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PRIVATE PHYSICIAN PACKET – NYC EXPOSURE ZONE

You should only complete the Private Physician forms if you meet one of the following criteria:

- You received specific direction from the VCF to complete the forms; or
- You are filing a claim for a deceased individual who was not certified for treatment by the WTC Health Program for the claimed condition; or
- You are a foreign resident, living outside the continental United States, who has not been certified for treatment by the WTC Health Program for the claimed condition; or
- You do not qualify for certification by the WTC Health Program because you do not meet the program enrollment requirements; or
- You are not able to go to a WTC Health Program center (either in the New York City metropolitan area or through the Nationwide Provider Network) to have your condition evaluated and certified for treatment without suffering significant hardship. If you believe that you will suffer significant hardship in seeking certification by the WTC Health Program, you should upload a statement or letter to the claim explaining the circumstances and why you should be considered for the Private Physician process **and** call the VCF Helpline to alert us to the request.

***** If you do not meet the criteria above, you should not complete the Private Physician forms. *****

Review the instructions below before completing the form. The September 11th Victim Compensation Fund ("VCF") works closely with the WTC Health Program to determine whether an individual's medical condition(s) can be certified as eligible for compensation from the VCF. Please follow the instructions below to gather the information the VCF needs in order to verify the claimed condition is eligible for compensation.

- Step 1:** Review the Private Physician Process form to understand the type of information that is needed. The website also has Frequently Asked Questions ("FAQs") about the Private Physician process.
- Step 2:** Complete the Private Physician Packet, being careful to use the appropriate version based on the claimant's specific circumstances. There is one form for those present at the [New York City site](#) (Appendix C) and a second version for those at the [Pentagon and Shanksville, PA sites](#) (Appendix D).
- Step 3:** Review the WTC Health Program "[Diagnostic Essentials: Physical Health Conditions](#)" document. ***These guidelines outline the specific documentation that is required in order to verify a condition for compensation from the VCF.*** Review the required documents for the specific injury being claimed to confirm you will be able to provide the requested information.
- Step 4:** Complete the 2-page "[Treating Physician Information Form](#)" using a separate form for each treating physician. This form can be completed by the claimant or the physician. Please list the conditions for which the claimant is being treated and the year of earliest diagnosis/symptom and provide relevant medical records (as outlined in the "Diagnostic Essentials" document) that support the diagnosis. If the claimant completes the form, please be sure the physician is notified that the form has been submitted to the VCF.
- Step 5:** Complete an "[Authorization for Release of Medical Records Form](#)" for each physician whose information is included in a "[Treating Physician Information Form](#)." Provide one original version of the Authorization Form to the individual physician and send a second original version to the VCF. The Authorization Form authorizes the physician(s) to speak with the VCF about the claimant's treatment. Please note there is one version of the form for [Personal Injury claimants](#) and one version for those filing a claim on behalf of a [Deceased Individual](#).

Step 6: Gather the completed forms and relevant records and write the claimant's name and VCF claim number on the first page of *each* form or document. Finally, complete the "[Cover Sheet for Return of Completed Private Physician Forms](#)" and upload the cover sheet and documents to the online claim or mail them in a single package to the VCF at:

September 11th Victim Compensation
Fund
PO Box 34500
Washington, DC 20043

For overnight deliveries:
September 11th Victim Compensation
Fund
1220 L Street NW
Suite 100 - Box 408
Washington, DC 20005-4018

When uploading the forms to your online claim, please select "Private Physician Forms" from the list of document types. Please do not upload or mail the documents separately. It will speed processing if all of the documents for a single claim are uploaded at the same time or sent as one package to the VCF.

After careful review of the instructions, complete this form if the victim meets the criteria for the VCF Private Physician process and was present in the NYC disaster area. **If you do not meet the criteria for the Private Physician process and you submit these forms, the VCF will not review them when evaluating your claim.**

The NYC disaster area as defined in the Zadroga Act, as amended, for purposes of evaluating eligibility of your claimed condition under the WTC Health Program consists of the area of Manhattan that is south of Houston Street; AND any block in Brooklyn that is wholly or partially contained within a 1.5-mile radius of the former World Trade Center site; AND any area related to, or along, routes of debris removal, such as barges and Fresh Kills. See <http://www.cdc.gov/wtc/define.html>.

If the victim is claiming ONLY traumatic injuries or musculoskeletal disorders (e.g., low back pain, carpal tunnel syndrome, etc.) do not complete this form. In order for these conditions to be found eligible, the claimant must show where and when the injury occurred and its relationship to the events of 9/11.

