

NYCOSH's Executive Director,
Charlene Obernauer, can be reached at 212-227-6440 ext. 15

New York State Workers' Compensation Attorneys and Representatives

Please contact your Union Representative before selecting an attorney. Your Union Local may have a relationship with a particular law firm that is familiar with issues faced by members of your union.

New York City 14 Wall Street, Suite 5A New York, NY 10005 (212) 227-6440 (212) 227-9854 fax line nycosh@nycosh.org

Long Island 150 Motor Pkwy, Suite 306 Hauppauge, NY 11788

For a Complete List of Workers' Compensation Attorneys in New York State Go to the Website of The Injured Workers' Bar Association at:

http://www.injuredworkersbar.org/

Workers' Compensation Attorneys in the New York City, Long Island and Lower Hudson Region

(This list, however, in no way constitutes an endorsement or recommendation of any particular firm)

Aranava	2.	Associates
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Queens:

(516)640-3900

Long Island:

(516)640-3900

Brecher, Fishman, Pasternack, Heller,

Walsh & Tiker, P.C.

Manhattan, Brooklyn, Queens: (212)341-7900

Bronx, Staten Island:

(718)222-9800

Nassau County:

(516)742-3636

Suffolk County:

(631)348-1668

Westchester County:

(914)328-8500

Rockland County:

(845)354-6874

Dinkes & Schwitzer, P.C.

New York City:

(212)683-3800

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Fine, Olin and Anderman

New York City:

(800)522-9001

Long Island:

(800)522-9001

Westchester:

(800)522-9001

Fusco, Bradenstein & Rada

Manhattan and Bronx:

(800)416-5454

Woodbury:

(516)496-0400

Grey & Grey

Manhattan: (212)964-1342

Queens:

(718)268-5300

Suffolk County: (631)249-1342

Nassau County: (516)249-1342

Dan Morrin, Esq.

Long Island:

(516)307-8000

Rosado, Chechanover & Bayrasli

NYC & LI:

(718)830-3200

Toll Free:

(800)471-4878

Rubin, Abramson

New York City: (212)964-3300

Sher, Herman, Bellone & Tipograph

New York City: (212)732-8579

Yonkers:

(914)376-3237

For problems with filing a workers' compensation claim, please contact the NYS Workers' Compensation Board Advocate for Injured Workers: 1-800-580-6665.

WHAT A COMPENSATION CLIENT SHOULD DO ...

-If your disability prevents you from working, you must see a doctor at least once every three months. The doctor must then file C-4.2 forms certifying that you are disabled. The insurance company does not have to pay you for any time period in which you do not have medical proof of disability.

-You should keep track of your out-of-pocket expenses. You are entitled to be reimbursed for prescriptions, bandages, and similar items. You are also entitled to be reimbursed for mileage for travel to and from doctors, therapists, etc.

-If your injury involves an arm, leg, hand, foot, fingers, toes, hearing loss, vision loss, or facial scar you may be entitled to a money award even if you do not miss time from work. It is unlikely that either the insurance company or the Workers' Compensation Board will take steps to make sure that you receive your award. You should consult Grey & Grey to make certain that you receive your proper award.

-If you return to work after an accident and you are making less money due to your disability, you must continue to see the doctor on a regular basis and you must keep a careful record of your earnings. You should keep all of your pay stubs in an envelope and make extra copies of your tax documents. You may be entitled to workers' compensation benefits for the loss of earnings.

-HOWEVER, YOU MUST NOTIFY THE INSURANCE COMPANY AND GREY & GREY IF YOU RETURN TO ANY KIND OF WORK FOR ANY PERIOD OF TIME AFTER AN ACCIDENT. FAILURE TO REPORT WORK WHILE COLLECTING WORKERS' COMPENSATION BENEFITS IS ILLEGAL AND MAY RESULT IN LOSS OF WORKERS' COMPENSATION BENEFITS AND CRIMINAL PROSECUTION.

-Insurance companies often send out questionnaires, rehabilitation nurses, and investigators to ask questions and interfere with medical treatment. You may fill out these questionnaires and speak to these individuals only to confirm your address and your work status. You should tell them that you are represented by Grey & Grey and to contact our office if they want any other information. (We will probably tell them that they are not entitled to any other information).

-Whenever the Workers' Compensation Board schedules a hearing in your case you must bring an up-to-date medical report with you to the hearing.

-If you are out of work for more than six months, you should call our office to find out if you are eligible for Social Security Disability benefits.

-If your doctor feels you can do some work, even if you cannot return to your own job, you must look for work to protect your compensation benefits. The best way to do this is to call VESID for retraining or go to a One-Stop Career Center operated by the Department of Labor.

WHAT GREY & GREY DOES . . .

- We will provide you with all the forms you need to file your claim, and we will file the claim for you after the paperwork is complete.

- The insurance company is not defenseless. It can and often will arrange examinations with medical consultants to obtain opinions about whether you are disabled or need medical treatment. After such an exam, you may be notified that your payments have been suspended or reduced or that the insurance company is denying further medical treatment. If you let us know that this is happening, we will request a hearing for you.

-When the Compensation Board schedules a hearing in your case, we will appear on your behalf and present your claim to the Judge. You should also be present in case questions come up that we need you to answer.

-Not all problems can be resolved at a regular hearing. Sometimes a trial or deposition testimony is needed from you, the doctors, or other witnesses. If a trial is necessary, we will try your case to the best of our ability and take whatever testimony is needed to help you win your case.

-We want to obtain the best possible result for you in your workers' compensation claim. We will track your claim from beginning to end, explain your rights under the law and what is needed to win your case, and work with you to get the necessary documents or evidence. Our goal is for you to receive the benefits to which you are entitled.



