

ATTACHMENT 9 MANDATORY REQUIREMENT CERTIFICATIONS

Please initial and provide requested information where indicated for each item.

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Certifications	
1.	The IME Company must be registered with the New York State Workers' Compensation Board (WCB) to manage the performance of independent medical examinations.
2.	The IME Company must be an independent medical examination management company, with a minimum of three years of New York State Workers' Compensation experience.
3.	The IME Company must confirm that they are knowledgeable of and will follow all requirements outlined in the WCL, WCB Rules and Regulations, WCB Subjects, WCB forms, IME Vendor User Guide, NYSIF specific policies & protocols, and anything else regarding any legal aspects of IMEs. This includes any future changes to the afore mentioned.
4.	The IME Company must provide physician coverage, utilizing physicians that will accept the region specialty fee you have proposed as part of this RFP, for all counties within the region on which they are bidding per Section 2.2 of the RFP.
5.	All physicians provided by the IME Company must be authorized by the Workers' Compensation Board (WCB) to perform independent medical examinations.
6.	The IME Company must have AT LEAST Orthopedic, Neurological or Neurosurgical, and Psychiatric or Psychological physicians on staff at all times who will be available for examinations in the covered region it bid on.
7.	All IME physicians must be available to provide testimony at WCB hearings/depositions. An IME physician's availability for testimony at WC court hearings must be indicated on the physician's report. (Availability includes "Day of the Week" and "A.M. and/or P.M.") If availability differs depending on WCB hearing location, information for each location must be provided.
8.	The IME Company shall provide to NYSIF the following:
	 The name or names under which it is registered with the Department of State;
	b) the name or names under which it conducts business;

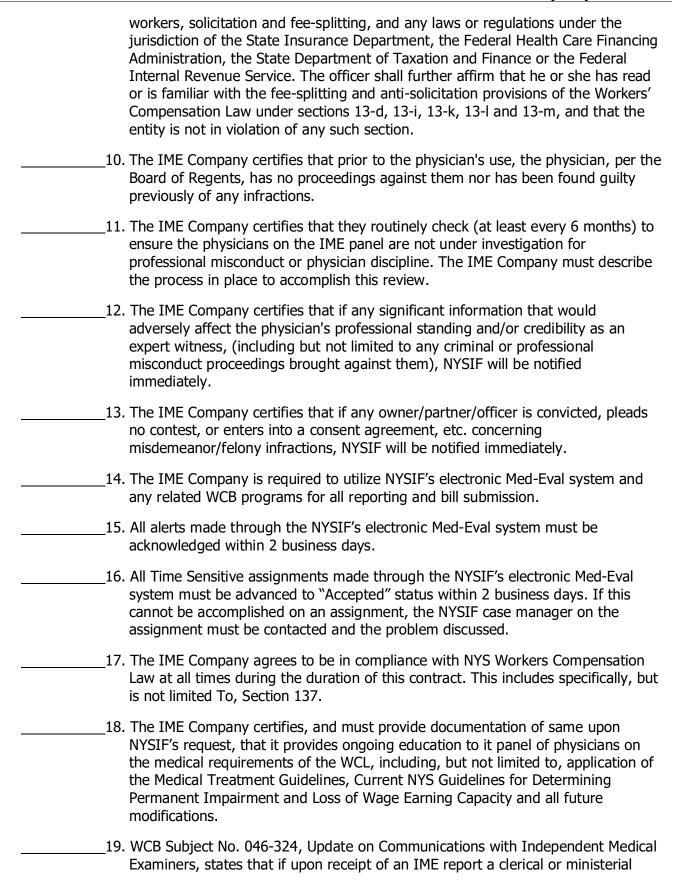
c) the address or addresses of its administrative office and each of the offices

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d)	where it conducts any business;	
e)	the telephone numbers of each business location;	
f)	the entity's tax identification number;	
g)	the name, title job responsibilities, email address and telephone num the contact person for the entity; The entity liaison will be the direct for NYSIF.	
h)	the names, addresses and telephone numbers of each of the entity organization's officers, owners or partners; and	
i)	a description of the services provided by the entity and its owners, of partners and the independent medical examiners it employs or with v contracts to conduct independent medical examinations.	-
Iaw Sta cor incl the	officer of each IME Company shall affirm that the entity is organized upon of New York State in a corporate form that is recognized by the laws ate of New York, is duly registered with the Department of State, and impliance with the laws of the State of New York and the United States luding but not limited to any laws or regulations under the Public Health Education Law and the Workers' Compensation Law governing the predictine, podiatry, chiropractic and psychology, treatment of injured or	s of the s in full , th Law, ractice of

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Typed/Printed Name		Company Name			
Signature		Date			
with NYSIF.		a non-disclosure agreeme attachment 3. The NDA willder.			
	20. Bidder agrees to immediately remove any of its employees and/or subcontractors from assignment with NYSIF, if requested.				
provide a co is" to the Bo requires the a clarificatio letter indicat and all partic	over letter indicating to pard and all parties of bidder to review eac n with an IME3 to the tion the error and sul	, the carrier or its authorize the error and submit it alored interest as required by law here the report, note clerical or me WCB. IME vendor can also mit it along with the reportities can arrange for blans behalf.	ng with the report "as w. In addition, NYSIF ninisterial errors submit so provide a cover rt as is to the WCB		