1. Victim's Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

2. Provide the dates the victim was present in the NYC disaster area between September 11, 2001 – July 31, 2002.

Start Date
(mm/dd/yyyy)

Finish Date
(mm/dd/yyyy)

Comments
(optional)

3. Was the victim in the NYC disaster area at any time ON September 11, 2001?

Yes No

If **Yes**, Check the option that provides the most relevant description:

Directly in the cloud of dust (or "blackout") from the collapse of the WTC buildings

Exposed to significant amounts of dust but not directly in the cloud of dust from the collapse of the WTC buildings

Exposed to some dust but not in the cloud of dust from the collapse of the WTC buildings

Not exposed to dust and not in the cloud of dust from the collapse of the WTC buildings

Do Not Know

4. If the victim was in the NYC disaster area on September 11, 2001, please identify the victim's specific location and activity on September 11, 2001:

5. Indicate the estimated total duration of exposure for each of the relevant exposure timeframes listed in the table below. *Total Duration of Exposure is the total number of hours that the victim performed rescue, recovery, demolition, debris removal, and related support services, or lived, worked, went to school, commuted or visited while within the NYC disaster area.*

Time Period during which Exposure Occurred	Estimated Total Duration of Exposure	Location in the NYC Disaster Area
September 11 – 14, 2001		
September 15 – 30, 2001		
October 1, 2001 – July 31, 2002		

For each timeframe for which you listed estimated hours, you must provide documents that confirm the dates and hours the victim was in those areas. The VCF will accept many different types of documents that ***specifically confirm the estimated hours the victim was present*** in the NYC disaster area. If the proof of presence documentation you submitted with your claim form supports the estimated hours of exposure listed in the table above, you do not need to submit additional documentation. If the proof of presence documentation you submitted does not support the estimated hours of exposure listed in the table above, you must submit additional documentation confirming the dates and hours the victim was in the NYC disaster area. This may include employer records, official personnel rosters, or two sworn affidavits from people who personally saw or supervised the victim during the relevant timeframes.

6. Indicate the victim's relative amount of dust/fume/smoke exposure while in the NYC disaster area for each time period listed in the table below. Check the most prevalent layer for each time period.

Time Period during which Exposure Occurred	Heavy visible layer of dust and/or smell of WTC smoke	Light visible layer of dust and/or smell of WTC smoke	No visible layer of dust or smell of WTC smoke
September 11 – 14, 2001			
September 15 – 30, 2001			
October 1, 2001 – July 31, 2002			

For the purposes of completing questions 7 and 8, please use the following definitions:

- A **Responder** is a worker or volunteer who provided rescue, recovery, demolition, debris removal, and related support services in the aftermath of the September 11, 2001 attacks on the World Trade Center.
- A **Non-Responder** is a person who was present in the "NYC disaster area" in the aftermath of the September 11, 2001, terrorist attacks on the World Trade Center as a result of their work, residence, or attendance at school, childcare, or adult daycare.

7. If the victim was a responder, indicate in the table below the location(s) where the victim performed the response activities and the jobs/tasks performed.

Location of response activities (check all that apply):

On the pile/in the pit	Barges/loading piers
Adjacent to the pile/pit	Elsewhere south of Canal Street
Landfill	Do Not Know

Other Location (specify):

Job/task (check all that apply):

Body bag work	EMT	Search and rescue
Bucket brigade	Escorting	Sifting (excluding conveyor belt)
Cable installation/repair/splicing (excluding work performed in manholes)	Excavation/confined space work	Sifting (including conveyor belt)
Cable installation/repair/splicing (including work performed in manholes)	Firefighter	Torch cutting or burning
Canteen services	Industrial hygiene	Towing
Counselor	Morgue work	Truck loading/unloading
Custodian	Perimeter security	Truck routing
Dog Handler	Sanitation worker	Work with concrete
Dust suppression		

Other - specify:

8. If the victim's activities were not as a responder, indicate the location(s) where the victim lived, worked, went to school, commuted or visited the NYC disaster area. Check all that apply.

Worker in one of the WTC towers

Worker in surrounding offices, stores, restaurants, or other workplace

Patron of surrounding stores, offices, or restaurants

Student or staff at school or preschool

Adult in daycare or staff at a daycare center

At place of residence – provide address:

In Transit or Other Location – specify: