Notice to Worker

Oregon law requires your employer's insurer to provide this information. [Oregon Revised Statute (ORS) 656.262(6)]

The notice of acceptance must tell you what medical conditions are accepted and whether your claim is disabling or nondisabling.

Nondisabling claims – reclassification review
Generally, if your claim has been classified as nondisabling, that means the insurer concluded no disability payments are due and all of the following are true:

- You were able to return to work at full wages on or before the fourth calendar day after leaving work or losing wages as a result of your injury.
- You did not lose time or wages from work as a result of your injury on or after that fourth calendar day.
- It appears you will not have any permanent disability as a result of your injury.

If you think the insurer made a mistake in classifying your claim as nondisabling, you have the right to object to that decision by requesting reclassification under ORS 656.277. You need to contact the insurer and request reclassification within one year of the date the insurer accepted your claim. The insurer must complete its review and send you its decision within 14 days of receiving your request. If the insurer's decision is that your claim is correctly classified as nondisabling and you still disagree, you have the right to request – within 60 days of the date of the insurer's notice – that the Workers' Compensation Division review your claim to determine if the nondisabling classification is correct. If the insurer does not respond to your request for reclassification within 14 days of receiving your request, you may ask the division to review the classification of your claim.

Nondisabling claims – aggravation (worsening) of injury-caused conditions
If your claim is nondisabling, you may be entitled to benefits for an aggravation if your injury-related condition worsens. Ask your doctor for Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims," and check the box "Report of aggravation of original injury." Complete and sign your section of the form and give it to your doctor. Your doctor will complete the remainder of the form and send it to the insurer. If your injury remains nondisabling for at least one year after the date your claim was accepted, your aggravation rights will expire five years after the date of your injury.

After your aggravation rights expire, you are entitled to limited benefits.

Employment reinstatement rights and responsibilities under ORS chapter 659A
In most cases, ORS 659A.043 requires an employer with more than 20 employees to reinstate a permanent worker when the worker's attending physician or authorized nurse practitioner has approved the worker's return to regular work or other suitable work. For purposes of reinstatement rights, your attending physician is the doctor or physician assistant who is primarily responsible for the treatment of your injury, as described in ORS 656.005(12). If your employer at the time of your injury (employer at injury) is required to reinstate workers, your employer at injury must return you to the job you were doing at the time of your injury upon your request to be reinstated, unless that job no longer exists, that job is unavailable, or your work-related disabilities prevent you from doing your former duties. A job is "available" even if filled by a replacement worker during your absence. If your job is not available, your employer must return you to any other existing position that is vacant and suitable.

A certificate from your attending physician or authorized nurse practitioner stating that you can return to your regular job or other suitable job is enough evidence that you are able to do the job. However, your reinstatement rights may be limited by seniority rights and other employment restrictions contained in a valid collective bargaining agreement between your employer and an employee representative.

Within five days after your attending physician or authorized nurse practitioner notifies the insurer that you are released to return to work, the insurer must inform you about the opportunity to request work with your employer-at-injury.

You will lose your right to be reinstated to your regular job if any of the following are true:

- Your attending physician, or a medical arbiter determines that you are medically stationary, but not physically able to return to your regular job.
- You are eligible for and participate in vocational assistance under ORS 656.340.
- You accept a suitable job with another employer after becoming medically stationary.
- You refuse a bona fide offer from your employer of suitable light duty or modified employment before you become medically stationary.
- You did not request reinstatement within seven days of receiving certified mail from the insurer notifying you that your attending physician or authorized nurse practitioner approved you to return to your regular work or other suitable work.
- Three years have passed since your date of injury.
- You are fired for valid reasons not connected with the injury and for which others are or would be discharged.
- You clearly abandoned employment with the employer.

Reinstatement rights do not apply if any of the following are true:

- You were hired on a temporary basis as a replacement for an injured worker.
- You are a seasonal worker employed to perform less than six months' work in a calendar year.
- Your job at injury resulted from a referral to short-term employment from a hiring hall operating under a collective bargaining agreement.
- Your employer has 20 or fewer workers at the time of your injury **and** at the time of your demand for reinstatement.

If you have questions or complaints related to your reinstatement rights, contact the Oregon Bureau of Labor and Industries (BOLI). Contact information for BOLI is located at the end of this notice.

Re-employment assistance under ORS 656.622

The division has a re-employment assistance program: **The Employer-at-Injury Program provides Oregon's qualified injured workers help with staying on the job or getting back to work. Because of your injury, your employer may be eligible for assistance to return you to transitional work through this program while your claim is open. Your employer may contact [insurer name and phone number].**

Reimbursement for your injury-related expenses, OAR 436-009-0025

The insurer will reimburse you for claim-related expenses, such as prescriptions, transportation, meals, and lodging necessary to attend medical appointments, with some limitations and up to a maximum amount. You must request reimbursement in writing and include copies of receipts or other supporting

documentation as required by the insurer. The insurer must receive your request for reimbursement within two years of the date you paid for the expense or within two years of the date your claim is determined compensable, whichever is later. Form 3921 "Request for Reimbursement of Expenses" is available at wcd.oregon.gov or the insurer may provide a form for requesting reimbursement.

