



YOU HAVE BEEN INJURED ON THE JOB

WHAT YOU NEED TO KNOW

FOR INJURIES ON OR AFTER OCTOBER 1, 2003

DIVISION OF WORKERS' COMPENSATION EMPLOYEE ASSISTANCE AND OMBUDSMAN OFFICE

- The Employee Assistance and Ombudsman Office (EAO) is available to assist you at no cost with questions or concerns you may have about your workers' compensation claim.
- EAO advocates on your behalf to resolve issues with your Workers' Compensation Claim.
- EAO offices are located around the state to assist you.
 - Contact EAO toll free at 1-800-342-1741.
 - Visit the web site: www.myfloridacfo.com/wc
 - Or email EAO : wceao@myfloridacfo.com

THERE ARE COMMON CONCERNS THAT FACE ALL INJURED WORKERS

- What do I need to do?
- Will my medical care be covered?
- Will I be paid any monetary benefits when I am off work? If so, how much and how often?
- What suggestions can help me with my claim?

WHAT ARE YOUR RESPONSIBILITIES WHEN YOU ARE INJURED ON THE JOB?

- Tell your employer you have been injured as soon as possible, but you must advise your employer of the injury within 30 days after the date of your injury or the initial manifestation of your injury. Failure to advise within 30 days may result in the inability to claim benefits. (Applicable statute: 440.185(1). Click [Here](#) to read.)
- Except for emergency treatment, you must specifically request initial treatment or care, and the employer or insurance carrier must be given a reasonable time period within which to provide the initial treatment or care. (Applicable statute: 440.13(2)(c). Click [Here](#) to read.)
- Sign and return the “fraud statement” provided to you by the insurance carrier/adjuster. (Applicable statute: 440.105(7). Click [Here](#) to read.)
- Obtain a copy of your accident report or first notice of injury from your employer. Ask your insurance carrier/adjuster for your claim number.
- Discuss with the doctor if your condition is work related.

WHAT ARE YOUR EMPLOYER'S RESPONSIBILITIES WHEN YOU HAVE BEEN INJURED ON THE JOB?

- Your employer must report your injury to their workers' compensation insurance company no later than 7 days after the employer's knowledge of your injury. (Applicable statute: 440.185(1). Click [Here](#) to read.)
 - If your employer will not report your injury, contact the Employee Assistance and Ombudsman Office at 1-800-342-1741 for assistance.
 - Non-construction employers are required to have workers' compensation insurance if they employ 4 or more employees. Construction employers are required to have workers' compensation insurance if they employ 1 or more employees. (Applicable statute: 440.02(17)(b)2. Click [Here](#) to read.)
- Your employer must furnish you with medically necessary remedial treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require. (Applicable statute: 440.13(2)(a). Click [Here](#) to read.)
- If your employer fails to purchase workers' compensation insurance and was required to do so by law, you may elect to bring suit against your employer to provide you with workers' compensation benefits under Florida's workers' compensation law or to maintain an action at law for damages. (Applicable statute: 440.11(1)(a). Click [Here](#) to read.)

WHAT ARE THE INSURANCE CARRIER'S RESPONSIBILITIES WHEN YOU ARE INJURED ON THE JOB?

- The insurance carrier has the responsibility to:
 - Adjust your claim without harassment, coercion, or intimidation. (Applicable statute: 440.525(2). Click [Here](#) to read.)
 - Respond to requests for medical treatment by authorized health care providers within 3 business days after receipt of the request. (Applicable statute: 440.13(3)(d). Click [Here](#) to read.)
 - Pay the first installment of compensation for total disability or death benefits or deny the claim within 14 days after the employer receives notification of the injury or death, when disability is immediate and continuous for 8 days or more after the injury. (Applicable statute: 440.20(2)(a). Click [Here](#) to read.)
 - Pay, disallow, or deny all medical, dental, pharmacy and hospital bills properly submitted to the carrier within 45 calendar days after the carrier receives the bill. (Applicable statute: 440.20(2)(b). Click [Here](#) to read.)
 - Report your claim to the Division of Workers' Compensation within 14 days after the employer reports the injury to the carrier - for injuries that result in more than 7 consecutive days of lost work time. (Applicable statute: 440.185(2). Click [Here](#) to read.)

