filled in under the Workers' Comp section under the patient's insurance.
- Select Other Forms on the right side of the screen


The screenshot shows the DrChrono interface for an Institutional Claim. The 'Billing' tab is active. The 'Payment Profile' is set to 'Workers' Comp' and is highlighted with an orange box. The 'Other Forms' dropdown menu is open, showing options like Patient SuperBill, Clinical Note, Billing Details, and Other Forms. An orange arrow points to the 'Other Forms' dropdown.

- 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

Billing Details    Other Forms ▾  
 to: HCFA/1500 02/12  
 HCFA/1500 02/12 (text)  
  
 New York: C4.3  
  
 New York: NF3  
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## Doctor's Report of MMI/Permanent Impairment

- When you select the C4.3 form from the dropdown, many fields will pre-populate if the information is listed in the patient's Workers' Compensation 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.

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|--|--|--|--------------|
|   | <b>Doctor's Report<br/>of MMI/Permanent Impairment</b>   |  | <b>C-4.3</b> |
|  | <p>Use this form: 1. When rendering an opinion on MMI and/or permanent impairment; or 2. In response to a request by the Workers' Compensation Board to render a decision on MMI and/or permanent impairment.</p> <p>Please answer all questions completely, attaching extra pages if necessary, and submit promptly to the Board, the insurance carrier and to the patient's attorney or licensed representative, if he/she has one; if not, send a copy to the patient. Failure to do so may delay the payment of necessary treatment, prevent the timely payment of wage loss benefits to the patient, create the necessity for testimony, and jeopardize your Board authorization. You may also fill out this form online at <a href="http://www.wcb.ny.gov">www.wcb.ny.gov</a>.</p> |  |              |
| Date(s) of Examination: 04 / 07 / 22    WCB Case # (if known): _____    Carrier Case #: _____  |  |  |              |
| <b>A. Patient's Information</b>  |  |  |              |
| 1. Name: Harris Jenny    2. Date of Birth: 9 / 1 / 2020    3. SSN: _____ - _____ - _____<br><small style="margin-left: 20px;">Last                          First                          MI</small>  |  |  |              |
| 4. Address (if changed from previous report): Main St, Curtis Bay, MD 21226, United States<br><small style="margin-left: 20px;">Number and Street    City    State    Zip Code</small> |  |  |              |
| 5. Home phone #: (____) _____    6. Date of injury/illness: ____ / ____ / ____    7. Patient's Account #: HAJE000002   |  |  |              |
| <b>B. Doctor's Information</b>   |  |  |              |

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](https://www.dfs.ny.gov/apps_and_licensing/property_insurers/nofault)