Oregon
Theodore R. Kulongoski, Governor

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To: Oregon employers, insurers, self-insured employers, health care providers, and other interested parties

Subject: "A Guide for Workers Recently Hurt on the Job," Form 440-3283 (Enclosed)
Workers' right to choose health care providers

Enclosed you will find a revised information guide titled, "A Guide for Workers Recently Hurt on the Job." Our primary purpose in revising the guide is to emphasize that workers have the right to choose their health care providers for the treatment of work-related injuries.

Under Oregon law, no one may require an injured worker to obtain treatment from a specific provider or type of provider. There are, however, laws that limit how long some health care providers may treat injured workers or whether they may authorize payments for time off work. For more information about health care provider limitations in the workers' compensation system, please refer to the Workers' Compensation Division's Web site at http://www.wcd.oregon.gov. Click on "Health Care Provider," and then "Health care provider matrix," or contact a Workers' Compensation Benefit Consultant at (800) 452-0288.

Employers
Until you receive copies of Form 801, "Report of Job Injury or Illness," with the revised guide from your insurance company, please copy the attached guide and provide it to workers at the time of injury. This guide is available in English and Spanish. If you need the guide in another language, please contact a Workers' Compensation Benefit Consultant at (800) 452-0288.

Insurers and self-insured employers
This notice is a reminder that the guide is printed as part of Form 801, "Report of Job Injury or Illness," either on the reverse or as an attachment. You are responsible for replacing the existing guide with the revised version the next time you reprint Form 801. For more information, go to the "Bulletins" page at http://www.wcd.oregon.gov/policy/bulletins/ab_index.html and click on bulletin numbers 101 and 310.

Health care providers
We are providing you with the guide so you can copy it and give it to injured workers when they first obtain treatment for on-the-job injuries or illnesses.

Please address any questions regarding this notice to a Workers' Compensation Benefit Consultant at (800) 452-0288.

John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Distribution: PD 8013, PD 8002, MR, DC, DO, GR, MD, ND, OT, PY, IY
Attached: A Guide for Workers Recently Hurt on the Job (English/Spanish), Form 440-3283/440-3283s

OREGON DEPARTMENT OF CONSUMER & BUSINESS SERVICES
Workers' Compensation Division

A Guide for Workers Recently Hurt on the Job

How do I file a claim?

- Notify your employer about your job-related injury or illness as soon as possible.
- Ask your employer to give you **Form 801, "Report of Job Injury or Illness,"** and complete Form 801.
- Ask your employer the name of its workers' compensation insurer.
- Get medical treatment from a health care provider **of your choice** and tell your provider that you were injured on the job. Your employer cannot choose your health care provider for you.
- Your health care provider should ask you to complete **Form 827, "Worker's and Physician's Report for Workers' Compensation Claims."**

How do I get medical treatment?

- You may receive medical treatment from the health care provider **of your choice**, including:
  - Authorized nurse practitioners
  - Chiropractors
  - Medical doctors
  - Naturopaths
  - Oral surgeons
  - Osteopathic doctors
  - Physician assistants
  - Podiatrists
  - 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.

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.
- You may also call any of the numbers below:

Ombudsman for Injured Workers:
An advocate for injured workers
Toll-free: (800) 927-1271
E-mail: oiw.questions@state.or.us

Workers' Compensation Infoline:
Benefit Consultants
Toll-free: (800) 452-0288
E-mail: workcomp.questions@state.or.us

- **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.**

440-3283 (1/07/DCBS/WCD/WEB)

OREGON DEPARTMENT OF CONSUMER & BUSINESS SERVICES
Workers' Compensation Division

Una guía para trabajadores lesionados recientemente en el trabajo

¿Cómo presento un reclamo?

- Notifique a su empleador acerca de su lesión o enfermedad en el trabajo lo más pronto posible.
- Pida a su empleador que le dé la **Forma 801, "Reporte de Lesión o Enfermedad en el Trabajo"** y llénela.
- Pregunte a su empleador el nombre de su compañía de seguro de compensación para trabajadores.
- Busque atención médica de un proveedor médico (health care provider) **de su elección** y dígale a su proveedor que se lesionó en el trabajo. Su empleador no puede elegir el proveedor médico por usted.
- Su doctor le pedirá que llene la **Forma 827, "Reporte del Trabajador y Médico para Reclamación de Compensación para Trabajadores."**

¿Cómo obtengo tratamiento médico?

- Usted puede recibir tratamiento médico de un proveedor médico **de su elección,** incluyendo:
  - Enfermeras(os) practicantes autorizadas(os)
  - Quiroprácticos
  - Médicos
  - Naturistas
  - Cirujanos Orales
  - Médicos Osteopáticos
  - Asistentes de doctor
  - Podólogos
  - Otros proveedores médicos
- La compañía de seguros puede inscribirlo en una organización de manejo del cuidado médico (MCO) en cualquier momento. Si la compañía lo hace, usted recibirá más información acerca de las opciones para tratamiento médico.

Si no puedo trabajar, ¿recibiré pagos por salario perdido?

- Es posible que no pueda trabajar debido a su lesión o enfermedad relacionada con el trabajo. Para que usted pueda recibir pago por tiempo fuera del trabajo, su proveedor médico debe enviar una autorización escrita a la aseguradora.
- Generalmente, los tres primeros días calendarios, usted no recibirá pagos por tiempo perdido.
- Es posible que reciba pago por los tres primeros días calendarios, si usted no puede trabajar por 14 días consecutivos, o pasa una noche en el hospital.
- Si su reclamación es negada dentro de los primeros 14 días, no se le pagará por ningún salario perdido.
- Mantenga informado a su empleador acerca del estado de la reclamación y coopere con los esfuerzos que se hagan para que regrese a trabajar en un trabajo modificado o liviano.

¿A quién puedo llamar si tengo preguntas acerca de mi reclamación?

- La compañía de seguros o su empleador puede responder a sus preguntas.
- También puede llamar a los siguientes números:

  Ombudsman para Trabajadores Lesionados:
  Representate para trabajadores lesionados
  Número gratuito: 1-800-927-1271
  E-mail: oiw.questions@state.or.us

  Línea de información de compensación para trabajadores:
  Consultores de Beneficios
  Número gratuito: 1-800-452-0288
  E-mail: workcomp.questions@state.or.us

- **Los proveedores de cuidado médico pueden tener *limitaciones* en cuanto a la duración de su tratamiento y en cuanto a poder autorizar pago por tiempo fuera del trabajo.** Pregunte a su proveedor médico cuales son las limitaciones que puedan aplicarse.
- **Si su reclamación es negada, es possible que usted tenga que pagar por su tratamiento médico.**

440-3283s (1/07 tr 1/07/DCBS/WCD/WEB)