WHAT ARE THE INSURANCE CARRIER'S RESPONSIBILITIES WHEN YOU ARE INJURED ON THE JOB? CONTINUED

- The insurance carrier must send you:
 - Within 3 days after the employer or employee informs the carrier of the work related injury, an employee brochure explaining your rights and benefits under workers' compensation law. (Applicable statute: 440.185(4). Click [Here](#) to read.)
 - Notice of services available to you from the State of Florida's Employee Assistance and Ombudsman Office. (Applicable statute: 440.185(11). Click [Here](#) to read.)
 - Within 5 days of knowledge of your release to restricted duty, an informational letter regarding return to work.
 - The Monitoring and Audit Bureau of the Division of Workers' Compensation is responsible for insuring that insurance carriers fulfill their statutory responsibilities under Chapter 440 of the Florida Statutes.

WHAT ARE YOUR AUTHORIZED TREATING PHYSICIAN'S RESPONSIBILITIES WHEN YOU HAVE BEEN INJURED ON THE JOB?

- After the initial examination and diagnosis, the physician must submit a proposed course of treatment to the insurance carrier to determine whether such treatment would be recognized as reasonably prudent. (Applicable statute: 440.13(2)(e). Click [Here](#) to read.)
- Your physician may provide you with a DWC 25, Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form. This form will give you, your employer and your carrier information regarding your medical status, management and treatment plan, functional limitations and restriction, Maximum Medical Improvement and Permanent Impairment Rating, and follow up visits.

WHAT ARE YOUR BENEFITS UNDER FLORIDA'S WORKERS' COMPENSATION SYSTEM?

MEDICAL BENEFITS

- Medically necessary treatment, care, and attendance for such period as the nature of the injury or the process of recovery may require, including medications, medical supplies, durable medical equipment, and prosthetics.
- Health care providers who provide services, other than emergency care, must be certified workers' compensation health care providers and must receive authorization from the insurance carrier before providing treatment. (Applicable statute: 440.13(3)(a). Click [Here](#) to read.)
- Your work-related injury must be the “Major Contributing Cause” for medical treatment and must remain such to continue medical treatment. (Applicable statute: 440.09(1). Click [Here](#) to read).
 - “Major Contributing Cause” means the cause which is more than 50% responsible for the injury as compared to all other causes combined for which treatment or benefits are sought.

MEDICAL BENEFITS CONTINUED

- You are also entitled to an Independent Medical Examination, which may be at your expense. The exception is if you are in a managed care arrangement. (Applicable statute: 440.13(5)(a). Click [Here](#) to read.)
- You are entitled to one change of physician during the course of treatment for any one accident. This one-time offering should be carefully considered. (Applicable statute: 440.13(2)(f). Click [Here](#) to read.)
- When your treating physician determines you have reached “Maximum Medical Improvement,” you will be required to pay a co-payment of \$10 per visit for medical services. (Applicable statute: 440.13(14)(c). Click [Here](#) to read.)
 - “Date of Maximum Medical Improvement” means the date after which further recovery from, or lasting improvement to, an injury or disease can no longer be reasonably anticipated based upon reasonable medical probability. (Applicable statute: 440.02(10). Click [Here](#) to read.)

MEDICAL BENEFITS CONTINUED

- Payment of any indemnity benefit or the furnishing of remedial treatment, care, or attendance pursuant to either a notice of injury or a petition for benefits tolls the statute of limitations period on your workers' compensation claim for 1 year from the date of such payment. This tolling period does not apply to the issues of compensability, date of maximum medical improvement, or permanent impairment. (Applicable statute: 440.19(2). Click [Here](#) to read.)

WHAT TYPES OF MONETARY BENEFITS ARE AVAILABLE?

- Workers' Compensation monetary benefits may be paid both prior to and after you have obtained Maximum Medical Improvement (Applicable statute: 440.15(3). Click [Here](#) to read.)

MONETARY BENEFITS YOU MAY BE ELIGIBLE FOR PRIOR TO REACHING MAXIMUM MEDICAL IMPROVEMENT

- Temporary Total Disability (TTD)- If your disability is total in character, but temporary in quality, you will receive monetary benefits until you reach Maximum Medical Improvement or up to 104 weeks. (Applicable statute: 440.15(2)(a). Click [Here](#) to read.)
- Temporary Total Disability benefits are paid at a percentage of your average weekly wage:
 - Benefits for injuries that are not catastrophic are paid at 66 2/3% of your average weekly wage up to the maximum weekly benefit for the year of your injury. (To find the maximum weekly benefit for the year of your injury, click [Here](#).)
 - Benefits for catastrophic injuries are paid at 80% of your average weekly wage, up to a maximum of \$700.00 per week for a period not to exceed 6 months. (Applicable statute: 440.15(2)(b). Click [Here](#) to read.)

