



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Medical Treatment Provider,

The bearer of this letter is an employee with our company. (S)He is going to your facility/practice for medical care that has been reported as or appears to be a result of an on-the-job accident.

Section 110 of the New York State Worker's Compensation Law states that employers may handle and self-pay non-reportable, minor injuries as first aid cases. The employer is not obligated to report these minor claims. Cases do not become reportable to the carrier and/or Worker's Compensation Board until lost time and/or treatment surpasses the levels allowed to be held as first aid.

The employee providing you with this letter may have a condition that will qualify as First Aid. Please send your bill directly to our address and to the attention of the undersigned for review and payment. The address is:

YMCA of Greater Rochester
Attn: D.Rose
100 Chestnut St. Suite 901
Rochester, NY 14604

This letter is a guarantee of payment without prejudice at the appropriate New York Worker's Compensation Medical Fee Schedule rates for causally related and necessary services rendered.

Should the claim eventually surpass the limits requiring reporting to the carrier and WCB, you will be notified and provided with a claim number for future submissions.

Please contact the undersigned with any questions.

Sincerely,

Deanna Rose

Chief Human Resources Officer

YMCA of Greater Rochester
100 Chestnut Street • Suite 901 • Rochester, NY • 14604

RochesterYMCA.org