Who we are

If it gets too complicated we can help!

Since 1985 Jean Fischer and her team at Lakepoint Law Firm having been providing expert legal counsel in the complex maze of Oregon's Workers' Compensation law.

In the relaxed atmosphere of our office you can feel comfortable asking your questions.

- Fighting for your rights and getting results
- Our experience makes a difference.

Contact Us

When you need help call our office to set up a free consultation appointment:

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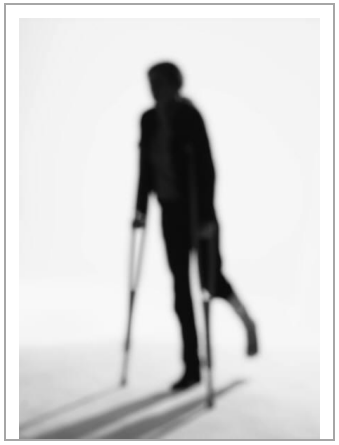
FACTS ABOUT FILING A WORKERS' COMPENSATION CLAIM IN OREGON



GET INFORMED

Knowledge can make the difference

What are my rights as an injured worker?

Be sure to check your rights under each phase of your claim. Your rights will be written in the documents you receive from the insurer or from the Workers' Compensation Division. Contact the insurer if you have questions about your claim or receive documents you do not understand.

Your rights:

- You have the right to file a workers' compensation claim for injuries or occupational illnesses occurring on the job.
- You have the right to seek medical treatment, this may be by your own doctor or a doctor of a managed care organization (MCO), depending on your employer's workers' compensation insurance policy. You may still treat with your own doctor rather than a doctor of a MCO if your doctor agrees to the terms of the MCO contract, and has been approved by the MCO.
- You have the right to return to your job at time of injury if you are released for regular work by your doctor.
- If you are unable to work, whether partially or totally disabled due to your injury, you have the right to disability (time-loss) pay.
- If you do not agree with the insurer's decision about your claim, you have the right to appeal the decision.
- You have the right to be represented by an attorney at no cost for attorney's fees. An attorney will explain any costs you might have to pay.

Claim Information

Insurer:	**Phone:**
Insurer representative:	
Claim no:	**Date of Injury:**
Attending physician:	
Employer's name:	**Employer's address:**

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AGGRAVATION

If an accepted condition worsens then the worker may reopen the claim for aggravation within 5 years of closure. The attending physician and/or referral specialist but must include:

- Diagnoses of worsened conditions
- Medical evidence and objective findings supporting a worsening of the accepted work injury
- Treatment recommendations
- 827 form

BOARD'S OWN MOTION

If an accepted condition worsens and the claim has been closed for more than 5 years then the worker can request benefits if treatment involves hospitalization and/or surgery

SETTLEMENT

If an insurer addresses settlement of either accepted or denied conditions, a workers' compensation attorney may be necessary to help protect your rights.

NOTICE OF CLOSURE

- Insurer will close all disabling claims and issue an award for permanent impairment and work disability (worker unable to return to job at injury)
- Awards will be calculated based on loss of range of motion, strength, sensation, etc. of the accepted condition(s)
- Workers will receive a lump sum payment within 30 days of the closure if the award is under $6,000.00
- Worker may request a lump sum payment if the award is over $6,000.00 and the closure is not appealed.
- Worker or insurer may appeal the Notice of Closure to WCD within 60 days of receipt

ORDER ON RECONSIDERATION

If either party appeals the Notice of Closure, WCD will:

- Determine medically stationary status and date
- Verify authorized time-loss dates
- Schedule a medical arbiter exam or record review if needed
- Determine the impairment findings and work disability
- Issue an Order within 60 days of request

PALLIATIVE CARE

Attending physicians may request medical services to reduce or stabilize symptoms of medically stationary conditions. These services may be necessary to continue current employment or vocational services and include prescriptions, prosthetic devices and/or therapies.

Facts about Filing a Workers' Compensation Claim

FILING A CLAIM

Workers must file an "injury" claim with their employers:

- no later than 90 days after the injury if the employer is not aware of the accident or
- no later than 1 year after the injury if the employer is aware of the accident

Workers must file an "occupational disease" claim:

- no later than 1 year after the disease was discovered by worker,
- no later than 1 year after a physician informed worker of disease or
- no later than 1 year after worker became disabled due to the disease

Employers Not Insured:

- Workers must file a claim with the Workers' Compensation Division (WCD) for investigation.
- If the employer is determined noncomplying then the claim will be referred to a third party administrator within 60 days after notification

ACCEPT OR DENY A CLAIM

Insurers have 60 days from notification to either accept or deny the claim.

If accepted:

- Time-loss authorized by the attending physician will continue to be paid every 2 weeks
- Medical Providers will be paid within 45 days of billing
- Claims will be classified as "non-disabling" if no time-loss is paid and permanent impairment is not anticipated by a medical provider
- Claims will be classified as "disabling" if time-loss is authorized and/or permanent impairment is anticipated by a medical provider

If denied:

- Workers must request a hearing no later than 60 days of receipt
- Medical providers must cease collection of unpaid bills until litigation is finalized

TEMPORARY DISABILITY (time-loss)

Insurers will calculate:

- Average Weekly Wage (AWW) – 52 weeks of gross earnings divided by the weeks worked prior to the date of injury
- Temporary Total Disability (TTD) – 66 2/3% of worker's average weekly wage
- Temporary Partial Disability (TPD) – portion of time-loss paid if workers' hours or wages are reduced due to work restrictions
- First Payment – due no later than the 14th day after the attending physician authorizes no work or modified work
- 3-Day Wait – time-loss will not be paid for the first three consecutive calendar days starting the first day worker loses time or wages from work (this does not apply if worker is immediately hospitalized or off work for the first 14 consecutive days following the injury)
-

WHO CAN TREAT INJURED WORKERS

- Medical Doctor (MD) or Doctor of Osteopathy (DO)
- Specialized Physicians (surgery, pain management, mental, etc,)
- Nurse Practitioners (NP) – 90 days without authorization from an MD/DO
- Physician Assistant (PA) – 60 days from first visit without MD/DO
- Chiropractor, Podiatrist, Naturopath – 60 days from first visit or 18 visits (whichever occurs first)

ATTENDING PHYSICIAN (AP)

- Workers may choose a physician who will manage their treatment, time-loss and other benefits
- Workers can have up to 3 attending physicians during the life of their claim
- Emergency physicians, consultants/specialist and other clinic members are not considered an attending physician

INDEPENDENT MEDICAL EXAM (IME)

Insurers may:

- Obtain up to 3 second opinion exams during each open period of a claim (initial, new condition, aggravation)
- Request authorization for additional exam(s) from WCD
- Request penalty through WCD if worker fails to attend the exam

MEDICALLY STATIONARY

- Attending physician may declare an injured worker medically stationary when no further improvement is expected from medical treatment or passage of time
- When declared medically stationary, the worker's benefits will end including timeloss and treatment
- Attending physician will refer or conduct a closing exam to measure permanent impairment or work restrictions

CLOSING A CLAIM

Insurers must close a claim within 14 days of:

- Worker is declared medically stationary and there is sufficient information to determine permanent impairment and/or work restrictions
- Accepted condition(s) are no longer the major contributing cause of a worker's combined condition
- Worker fails to seek treatment after a 30-day period
- Worker fails to attend a closing exam