MONETARY BENEFITS YOU MAY BE ELIGIBLE FOR PRIOR TO REACHING MAXIMUM MEDICAL IMPROVEMENT CONTINUED

- Temporary Partial Disability (TPD)- If you are released to return to work with restrictions by your doctor, and earn less than 80% of your pre-injury wage, you may receive Temporary Partial Disability benefits. (Applicable statute: 440.15(4)(a). Click [Here](#) to read.)
- Educational and training benefits may be paid for up to 26 weeks. (Applicable statute: 440.491(6)(b). Click [Here](#) to read.)
- You can receive Temporary Total Disability, Temporary Partial Disability payments, or educational and training benefits, or a combination of the three benefits prior to reaching Maximum Medical Improvement, but for no more than a maximum of 104 weeks. (Applicable statutes: [440.15\(4\)\(e\)](#); 440.491(6)(b). Click [Here](#) to read.)
 - “Date of Maximum Medical Improvement” means the date after which further recovery from, or lasting improvement to, an injury or disease can no longer be reasonably anticipated based upon reasonable medical probability. (Applicable statute: 440.02(10). Click [Here](#) to read.)
- If your monetary benefits are late, you may contact the Employee Assistance and Ombudsman Office at 1-800-342-1741 for assistance.

MONETARY BENEFITS YOU MAY BE ELIGIBLE FOR AFTER YOU REACH MAXIMUM MEDICAL IMPROVEMENT

- Permanent Total Disability (PTD)- Monetary benefits, in cases of total disability adjudged to be permanent or for injuries presumed to be permanently and totally disabling under the workers' compensation law, are payable during the continuance of the total disability. Compensation for PTD is not payable if you are engaged in, or physically capable of engaging in, at least sedentary employment. (Applicable statute: 440.15(1). Click [Here](#) to read.)
- Permanent Impairment Benefits - For accidents occurring on or after October 1, 2003, an employee's entitlement to permanent impairment income benefits begins the day after the employee reaches Maximum Medical Improvement or the expiration of temporary benefits, whichever occurs earlier, and continues for the following periods:
 - Two weeks of benefits are paid to the employee for each percentage point of impairment from 1 percent up to and including 10 percent.
 - For each percentage point of impairment from 11 percent up to and including 15 percent, 3 weeks of benefits are paid.
 - For each percentage point of impairment from 16 percent up to and including 20 percent, 4 weeks of benefits are to be paid.
 - For each percentage point of impairment from 21 percent and higher, 6 weeks of benefits are paid. (Applicable statute: 440.15(3)(g). Click [Here](#) to read.)

HOW ARE MONETARY BENEFITS CALCULATED?

- Monetary benefits are paid every two weeks and are based on a percentage of your average weekly wage up to the maximum weekly benefit (To check the maximum weekly benefit for your date of injury click [Here](#)). (Applicable statute: 440.20(2)(a). Click [Here](#) to read.)
- If you were injured on or after October 1, 2003, and you worked in the same employment in which you were working on the date of the accident, your average weekly wage is 1/13th of the total amount of wages you earned in such employment during the 13 weeks prior to your injury, not counting the week in which you were injured. (Applicable statute: 440.14(1). Click [Here](#) to read.)
- If you have been released to return to work on light or limited duty and earning less than 80% of your pre-injury wage, you will be compensated at 80% of the difference between 80% of your average weekly wage and the salary, wages, and other remuneration you are able to earn post-injury, as compared weekly. However, weekly benefits may not exceed 66 2/3% of your average weekly wage at the time of accident. (Applicable statute: 440.15(4)(a). Click [Here](#) to read.)

SOCIAL SECURITY BENEFITS AND WORKERS' COMPENSATION

- If you are receiving Social Security Disability benefits in addition to Workers' Compensation, an offset or reduction in your Workers' Compensation check may be applied because the law states that the two combined may not exceed 80% of your average weekly wage earned prior to your injury. (Applicable statute: 440.15(9)(a). Click [Here](#) to read.)
- If you are receiving Social Security Retirement (42 U.S.C. 402) benefits at the time of your injury, your Social Security Retirement benefits will not be affected by Workers' Compensation. Your Workers' Compensation benefits will be determined by your average weekly wage only from your employer and any other concurrent employment. (Applicable statute: 440.15(9) – to read this statute click [Here](#).)

