

DATE

EMPLOYEE NAME  
EMPLOYEE ADDRESS

Employee: NAME  
Employer: Palm Beach County School District  
D/A: Date of Accident  
Our File: File number

Dear Ms. Employee Name:

This letter will acknowledge the receipt of the Notice of Injury submitted on your behalf by the above employer. So that we may give early consideration to your case, please sign the enclosed Medical Authorization, the No Concurrent Earnings Statement, and the Fraud Statement, and return to us in the enclosed envelope. Additional investigation will be done to assure proper handling of your claim.

After investigation, determination of eligibility will be made and compensation for lost wages will be based upon 66-2/3 percent of your average weekly wage for the 13 calendar weeks prior to your date of accident. The maximum weekly compensation rate that you are entitled to cannot exceed the Florida maximum rate. There is a seven-day waiting period. If your disability exceeds twenty-one days, you are paid from the first date of disability. Any additional compensation is paid on a biweekly basis until your physician releases you to return to work. If an overpayment is made, you are liable for repayment or we may reduce the amount of future benefits by 20% until the overpayment is recouped.

Following an injury arising out of and in the course of your employment, the employer is required to pay all reasonable, necessary and AUTHORIZED medical expenses. You may charge AUTHORIZED prescriptions or send the paid receipt to us for reimbursement. Each receipt or bill must include the name of the doctor, prescription number and the name of the drug. Should you receive any bills for AUTHORIZED medical treatment, you may forward same to us for payment.

After you have reached maximum medical improvement, you will be obligated to pay \$10.00 per visit for AUTHORIZED medical services.

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To ensure uninterrupted payment of indemnity benefits, it is important that you remain under the care of an authorized physician at all times and that appointments be kept. No LOD (Line of Duty days) will be paid by your employer for any days not ordered by an authorized treating physician. If you earn any wages during the period when you are receiving Temporary Total Disability benefits, you must report the income to us immediately.

**Please be aware that your eligibility for benefits from this claim may be eliminated under the Statute of Limitations; should you go two years from your date of accident, or after the initial two years, within one year of the last payment of compensation or approved medical treatment.**

You will receive a booklet titled; *Important Workers' Compensation Information For Florida's Workers*. This booklet will provide you with useful information regarding your rights under the workers compensation law. You may also contact the Employee Assistance Office directly at 1-800-342-1741, or online at: [www.fldfs.com/wc](http://www.fldfs.com/wc)

Please note under Florida Statute, the provision that once medical care is authorized and rendered, should evidence come to light that the work related injury is not the major contributing cause of your disability or need for additional medical care, future benefits may be denied based on "Major Contributing Cause". Also under this statute is a provision allowing the Carrier to reserve its right to deny benefits or compensation under a "120 day rule".

If you have any questions regarding your claim, you may contact my office at 1-800-482-3272.

Sincerely,

*Lucy Henao*

Lucy Henao  
Claims Adjuster

Enclosures:                      Medical Authorization  
   Mileage Form  
   No-Concurrent Earnings Statement  
   Workers Compensation Information Pamphlet  
   Fraud Statement (2)  
   cc: File

## RELEASE OF MEDICAL INFORMATION

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

D/A: \_\_\_\_\_

File#: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Adjuster: \_\_\_\_\_

### GENERAL RELEASE OF MEDICAL RECORDS AND INFORMATION

TO WHOM IT MAY CONCERN:

This release whether in original form or fax copy grants authorization to any and all of my treating physicians to release and provide all my medical records/reports to FARA. Treating physicians is described as any doctor or hospital, which provided care including but not limited to emergency care, remedial care, palliative care, diagnostic testing, studies and findings. This release also applies to any group health insurance carrier, insurance company and its affiliates.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)

Family Physician/s that are not affiliated with this claim

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**\*\*Please list additional physicians on the back of this form, not on a separate sheet.**



MILEAGE LOG

NAME: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

Table with 5 columns: DATE, From (Home/Work), Destination/Purpose, To (Home/Work), Total Miles. Multiple empty rows for data entry.

TOTAL MILEAGE \_\_\_\_\_

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

## NO CONCURRENT EARNINGS STATEMENT

School / Department: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

I, \_\_\_\_\_, SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,  
attest to the fact that I have no concurrent earnings, (second job), for  
thirteen weeks prior to the above mentioned injury. The dates that are  
effective by this are from:

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

State of Florida

County of \_\_\_\_\_

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_

Sworn to and subscribed before me.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

This person is personally known by me \_\_\_\_\_  
or has shown \_\_\_\_\_ as identification  
(choose one).

Dear Employee;

We have received your Notice of Injury that was filed by you or on your behalf regarding an accident/injury you sustained while employed by the Palm Beach County School District. In order for us to properly process any and all benefits you may be entitled to, it is imperative that you treat with doctors authorized for you by FARA. If you treat with an unauthorized doctor, you may be responsible for the payment of their bills. In addition, any recommendations given by the unauthorized physician may be disregarded by FARA and your employer. No "Line of Duty" can be given in connection with an unauthorized doctor.

Please be aware that your eligibility for benefits from this claim may be eliminated under the Statute of Limitations; should you go two years from your date of accident, or after the initial two years, within one year of the last payment of compensation or approved medical treatment.

It is imperative that you provide us with the signed medical release, the signed fraud statement, and the signed concurrent earnings statement in order to process your benefits promptly and effectively.

We are providing you with 2 copies of this letter, one for you to keep and another for you to sign and return along with the signed medical release and non-concurrent earning statement.

The School District has an aggressive Light Duty program for all employees (excluding temporary employees). You should report to your school/department as usual unless your doctor assigns you a "no work status" via the DWC-25 form. No other notes for "no work" will be accepted. Exceptions to the Light Duty program must be approved by Risk Management, 561 434 7440.

