



Oregon

Tina Kotek, Governor



Workers'
Compensation
Division

Department of Consumer
and Business Services

BULLETIN NO. 292 (Revised)
May 28, 2024

TO: Health care providers, workers' compensation insurers, self-insured employers, service companies, and other interested parties

SUBJECT: Workers' compensation medical reporting forms

EFFECTIVE: June 6, 2024

This bulletin provides the forms for health care providers to use for reporting medical data and workers' compensation claims to Oregon insurers and self-insured employers under Oregon Revised Statute (ORS) 656.252, ORS 656.254, and Oregon Administrative Rule (OAR) 436-010-0241.

The division is republishing this bulletin to provide revised forms 827 and 3283 (the last page of Form 827). We revised the forms to change the term "physician assistant" to "physician associate," as a result of House Bill 4010 (effective June 6, 2024). No other substantive changes have been made to the forms. There are no changes to Form 3245. This bulletin replaces Bulletin 292 dated Aug. 24, 2022.

In order to efficiently use state resources and limited funds, the division will use existing supplies of Form 827 on hand to fill orders from health care providers. We encourage providers to use existing supplies of Form 827 before reordering.

I. Form 3245, "Return-to-Work Status"

Under OAR 436-010-0240, if the insurer requires the attending physician or authorized nurse practitioner to complete a release to return-to-work form, the insurer must use Form 3245. Otherwise, use of Form 3245 by the provider is optional.

II. Form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims"

When appropriate, the worker must complete the top portion of Form 827 including the reason for filing the form. The health care provider must complete the remainder of the form. At a minimum, the health care provider must check the appropriate filing reasons, if any, in the provider section, attach chart notes when appropriate, and sign or stamp the form.

On the initial claim, Form 827 is used by the first health care provider to report an occupational injury or disease claim to the insurer. The health care provider must send the Form 827 to the insurer no later than 72 hours after the worker's first visit (Saturdays, Sundays, and holidays)

excluded). The health care provider must give the worker a copy of the completed Form 827 and Form 3283, “A Guide for Workers Recently Hurt on the Job.”

B. Claims for new or omitted medical conditions

The worker may use Form 827 to file a claim for a new or omitted medical condition. The worker’s request must be signed and include the medical condition that the worker believes is new or was omitted from any previous acceptance notice. If the worker checks this box, it initiates a claim processing decision by the insurer that may negatively affect the worker’s benefits. For example, there could be a potential loss of additional medical services, temporary disability, permanent disability or vocational assistance benefits. If the worker has questions, the worker may consult an attorney or the Ombuds Office for Oregon Workers at 800-927-1271 (toll-free). The health care provider must send the completed form to the insurer within five days of the visit.

C. Change of attending physician or authorized nurse practitioner

For workers who elect to change their attending physician or authorized nurse practitioner, the new health care provider must report the change to the insurer using Form 827. The health care provider must send the completed form to the insurer within five days of the visit.

D. Report of aggravation of original injury

After the last award or arrangement of compensation, a worker is entitled to additional benefits under an aggravation claim. An aggravation is defined as an actual worsening of the compensable condition(s) supported by objective findings. If the exam of the worker identifies an aggravation of a compensable condition, the health care provider must send the completed form to the insurer within five days of the visit. The report describing the objective findings should be included with Form 827 or mailed separately within 14 days of the exam.

III. Filing reasons and instructions for progress reports, closing reports, and palliative care requests

Form 827 is not required if the chart notes provide sufficient information to clearly identify the type of report or request. The worker is not required to complete Form 827 for these reports or requests. **Important:** The health care provider must provide enough identifying information in the chart notes so the insurer can match the chart note to the worker’s claim.

A. Progress report

If the health care provider authorizes time-loss, the insurer may require a progress report every 15 days. If the insurer requests a progress report, but does not provide a Form 827, the provider should submit chart notes. The insurer is responsible for duplication of Form 827 (not including instruction page, notice to worker, or Form 3283) as needed for progress or closing reports.

B. Closing report

The health care provider may use Form 827 for closing reports if the provider includes all of the information required by Bulletin 239. [Bulletin 239](#) provides instructions for completing a closing report. There are limitations regarding which health care providers can establish impairment findings. Refer to [OAR 436-010](#), Appendix A for an explanation of these limitations.

C. Palliative care request

The attending physician may use Form 827 to request the insurer’s approval of palliative care. Form 827 includes instructions and the definition of palliative care as used in the workers’ compensation law.

Forms 827 and 3245 are available as Microsoft Word documents on the division's website: <http://wcd.oregon.gov/forms/Pages/forms.aspx>. You can also order supplies of the carbonless, multi-part Form 827 from the division by calling 503-947-7627 or ordering online: <https://wcd.oregon.gov/Pages/publication-order-form.aspx>.

Video training on the use of Form 827 is available on the division's website: <https://wcd.oregon.gov/medical/provider-training/Pages/index.aspx>.

If you have questions, please contact a benefit consultant by email, workcomp.questions@dcbs.oregon.gov, or phone, 800-452-0288 (toll-free).



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Attachments: [Form 3245](#), "Return-to-Work Status" (Rev. 2/16)
[Form 827](#), "Worker's and Health Care Provider's Report for Workers' Compensation Claims" Rev. 6/24)