



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 307 (Revised)

Oct. 12, 2016

TO: Medical providers and other interested parties

SUBJECT: Revised Spanish translation, Form 827s

This bulletin provides a revised Spanish version of Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims." The division's intent in revising Form 827s is to highlight the potential impact on workers' benefits when using the new/omitted condition checkbox. This bulletin replaces Bulletin No. 307 dated Sept. 29, 2015.

In order to efficiently use state resources and limited funds, the division will use existing supplies of Form 827s on hand to fill orders from health care providers. *We encourage providers to use existing supplies of Form 827s before reordering.* Please give this form to workers who may prefer the Spanish version. Use Form 827s in the same way as the English 827. See OAR 436-010-0240 and Bulletin No. 292.

You can download Form 827s from the division's website: <http://wcd.oregon.gov/forms/Pages/forms.aspx>, or you can order supplies of the carbonless multi-part form from the division by calling 503-947-7627.

If you have questions, please contact a Benefit Consultant at 800-452-0288.

/s/ Louis Savage

Louis Savage, Administrator
Workers' Compensation Division

Attachment: Form 827s (Rev. 8/16 tr. 10/16)

Distribution: WCD-LY, electronic mailing lists