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**Instructions to Claimants  
Gathering and Submitting Information from Private Physicians**

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 World Trade Center (“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 WTCH Health Program for the claimed condition; or
- You were previously deemed eligible for compensation from the VCF based on a certified condition, or you are filing a claim for a deceased individual who was previously deemed eligible for compensation from the VCF based on a certified condition, and you are now seeking to add a non-certified cancer as a claimed condition; or
- You were present at the Pentagon but not as a responder and, therefore, you do not qualify for certification by the WTC Health Program; 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. \*\***

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 forms to understand the type of information that is needed. The forms can be found on the [www.vcf.gov](http://www.vcf.gov) website under “[Forms and Resources](#)”. 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 11<sup>th</sup> 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.***