GREY & GREY, LLP

- WORKERS' COMPENSATION
- Social Security Disability
- Personal Injury

360 MAIN STREET FARMINGDALE, NY 11735 516-249-1342

118-35 QUEENS BLVD. SUITE 1505 FOREST HILLS, NY 11375 718-268-5300

305 EAST 149TH STREET. SECOND FLOOR BRONX, NY 10451 718-268-5300 111 BROADWAY SUITE 809 NEW YORK, NY 10006 212-964-1342

646 MAIN STREET PORT JEFFERSON, NY 11777 631-249-1342

300 HAMILTON AVENUE SUITE 209 WHITE PLAINS, NY 10601 914-984-2292

WWW.GREYANDGREY.COM

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ABOUT GREY & GREY . . .

The History of Grey & Grey, LLP

In 1967, David Grey opened a law office in Farmingdale, New York to represent injured and disabled workers. In 1971 his father, Arthur Grey, retired after a forty-year career with the New York State Workers' Compensation Board and joined the firm, forming the original Grey & Grey, Esqs. (known today as Grey & Grey, LLP).

David Grey served as the firm's managing partner for over forty years from 1967 through 2008. Arthur Grey retired in 1980, but Robert Grey, David's son, joined the firm in 1990, becoming the third generation of the family to practice law. Robert has been the firm's managing partner since 2009.

Grey & Grey Today

Today, Grey & Grey is made up of nearly 40 partners, associates, and staff taking care of clients in six offices (Manhattan, Queens, Nassau, Suffolk, Bronx and White Plains). Our three departments handle cases involving workers' compensation, Social Security disability, personal injury, long term disability, and disability retirement. addition to offering superior legal representation, Grey & Grey has been widely recognized as a leader in our practice areas. Our attorneys lead political action committees that advocate for the interests of injured workers, serve on government task technical assistance, provide education and representation to unions, and serve on the boards of non-profit organizations that protect and educate workers. In recognition of our knowledge, experience, and leadership, we are routinely asked to give continuing legal education lectures to other lawyers throughout the state.

When you choose Grey & Grey to handle your case, and when you recommend us to your friends and family, you can do so with confidence.

ABOUT WORKERS' COMPENSATION...

The Workers' Compensation Law was passed by the New York State Legislature in 1914 as a compromise between employee and employer interests. As part of the compromise, employees gave up their right to sue their employers for negligence resulting in injury. In return, employees would receive payment from workers' compensation without regard to fault as long as the accident or injury was related to work.

WHAT IS COVERED

To receive workers' compensation benefits, an employee must prove that there was an accident in the course of the employment, that the employer was notified, and that the injury and disability were caused by the accident. A claim for an accident must be filed with the Workers' Compensation Board within two years of the accident, unless the failure to file is excused for certain limited reasons.

Occupational diseases are also covered by workers' compensation. An occupational disease is a condition that develops over a period of time because of the type of work a person does. For example, a person who performs a data entry job may develop a problem with their hands or wrists. If a doctor feels that the cause of the problem is the person's job, involving repetitive use of the hands, this may qualify as an occupational disease under the law.

AMOUNT OF COMPENSATION ...

The amount of compensation that an injured employee may receive depends on three things: The worker's average weekly wage, the date of the accident, and the level of disability. The most that an employee can receive in compensation is two-thirds of his or her average weekly wage. However, payment may be further limited by the maximum rate that was in effect on the date of accident. The maximum rates in recent years are as follows:

7/1/92 — 6/30/2007: \$400 per week

7/1/07 — 6/30/2008: \$500 7/1/08 — 6/30/2009: \$550

7/1/09 — 6/30/2010: \$600 7/1/10 — 6/30/2011: \$739.83 7/1/11 — 6/30/2012: \$772.96 7/1/12 — 6/30/2013: \$792.07 7/1/13 — 6/30/2014: \$803.21 7/1/14 — 6/30/2015:\$808.65 7/1/15 — 6/30/2016: \$844.29 7/1/16 — 6/30/2017: \$864.32 7/1/17 — 6/30/2018: \$870.61 7/1/18 — 6/30/2019: \$904.74

Since 2010, the maximum rate has changed on July 1 each year, and that should continue in the future.

The amount of compensation to which a person may be entitled also depends on his or her degree of disability. A person may be either totally or partially disabled. Total disability is an inability to do any kind of work whatsoever. Partial disability means that a person can do some type of work, even if they cannot do the type of work they were doing at the time of the accident. For example, a concert pianist who loses a finger may be totally disabled from his work as a musician, but is only considered partially disabled because he still has the ability to do other kinds of work.

A person who is partially disabled may receive compensation in an amount less than the maximum rate. There are different degrees of partial disability, and the precise rate to which a person is entitled depends on the degree of their disability. There are also different time periods that permanent partial disability benefits are available which depend on the degree of disability.

Once a compensation case is accepted by the insurance company established by the Compensation Board, medical expenses related to the accident are covered. Only doctors and chiropractors who are coded by the Workers' Compensation Board may treat compensation patients. Doctors and chiropractors are not permitted to bill a compensation patient directly but must send their bills and reports to the insurance company and the Workers' Compensation Board. If there is a dispute regarding a medical bill, the insurance company must file a form with the Compensation Board advising it of the dispute. The bill will then be addressed at a hearing or sent to arbitration, but while it is pending the health care provider must wait to be paid.

As of December 1, 2010, many medical tests and treatment are covered by the Workers' Compensation Board's Medical Treatment Guidelines. The Guidelines pre-approve many tests and treatments, but limit others. In most cases, even if a test is approved under the Guidelines, the insurance company can require you to use a facility they choose to have the test performed. Your doctor can ask the Board to approve treatment outside the Guidelines through the variance process.