



Making Workers' Compensation Work Since 1991™

Neuman Claim Administrators, Inc.

14 Lafayette Square, Suite 700.
Buffalo, New York 14203
Ph 716-842-0045
Toll-free 888-806-1109

Dear Injured Worker,

This packet's intention is to help you understand the claim process and introduce ourselves, NCAComp, Inc, as your Workers' Compensation carrier. If you do not understand any aspect of the claim process you can contact our office:

Toll Free Phone: (888)806-1109
Email: HelpDesk@NCAComp.com
Address: 14 Lafayette Sq. Suite 700
Buffalo, NY 14203
Website: NCAComp.com

If your claim is determined to be compensable and accepted, NCAComp will authorize and pay for related treatment and services you may need as a result of your injury. We will also work with you to return you to your pre-injury medical status and, in the event you lose time from work, to safely get you back to your job earning full wages as soon as possible.

Enclosed in this packet is the following:

- Information from the NYS Workers' Compensation Board about being injured at work
- C-3.0 – Employee Claim (**return to WCB at WCBClaimsFiling@WCB.NY.Gov**)
- Instructions for how to fill out the C-3.0 (retain for your records)
- Statement of Rights (retain for your records)
- C-3.3 – Limited Release of Health Information (**return to NCAComp at the above email address or address**)
- HIPAA Release (**return to NCAComp at the above email address or address**)
- Instructions for use of the HIPAA Release (retain for your records)
- Align Networks information (retain for your records and give to your provider for Physical Therapy, Occupational Therapy, Aquatic Therapy, Chiropractic or Acupuncture treatment due to the work related injury)
- DT-1 Notice – NCA works with OneCall Medical (OCM IPA, Inc) for any diagnostic tests and examinations (retain for your records and give to your provider for MRI, CT, EMG/NCS, Ultrasound, Xray)
- Prescription Drug Letter – First Fill Prescription (retain for your records and give to your pharmacy for prescriptions prescribed due to the work-related injury)
- DD-1 - Direct Deposit Authorization Form
- Receipt for this information packet (**return to NCAComp at the above email address or address**)

In order to expedite the processing of your claim, please sign and return the C-3.3, HIPAA Release and receipt for the information packet to our office at:

Email: HelpDesk@NCAComp.com
Address: 14 Lafayette Sq. Suite 700
Buffalo, NY 14203

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any material false information, or insurance statement of claim containing information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty no to exceed \$5,000 and the stand value of the claim for each violation.



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By filling out the enclosed paperwork, you are not giving up any rights or payments due to you for your workers' compensation claim.

CO-PAYS and OFFICE VISIT: Please do NOT pay any money for your workers' compensation claim. You should not pay any copays for any medical visits or prescriptions. Your doctor should bill NCAComp, Inc directly.

PRESCRIPTIONS: NCAComp, Inc. works with a Pharmacy Benefits Provider (PBM). Please give the pharmacy of your choice the enclosed Prescription Drug Letter with our PBM information. If you do not use NCAComp's PBM, there is a chance that the services may be denied. If the pharmacy encounters any issues please tell them to contact NCAComp, Inc directly at (888)806-1109.

During the pendency of any dispute concerning the payer's liability for the claim or for an additional body part or condition, claimant may go outside the network pharmacy to obtain medication. Once the dispute is resolved and upon proper notice, claimant is required to use the designated network pharmacy.

DIAGNOSTIC PROCEDURES (MRI, CT, EMG/NCS, Ultrasound, Xray): Please give your provider a copy of the DT-1 to ensure they're completed in a timely manner.

THERAPY (Physical Therapy, Occupational Therapy, Aquatic Therapy, Chiropractic or Acupuncture): Please give your provider a copy of Align Network's information to ensure treatment is authorized and completed in a timely manner.

Please feel free to contact our office at any time. If you would like to contact the NYS Workers' Compensation Board's Advocate for Injured Workers for additional information, please call (877)632-4996 and ask for the Advocate for Injured Workers' Office. Additional information can also be found on the Workers' Compensation Board's website: WCB.NY.Gov

We look forward to working with you throughout the process of your workers' compensation claim.

Sincerely,

NCAComp, Inc.

****Please complete the enclosed forms as soon as possible and return within ONE WEEK****

****You have the right to consult an attorney regarding any of the forms enclosed****

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any material false information, or insurance statement of claim containing information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty no to exceed \$5,000 and the stand value of the claim for each violation.