SUGGESTIONS FOR MAKING YOUR CLAIM GO MORE SMOOTHLY

SUGGESTIONS FOR COMMUNICATING WITH THE INSURANCE ADJUSTER

- Communicate in a positive manner. Let the adjuster know your goal is to recover from the workplace injury and return to work.
- Keep the adjuster for your claim aware of any address/phone changes.
- Notify the adjuster immediately when you return to work or when you are placed off work due to the injury.
- If you change or cancel a doctor's appointment, notify the adjuster immediately. The doctor's office may not notify the adjuster or case manager of your change in appointment date or failure to keep an appointment.
- If you have access to e-mail, obtain the adjuster's email address and use it if he/she prefers e-mail for communication.

SUGGESTIONS FOR COMMUNICATING WITH YOUR EMPLOYER

- Communicate frequently with your employer. Let him/her know you value your job.
- Notify your employer of your return to work status, work restrictions and medical treatment plan after your doctor visit.
- If you are off work, tell your employer when the doctor anticipates you will be able to return to work.
- If you receive restrictions for returning to work from your doctor (for example, “light duty”), ask your employer if they will accommodate those restrictions and allow you to return to work.
- When you return to work, try to schedule your doctor’s appointments so you take minimal time away from your job.
- Let your employer know if you are having difficulty obtaining authorization for medical treatment from the adjuster.
- Your employer is not required to pay for your time out of the work day to attend doctor or therapy appointments.

SUGGESTIONS FOR SUCCESSFUL PHYSICIAN OR HEALTH CARE PROVIDER VISITS

- Be on time for your appointments.
- If you are going to a new doctor and want additional information, you can go to the Florida Department of Health website:
<http://ww2.doh.state.fl.us/mqaservices> .
- Give your physician or health care provider as much advance notice as possible if you need to cancel your appointment.
- Have the carrier and adjuster's name, address, telephone and fax numbers and your claim number available. Take these with you to all your appointments.
- It is very important to provide a complete description of how your injury occurred and all of your body parts affected. An incomplete record can affect your claim and benefits at a later date. Let your doctor know your symptoms are improving, worsening or are the same.
- Be thorough. Give your complete medical history, current status and list of current medications for your related and non-work-related conditions.

SUGGESTIONS FOR SUCCESSFUL PHYSICIAN OR HEALTH CARE PROVIDER VISITS

CONTINUED

- Take a list of all medications you take to each doctor visit, including medications for your non-work-related conditions.
- Be prepared. Have a list of any questions or concerns you would like to discuss with your doctor.
- Ask how long it will take to recover from your injury and when you can return to work, both with and without restrictions.
- Ask about alternative or less invasive treatment options.
- Follow your doctor's treatment plan.
- If your doctor gives you prescriptions for procedures, medications, or referrals, ask your doctor's office to fax the prescription to the adjuster. Have the adjuster's fax number with you.

SUGGESTIONS FOR SUCCESSFUL PHYSICIAN OR HEALTH CARE PROVIDER VISITS CONTINUED

- Ask for a copy of the “Florida Workers’ Compensation Uniform Medical Treatment/Status Reporting Form” (Form DFS-F5-DWC-25) completed by your physician following your visit or your return to work form, completed by your physician, and obtain a copy of the physician notes. The notes may not be available until your next office visit.
- Keep copies of all your medical records including lab and x-ray results, and keep copies of your CT scans and MRI’s. If you see a new physician, take your medical records with you.
- There may be a charge for your medical records. The health care provider may charge the injured employee no more than 50 cents per page for copying the records and the actual direct cost to the health care provider for x-rays, microfilm and other non-paper records. (Applicable statute: 440.13(4)(b). Click [Here](#) to read.)

WHAT CAN I DO IF A MONETARY OR MEDICAL BENEFIT IS DENIED BY THE CARRIER?

