Workers Compensation Flowchart

Medical Only

WC-1 Employer's First Report of Injury
•Must be filed in all claims within 10 days of employer's notice of accident as of Jan. 1, 2019

WC-3 Notice to Controvert
- File a controvert when any portion of a claim (income or medical benefits) is controverted or denied
- Should be filed within 21 days of disability or request for medical benefits in question
- If not filed timely, assessment of attorney's fees could result

WC-14 Request for Hearing
Call C.S.S.

WC-6 Wage Statement
- Must be completed when a claimant is entitled to indemnity benefits that are fess than maximum allowable rate
- Based on 13 weeks before date of accident

WC-104 Notice to Employee of Light Duty Release
- Tendered to notify claimant of light duty work release and potential changes in benefits
- Sent to claimant by employer/insurer no later than 60 days from the date of a light duty work release
- Results in conversion of benefits from no to TPD after 52 consecutive or 78 aggregate weeks of light duty releases
- Reduces cap from 400 weeks to 350 weeks

WC-262 Wage Documentation
- When paying TPD benefits, based upon actual return to work, file this form with the Board at 13 week intervals or when such benefits are suspended, whichever comes first

WC-240 Notice to Employee of Offer of Suitable Employment
- Outlines an offer of suitable light duty employment to an employee on disability benefits (not necessary if they voluntarily return to work}
- Follows approval of a light duty job description by the authorized treating physician (job description must be sent to the claimant and claimant's attorney at time it is tendered to the treating physician)
- Must be sent to employee at least 10 days prior to return to work date and to attorney, if represented
- Should include essential duties of job, pay rate, hours)jays to be worked, location and date/ time to report to work

Accepted

WC1- Employer's: First Report of Injury
- Must be filed with in 10 days of employer's knowledge of disability
- Complete Section B when indemnity payments are made

WC-2 Notice of Payment or Suspension of Benefits
•File when commencing or suspending benefits

(Subsequent controvert)
File WC-2 and WC-3

WC-4 case Progress Report
- Must be filed annually
- Must be filed when case is settled or closed

WC-200a Change of Physician/ Additional Treatment by Consent
- Memorializes mutual consent by the parties to a change in treating physician or agreement to additional treatment

WC-200b Request/Objection for Change of Physician/ Additional Treatment
- Filed when one party seeks and change in physician
- Filed when the opposing party objects to the change in physician request
- Must respond within 15 days of the date on the certificate of service

WC-RICATEE Employee Request for Catastrophic Designation
- Form filed by employee when employee/ insurer will not voluntarily accept a request for catastrophic designation
- Objection must be filed within 15 days of the date listed on the certificate of service

Call C.S.S.

WC-243 Credit
- Employer/ Insurer is entitled to a dollar-for-dollar credit for benefits paid, unemployment, disability plan, wage continuation plan, or disability insurance
- Must be filed with Board no less than 10 days prior to hearing

WC-240 Job Analysis
- To be completed by an employer providing specific information about a light duty job
- Not required, but recommended

Denied

WC-1 Employer's First Report of Injury
- Complete Section C when claim is controverted: 60 days from date benefits owed/ 81 days from date of disability

WC-14 Request for Hearing
Call C.S.S.

WC-205 Request for Authorization of Treatment or Testing by Authorized Medical Provider
- Form typically sent via fax or email by a medical provider directly to insurer/ self-insurer to request specified treatment and/ or procedure insurer/ self-insurer must fax or email response within 5 business days or the treatment or procedure is deemed approved
- If denying the requested treatment, a WC-3 controvert must also be filed within 21 days of the date of the WC-205.

WC-PMT / Petition for Medical Treatment
- Filed by claimant when insurer/ self-insurer fails to respond to a request for authorization of treatment/testing by an authorized medical provider within five business days of the request

Call C.S.S.

WC-PMT(b)
- Filed by employer/insurer when claimant has been provided at least 5 business days' advanced notice of a medical appointment with ATP and fails to attend Claimant will need to show cause for failing to attend appointment during conference call with ALJ. In lieu of call, claimant may affirm he will attend appointment
- If claimant continues to fail to attend, employer/insurer may select Section D, which re-quires claimant to show cause a s to why income benefits should not be suspended