

Checklist

This form is to assist you to keep track of your records. It is extremely important that you keep all documents, medical records, insurance forms and correspondence, copies of any forms or documents filed with the WCA, and any other record that concerns your case. **KEEP EVERYTHING!**

- General information form
- I had an accident form
- My employer's information:
 - Name
 - Address
 - Phone #
 - Fax #
 - Supervisor's Name
 - Supervisor's Phone #
- Name of Insurance Company or Self-Insurance Program
- Insurer's File/Claim Number
- Claims representative's name
 - Phone #
 - Fax #
 - Address
- Copy of Notice of Accident Form
- Copies of 26 weeks of pay vouchers
- Copies of any non-monetary wages received from the employer (lodging, fuel, etc.)
- Copy of each check, or check stub, received from the insurer (TTD, PPD)

Medical Treatment

- Record of First medical treatment form
- Record of medical treatment form (and extra copies) for each visit to the doctor
- Copies of all medical records
- Copies of all instructions from the doctor
- Copies of any medical bills sent to you
- Copies of prescriptions

Travel Expenses

- Mileage
- Public transportation costs – tickets, receipts, itineraries
- Hotel receipts

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.