Should you have any questions and/or comments regarding the foregoing, you may contact us at the number listed below.

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#### WORKERS COMPENSATION FRAUD STATEMENT:

"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s.817.234."

"If an injured employee or other party refuses to sign the document attesting that he or she has reviewed, understands, and acknowledges the statement, benefits or payments under this chapter shall be suspended until such signature is obtained."

Please sign below that you have reviewed, understand, and acknowledged the Fraud Statement cited above;

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



REPRESENTING  
CHIEF FINANCIAL OFFICER  
**JEFF ATWATER**  
STATE OF FLORIDA

Dear Injured Employee:

Your employer's insurance carrier is providing this information to you on behalf of the Employee Assistance Office of the Division of Workers' Compensation.

The Employee Assistance Office of the Division of Workers' Compensation is a state bureau within the Florida Department of Financial Services. We provide the following services:

- Serves as a resource for injured workers and employers by providing information about the workers' compensation system.
- Educates and informs injured workers, employers, carriers, health care providers, and managed care arrangements about their responsibilities under the law.
- Provides assistance in avoiding any problems or disputes regarding your claim.

Within three (3) days after receiving notice that you have been injured, the workers' compensation insurance carrier will mail you an informational brochure explaining your rights and responsibilities as well as the carrier's obligations. It contains valuable information you need to know about the workers' compensation system. You may have received the informational brochure along with this letter. You can also obtain the brochure by calling us at 1-800-342-1741 or e-mailing us at: [wceao@myfloridacfo.com](mailto:wceao@myfloridacfo.com).

You can also visit one of our local Employee Assistance Offices to receive personal, one-on-one service. To locate the office nearest you, call the toll free 1-800 number above or visit the Division's website at: [www.myfloridacfo.com/wc/organization/eao\\_offices.html](http://www.myfloridacfo.com/wc/organization/eao_offices.html).

Sincerely,

Employee Assistance Office  
Division of Workers' Compensation  
Florida Department of Financial Services

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
Division of Workers' Compensation • Employee Assistance and Ombudsman Office  
200 East Gaines Street • Tallahassee, Florida 32399-4225 • Tel 1-800-342-1741

Email: [wceao@myfloridacfo.com](mailto:wceao@myfloridacfo.com)  
AFFIRMATIVE ACTION • EQUAL OPPORTUNITY EMPLOYER

## Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO's toll-free hotline at **1-800-342-1741**. EAO specialists are knowledgeable about the workers' compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at [http://www.MyFloridaCFO.com/WC/organization/eao\\_offices.html](http://www.MyFloridaCFO.com/WC/organization/eao_offices.html).

### Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers' Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division's Web site at [www.MyFloridaCFO.com/WC/employee/index.html](http://www.MyFloridaCFO.com/WC/employee/index.html), and answers to frequently asked questions can be accessed at [www.MyFloridaCFO.com/WC/faq/faqwrkrs.html](http://www.MyFloridaCFO.com/WC/faq/faqwrkrs.html).

You may also submit specific questions relating to your claim to us at [wceao@MyFloridaCFO.com](mailto:wceao@MyFloridaCFO.com) and receive answers directly by e-mail.

## Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers' compensation benefits. Failure to report your injury or illness within 30 days may be used as a defense

against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

## Denial of Benefits

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is **free** and available by contacting the EAO at **1-800-342-1741**.

## Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at [www.jcc.state.fl.us/jcc/forms.asp](http://www.jcc.state.fl.us/jcc/forms.asp).

## Re-employment Services

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Department of Education, Division of Vocational Rehabilitation at [www.rehabworks.org](http://www.rehabworks.org) or call 850-245-3470 for free re-employment services.

## Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers'

compensation claim. This help is **free** and available by contacting the Employee Assistance Office at **1-800-342-1741**.

## Anti-Fraud Reward Program

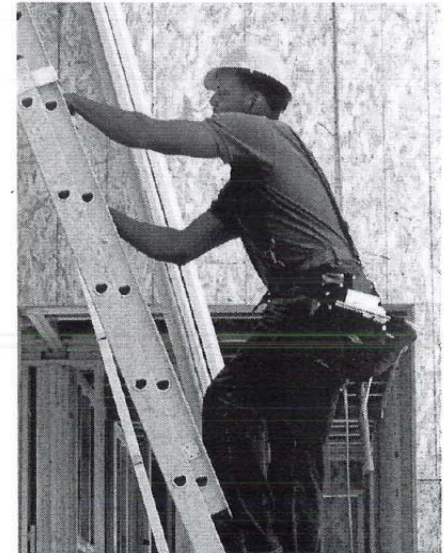
Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call 1-800-378-0445.

### Disclaimer:

*This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.*

69L-3.0035, F.A.C. Injured Worker Informational Brochure  
Rule 69L-3.025, F.A.C. Forms  
DFS-F2-DWC-60  
Revised March 2010

# EMPLOYEE FACTS



# IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS



**DIVISION OF  
WORKERS' COMPENSATION**  
Florida Department of Financial Services

If you are injured as a result of a work-related accident, your employer's workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

### Medical Benefits

As soon as your employer's workers' compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Hospitalization
- Prostheses
- Travel expenses to and from authorized medical treatment or a pharmacy.
- Physical therapy
- Medical tests
- Prescription drugs

Once you reach maximum medical improvement (MMI), you are required to pay a \$10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

### Wage Replacement Benefits

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. **Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.**
- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

- **Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.

### Injured Worker Responsibilities

Communicate with the Employer:

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned.

(Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)

- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

Communicate with the Authorized Treating Physician:

Identify all body parts that are, or potentially may, be injured, and be specific when identifying areas of pain.

- Keep your appointments.
- Clarify your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

Carrier Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).