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PRIVATE PHYSICIAN PACKET – PENTAGON AND SHANKSVILLE, PA DISASTER AREAS

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.**

Victim's Name:
First Middle Last

1. Indicate the site where the victim was located:

Pentagon
Shanksville, PA

Specify the exact Location:

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

Start Date
(mm/dd/yyyy)

Finish Date
(mm/dd/yyyy)

Comments
(optional)

3. 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 was within the disaster area for each timeframe. Only fill out one table based on where the victim was present:**

For Pentagon:

Time Period during which Exposure Occurred	Estimated Total Duration of Exposure	Location During Relevant Timeframe
September 11 – 12, 2001		
September 13 – November 19, 2001		

For Shanksville:

Time Period during which Exposure Occurred	Estimated Total Duration of Exposure	Location During Relevant Timeframe
September 11 – 12, 2001		
September 13 – October 3, 2001		

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 designated 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 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

4. Indicate the victim's relative amount of dust/fume/smoke exposure that describes the **most prevalent** layer for each time period:

Time Period during which Exposure Occurred	Heavy visible layer of dust and/or caught in heavy smoke plume from crash	Light visible layer of dust and/or smell of smoke or chemicals	No visible layer of dust and/or smell of smoke or chemicals
September 11 – 12, 2001			
September 13 – November 19, 2001 (Pentagon site)			
September 13 – October 3, 2001 (Shanksville site)			

5. Describe the activities the victim was engaged in during the relevant timeframe, noting the approximate locations that these activities occurred:

6. Describe the type of exposure hazards that you believe were encountered during these activities:

7. Describe the adequacy of the Personal Protective Equipment ("PPE") that was utilized, noting any breaches of this PPE that may have occurred:

8. Optional – use this space to provide additional comments for consideration: