



Instructions for Reporting a Volunteer Firefighter Injury Updated January 1, 2005

Keep these instructions for future reference.

1. Complete WC Form 1 (accident report), WC Form 3 (Authorization), WC Form 4 (Notice to Volunteer Firefighters), WC Form 5 and the VF-2 within 24 hours of your injury.
2. Give the packet, **except WC Form 6** to your supervisor. The packet must be sent to our office within 5 days of the injury to comply with state reporting requirements.
3. Give WC Form 6 (physician's report) to your doctor at each visit. After the doctor visit return the completed WC Form 6 to Risk & Insurance.
4. All requests for treatment above \$500.00 (other than emergencies) must be approved in advance by the Office of Risk & Insurance Management. Failure to obtain prior approval, could result in refusal of payment.
5. Billing information: You are responsible for notifying your physician of the proper billing information. Be sure to mark the date of injury clearly on all correspondence and make sure all bills are sent to:

**Broome County Office of Risk & Insurance Management
P.O. Box 1766,
Binghamton, NY 13902-1766**

6. Note – if you advise your health insurance carrier that you were hurt it will protect you.
7. If you have any questions regarding your claim, please call 778-6474.

Please take this form with you to your appointment for billing purposes.