

notification along with instructions to follow if you disagree with the decision. For information about your rights in the event of a claim denial, please contact your assigned claims adjuster or you may contact the Office of Independent Review (OIR) at 328-9900 or 1-800-701-4932.

Different types of claims.

Your claim will be one of the following two types:

Wage-loss claim

If you will be off work for five or more calendar days in a row or if you have a loss of earnings, the claim is a wage-loss claim. The claims adjuster will contact you, your employer, and your medical provider to establish a working relationship and gather additional information to help with the processing of the claim.

Medical only claim

If you will not be off work for five or more calendar days in a row, the claim is a medical only claim. The processing of medical bills will begin immediately once the claim has been accepted.

Types of benefits available.

- Medical.
- Wage replacement.
- Permanent partial impairment (PPI).
- Return-to-work services.
- Reimbursement for personal expenses.
- Death benefits.

Time frames for reporting an injury.

The law requires that you **notify your employer within 7 days after an accident or when the general nature of the injury became apparent.** Your employer is required to file a FROI form with WSI within 7 days of receiving notice of an injury from you. If your employer does not submit this form, WSI may consider that to be an admission that the alleged injury may be compensable.

WSI encourages injured workers and employers to immediately **file a FROI form with WSI (within 24 hours of injury occurrence).** All claims for benefits

must be filed within 1 year after an injury or within 2 years after a death. The date of injury is the first date that a person reasonably knew, or should have known, that a work-related injury occurred.

Reopening a claim.

If you are experiencing symptoms relating to a prior compensable claim, you may be eligible for reinstatement of benefits. To reopen a closed claim, you must provide clear and convincing medical evidence that the original compensable injury is the primary cause of your current symptoms.

To file for reinstatement of benefits, write a letter explaining the circumstances of your condition or complete the “Worker’s Notice of Reapplication” form (C4), which you can obtain by calling us. If benefits are reinstated, disability benefits can only be paid for the 30 days prior to the date your written request is received by us.

Confidentiality of your claim information.

Most information contained in a claim file is confidential and is not open to the public. Information that is available to the public (upon request) is your name; date of birth; injury date; employer name (at the time of injury); type of injury (the body part injured); whether the claim is accepted, denied, or pending (claim status); and whether the claim is in active or inactive pay status. WSI may provide information to doctors and other health care providers who are treating you or advising WSI; vocational rehabilitation consultants; managed care representatives; and your employer at the time of your injury. Additionally, you can grant file access to anyone you wish.

Your responsibilities.

1. Provide all information we request in a timely fashion and cooperate with our review of your claim. This will help us process your claim timely and accurately.

2. Attend all medical appointments and cooperate with medical care.
3. Provide your employer with a copy of the “Doctor’s Report of Injury” form (C3) - which your doctor will complete at your medical appointments.
4. Stay in contact with your employer and your claims adjuster at WSI. Provide them with periodic updates on your condition.
5. Ask your doctor if you can return to work, even if you have some restrictions on your work duties. Follow restrictions, both on and off the job.
6. If you cannot perform the tasks of your regular (preinjury) job, accept transitional work that is offered by your employer as part of your treatment plan.
7. Keep original, itemized, dated receipts for mileage, meals, and other items you buy that are necessary for your medical care. Complete a “Request for Personal Reimbursement” form (C40a), attach your receipts, and submit them to us. This form is available on our web site.
8. Notify WSI immediately when you perform any type of work activity, whether you receive pay for it or not; if you change your address or telephone number, or if you apply for either Social Security disability or retirement benefits or are found to be eligible for these benefits.

NOTE: This brochure provides a brief outline of information on claim filing and processing. Upon registration of your claim, you will receive a guide which provides detailed information concerning workers’ compensation benefits and services.

How to Reach Us

1600 E Century Ave Ste 1 - PO Box 5585
Bismarck ND 58506-5585
(701) 328-3800 or 1-800-777-5033
Hearing impaired: (701) 328-3786
Fraud & Safety HotLine: 1-800-243-3331
Fax: (701) 328-3820
www.WorkforceSafety.com



An Employee’s Guide to Workers’ Compensation Claims





6 important steps

1 | Notify your employer immediately of the accident and your injury.

Notice may be either oral or written. You must notify your employer within 7 days after the accident occurred or when the general nature of the injury became apparent. If you fail to notify your employer, Workforce Safety & Insurance (WSI) may consider that failure when deciding whether your claim will be accepted. *NOTE: Even if you feel your injury is not serious enough to need medical treatment, it is important you report your accident to your employer so they are informed of the potential hazard. They can then take the necessary corrective action to prevent the same type of injury from happening to someone else.*

2 | Seek first aid or medical treatment.