- You may, for any benefit that is ripe, due, and owing, file a Petition for Benefits with the Office of the Judges of Compensation Claims. (Applicable statute: 440.192(1). Click [Here](#) to read.)
- Within 14 days of receipt of a Petition For Benefits, the carrier must either pay the requested benefits without prejudice to its right to deny within 120 days from receipt of the petition or file a response to the petition with the Office of the Judges of Compensation Claims. In its response, the carrier must list all benefits requested but not paid and explain its justification for nonpayment. (Applicable statute: 440.192(8). Click [Here](#) to read.)
- The Judge of Compensation Claims will review the Petition For Benefits and carrier response, and establish a mediation date. Mediation will be set to occur within 130 days after the filing of the petition. (Applicable statutes: [440.192\(2\)](#), 440.25.) Click [Here](#) to read.)
- An emergency conference on the Petition For Benefits may be held before the Judge of Compensation Claims where a bona fide emergency involving the health, safety or welfare of an employee exists. (Applicable statute: 440.25(4)(f). Click [Here](#) to read.)

FREQUENTLY ASKED QUESTIONS

- **Q:** How long after an accident do I have to report it to my employer?
- **A:** You should report it as soon as possible but no later than thirty (30) days or your claim may be denied. Reference: Section [440.185](#), Florida Statutes
- **Q:** When should my employer report the injury to their insurance company?
- **A:** Your employer should report the injury as soon as possible, but no later than seven (7) days after their knowledge. The insurance company must send you an informational brochure within three (3) days after receiving notice from your employer. The brochure will explain your rights and responsibilities, as well as provide additional information about the workers' compensation law. A copy of the brochure can be viewed on this website under "Publications". Reference: Section [440.185](#), Florida Statutes
- **Q:** My employer will not report my injury to the insurance company. What can I do?
- **A:** You have the right to report the injury to their insurance company. However, if you need assistance, contact the Employee Assistance Office (EAO) at (800) 342-1741 or e-mail wceao@myfloridacfo.com Reference: Section [440.185](#), Florida Statutes

FREQUENTLY ASKED QUESTIONS

- **Q:** What kind of medical treatment can I get?
- **A:** The medical provider, authorized by your employer or the insurance company, will provide the necessary medical care, treatment and prescriptions related to your injury. Reference: Section [440.13\(2\)](#), Florida Statutes
- **Q:** Do I have to pay any of my medical bills?
- **A:** No, all authorized medical bills should be submitted by the medical provider to your employer's insurance company for payment. Reference: Section [440.13\(14\)](#), Florida Statutes
- **Q:** Will I be paid if I lose time from work?
- **A:** Under Florida law, you are not paid for the first seven days of disability. However, if you lose time because your disability extends to over 21 days, you may be paid for the first seven days by the insurance company. Reference: Section [440.12](#), Florida Statutes
- **Q:** How much will I be paid?
- **A:** In most cases, your benefit check, which is paid bi-weekly, will be 66 2/3 percent of your average weekly wage. If you were injured before October 1, 2003, this amount is calculated by using wages earned during the 91-day period immediately preceding the date of your injury, not to exceed the state limit. If you worked less than 90% of the 91 day period, the wages of a similar employee in the same employment who has worked the whole of the 91-day period or your full-time weekly wage may be used. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.
- In addition, if you worked less than 75% of the 13 week period, a similar employee in the same employment who has worked 75% of the 13-week period or your full time weekly wage shall be used. Reference: Section [440.02\(28\)](#) & [440.14](#), Florida Statutes

FREQUENTLY ASKED QUESTIONS

- **Q:** Do I have to pay income tax on workers' compensation monetary benefits?
- **A:** No. However, if you go back to work on light or limited duty and are still under the care of the authorized doctor, you will pay taxes on any wages earned while working. For additional information on Income Tax, you may want to visit the Internal Revenue Service website at: www.irs.gov
- **Q:** When will I get my first check?
- **A:** You should receive the first check within 21 days after reporting your injury to your employer. Reference: Section [440.20](#), Florida Statutes
- **Q:** If I'm only temporarily disabled, how long can I get these checks?
- **A:** You can receive Temporary Total, Temporary Partial Disability payments or a combination of the two benefits during the continuance of your disability for no more than a maximum of 104 weeks. Reference: Section [440.15\(2\)](#), Florida Statutes
- **Q:** Can I receive social security benefits and workers' compensation benefits at the same time?
- **A:** Yes. However an offset, or reduction in your workers' compensation check may be applied because the law states that the two combined may not exceed 80 percent of your average weekly wage earned prior to your injury. For further information on Social Security, you may contact the Social Security Administration at (800) 772-1213 or visit their website at www.ssa.gov. Reference: Section [440.15\(9\)](#), Florida Statutes