Omitted medical conditions or incorrect notices of acceptance
If you think a medical condition was not included in the notice of acceptance, or the notice is incomplete or incorrect, you must notify the insurer in writing. Explain why you think the notice of acceptance is wrong. You may notify the insurer using Form 827 – see under "New medical condition" below.

New medical condition
If you develop a new medical condition that you believe should be accepted under your claim after your claim has been accepted, you must write to the insurer, identify the condition as being a "new medical condition," and request formal written acceptance of the condition. You may notify the insurer using Form 827 – see below.

- Requesting new or omitted medical conditions using Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claim": Ask your health care provider for Form 827, complete your section of the form, check the box "Request for acceptance of a new or omitted medical condition on an existing claim," indicate what condition you believe should be accepted, sign the form, and return the form to your doctor so it can be forwarded to the insurer.

Expedited claim service, ORS 656.291
If you disagree with actions taken in your claim, and your claim qualifies, you may be entitled to an expedited hearing by the Hearings Division of the Workers' Compensation Board within 30 days of your request for hearing if any of the following is true:

- The dispute does not involve the compensability of or responsibility for your claim, and the total amount in dispute (not including any penalties and attorney fees) is $1,000 or less.
- The only issue in the dispute is the entitlement to penalties or related attorney fees.
- The dispute arose because your claim was denied under ORS 656.262(15) due to the insurer's belief that you did not cooperate with its investigation.

If you have questions about your claim, contact your employer or insurer. If you have additional questions, contact one or more of the following:

Oregon Department of Consumer and Business Services

Workers' Compensation Division, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405
503-947-7585, or toll-free, 800-452-0288

Ombuds Office for Oregon Workers, 350 Winter St. NE, P.O. Box 14480, Salem, OR 97309-0405
503-378-3351, or toll-free, 800-927-1271

Oregon Bureau of Labor & Industries

Phone: 971-673-0761, email: BOLI_help@boli.oregon.gov, website: oregon.gov/boli

Workers' Compensation Division
Department of Consumer and Business Services

A Guide for Workers Recently Hurt on the Job

How do I file a claim?

- Notify your employer and a health care provider **of your choice** about your job-related injury or illness as soon as possible. Your employer cannot choose your health care provider for you.
- Ask your employer the name of its workers' compensation insurer.
- Complete **Form 801, "Report of Job Injury or Illness,"** available from your employer and **Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims,"** available from your health care provider.

How do I get medical treatment?

- You may receive medical treatment from the health care provider **of your choice**, including:
  - Authorized nurse practitioners
  - Chiropractic physicians
  - Medical doctors
  - Naturopathic physicians
  - Oral surgeons
  - Osteopathic physicians
  - Physician assistants
  - Podiatric physicians
  - Other health care providers
- The insurance company may enroll you in a managed care organization at any time. If it does, you will receive more information about your medical treatment options.

Are there limitations to my medical treatment?

- **Health care providers may be *limited* in how long they may treat you and whether they may authorize payments for time off work.** Check with your health care provider about any limitations that may apply.
- **If your claim is denied, you may have to pay for your medical treatment.**

If I can't work, will I receive payments for lost wages?

- You may be unable to work due to your job-related injury or illness. In order for you to receive payments for time off work, your health care provider must send written authorization to the insurer.
- Generally, you will not be paid for the first three calendar days for time off work.
- You may be paid for lost wages for the first three calendar days if you are off work for 14 consecutive days or hospitalized overnight.
- If your claim is denied within the first 14 days, you will not be paid for any lost wages.
- Keep your employer informed about what is going on and cooperate with efforts to return you to a modified- or light-duty job.

What if I have questions about my claim?

- The insurance company or your employer should be able to answer your questions.
- If you have questions, concerns, or complaints, you may also call any of the numbers below:

Ombuds Office for Oregon Workers:
An advocate for injured workers
Toll-free: 800-927-1271
Email: oow.questions@dcbs.oregon.gov

Workers' Compensation Resolution Section
Toll-free: 800-452-0288
Email: workcomp.questions@dcbs.oregon.gov

The collection and use of your Social Security number (SSN): You do not need to have an SSN to get workers' compensation benefits. If you have an SSN, the Workers' Compensation Division (WCD) of the Department of Consumer and Business Services will get it from your employer, the workers' compensation insurer, or other sources. WCD may use your SSN for the following: quality assessment, correct identification and processing of claims, compliance, research, injured worker program administration, matching data with other state agencies to measure WCD program effectiveness, injury prevention activities, and to provide to federal agencies in the Medicare program for their use as required by federal law. The following laws authorize WCD to get your SSN: the Privacy Act of 1974, 5 USC § 552a, Section (7)(a)(2)(B); Oregon Revised Statutes chapter 656; and Oregon Administrative Rules chapter 436 (Workers' Compensation Board Administrative Order No. 4-1967).

440-3283 (7/22/DCBS/WCD/WEB)