It is important to seek first aid or medical treatment promptly after a workplace injury occurs. **If you seek medical treatment, you will need to file a claim for your injury by completing WSI's First Report of Injury (FROI) (see #3 for details).**

When seeking medical treatment: In emergency situations:

Seek immediate medical care at the nearest emergency room. *NOTE: Seeing an employer's designated medical provider (DMP) is not required in emergency situations.*

In all other instances:

If your employer is participating in WSI's Risk Management Program, you are required to see your employer's DMP for medical care unless you have informed your employer, in writing, of a different

medical provider selection BEFORE any injury occurred. If you see your employer's DMP, you may request to change providers after being treated for 60 days by the DMP. Please note that if you do choose your own doctor (and inform your employer appropriately), you still have the option of seeing your employer's DMP. If you do not see either your employer's DMP or the different medical provider you chose before an injury occurred, but rather choose your own medical provider at the time of your injury, it may result in nonpayment of medical benefits and you will be liable for the medical costs. **If your employer does not have a DMP**, you may go to a doctor of your choice.

Inform the doctor that your injury is a work-related injury. Also, inform the doctor of your work duties and ask if you can return to work within any work restrictions the doctor may impose. Follow restrictions, both on and off the job.

WSI encourages employers to go with an injured worker when they seek medical care for a work-related injury. While your employer does not necessarily have the right to be present in the examining room during your exam, your employer will benefit by going with you because they will better understand any work restrictions imposed by the doctor - which will enable them to provide a safe return to work for you.

At the completion of your first medical appointment, your doctor will complete a FROI form. **After each subsequent medical appointment, your doctor will complete a Capability Assessment form (C3). Be sure to provide your employer with a copy of the C3 form.** This form should include the nature and extent of the injury, estimated course of recovery, and a return-to-work plan with identified restrictions, if any.

You are allowed one treating doctor at a time - this doctor is considered your "primary" doctor. **Only your primary doctor on record with us is able to order you to be off work.** *NOTE: Fees may not be approved for more than one health care provider*

or doctor in a case where treatment is provided over the same period of time except for the services of a consulting doctor, assistant surgeon, or anesthetist or in an emergency.

3 | File a claim immediately after a work-related injury occurs (within 24 hours of occurrence).

Immediate notification to WSI allows for more effective management of the claim. Use one of the following methods to file a claim: 1) **Online** - visit our web site at <https://www.workforcesafety.com/online-services/onlineservices.asp>; 2) **By hand** - obtain a FROI form from your employer or WSI, being sure to answer all questions fully and honestly. Sign and date the form and return it to WSI as soon as possible; or 3) **Telephonically** - call 1-800-777-5033, 8 a.m. - 5 p.m. on business days.

Whichever claim filing method you use, complete the claim form with your employer, if possible, with your employer completing their portion. *NOTE: An employer is required to file a FROI form with WSI within 7 days of receiving notice of an injury from a worker.* Any party to the claim - the injured employee, employer, or the medical provider - may complete the FROI and submit it to WSI, thereby initiating a claim.

If you have received wage replacement benefits for an injury and are now off work again for that same injury, you must reapply for benefits in writing. Contact WSI and request a Worker's Notice of Reapplication form (C4).

4 | You will be informed of your claim number. Be sure to provide this number when seeking services for your work injury.

If you file your claim using our online service, a claim number will be provided to you immediately online. If you file using the FROI paper form, your claim number will be mailed to you. Please note that your claim number is only confirmation that your claim has

been received and registered with WSI. A decision of acceptance or denial will be made after all pertinent information relating to your injury has been received and reviewed according to North Dakota statutes. You will be mailed a notification letter once a decision has been made.

5 | Keep in touch with your employer and provide them with periodic updates on your condition.

6 | Notify WSI immediately when you perform any type of work, whether you receive pay for it or not; change your address or telephone number; or file for Social Security disability or retirement benefits or are found to be eligible for these benefits.



Other important information

Claim review and processing.

A claims adjuster will start reviewing your claim within 24 hours after receiving a completed FROI form from either you, your employer, or your medical provider. The decision whether to accept or deny a claim is based on North Dakota law. A notice informing you of claim acceptance or denial will be mailed to you and your employer.

If a benefit is denied.

We can only pay for treatment of injuries or conditions caused by work. If, at any time, we do not pay a requested benefit, you will receive written