FREQUENTLY ASKED QUESTIONS

- **Q:** Can I receive unemployment compensation and workers' compensation benefits at the same time?
- **A:** No, not if you are receiving temporary total or permanent total disability benefits as you must be medically able and available for work to qualify for unemployment. For additional information on Unemployment Compensation, you may want to utilize the Unemployment Compensation website at: www.floridajobs.org. Reference: Section [440.15\(10\)](#), Florida Statutes
- **Q:** What can I do if I am not receiving my benefit check?
- **A:** Call the insurance company and ask for the adjuster or claims representative. If you still have questions and don't understand why the checks have stopped, call the EAO at (800) 342-1741 or e-mail wceao@myfloridacfo.com. Reference: Section [440.14](#), Florida Statutes
- **Q:** If I am unable to return to work until my doctor releases me, does my employer have to hold my job for me?
- **A:** No, there is no provision in the law that requires your employer to hold the job open for you.
- **Q:** Can my employer fire me if I am unable to work because of an injury and am receiving workers' compensation benefits?
- **A:** No, it is against the law to fire you because you have filed or attempted to file a workers' compensation claim. Reference: Section [440.205](#), Florida Statutes

FREQUENTLY ASKED QUESTIONS

- **Q:** If I am unable to return to the type of work I did before I was injured, what can I do?
- **A:** If eligible the law provides, at no cost to you, reemployment services to help you return to work. Services may include vocational counseling, transferable skills analysis, job-seeking skills, job placement, on-the-job training, and formal retraining. To find out more about this program, you may contact the Department of Financial Services, Division of Workers' Compensation, Bureau of Employee Assistance and Ombudsman Office (EAO) at (800) 342-1741 option 4 or by e-mail to w cres@myfloridacfo.com . Reference: Section [440.491](#) , Florida Statutes
- **Q:** My employer and the insurance company have denied my claim for workers' compensation benefits. Do I need legal representation to get my benefits? What should I do?
- **A:** It is your decision whether or not to hire an attorney. However, the EAO can assist you and attempt to resolve the dispute. If unable to resolve, the EAO can further assist you in drafting a Petition for Benefits. This service is provided at no cost to you. For assistance call: (800) 342-1741 or e-mail wceao@myfloridacfo.com . For the location of the nearest EAO, click on: www.fldfs.com/WC/dist_offices.html . Reference: Section [440.191](#) & [440.192](#) , Florida Statutes
- **Q:** What is the time limit for filing a Petition for Benefits?
- **A:** In general, there is a two (2) year period to file a Petition. However, it depends on the type of issue in dispute. You may call the EAO at (800) 342-1741 or e-mail wceao@myfloridacfo.com for specific information. Reference: Section [440.19\(1\)](#) , Florida Statutes

FREQUENTLY ASKED QUESTIONS

- **Q:** Is there a period of time after which my claim is no longer open?
- **A:** If you were injured on or after January 1, 1994 , the claim is closed one (1) year from the date of your last medical treatment or payment of compensation. This period of time is referred to as the Statute of Limitations. If you were injured before January 1, 1994 , the period is two (2) years. Reference: Section [440.19\(2\)](#), Florida Statutes
- **Q:** Can I get a settlement from my claim?
- **A:** Settlements may be made under certain circumstances and are voluntary; not automatic or mandatory. Reference: Section [440.20](#) (11)(a)(b)(c), Florida Statutes
- **Q:** If I settle my claim for medical benefits with the insurance company and my condition gets worse later, who pays for my future medical care, surgeries, etc?
- **A:** You are responsible for your future medical needs after your claim for medical benefits is settled.
- **Q:** What can I do when it is difficult to get a prescription filled or I am having problems with the pharmacy where I get my workers' compensation medication?
- **A:** In Florida, an injured worker has the right to select a pharmacy or pharmacist. Florida law prohibits interference with your right to choose a pharmacy or pharmacist. However, a pharmacy is not required to participate in the workers' compensation program. If at any time, you become dissatisfied with your pharmacy or pharmacist's services, you can seek another pharmacy to fill your prescriptions. Reference: Section [440.13](#) (3)(j), Florida Statutes

THANK YOU

**PLEASE CONTACT THE EMPLOYEE
ASSISTANCE AND OMBUDSMAN
OFFICE IF YOU NEED ASSISTANCE**

1-800-342-1741