



November 11, 2009

John Smith
XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

Employee:	John Smith
Employer:	Palm Beach County School District
D/A:	XXXXXXXXXX
Claim #:	XXXXXXXXXX

Dear Mr. Smith:

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 and the No Concurrent Earnings Statement, then return both documents 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.

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 one year from the date you last received a wage replacement check 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

Also under this Statute is 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 under the "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

MO Claims Adjuster

LH/ph

Enclosures:

Medical Authorization

Mileage Form

No-Concurrent Earnings Statement

Workers Compensation Information Pamphlet

Fraud Statement (2)

cc: File



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 process any and all of the benefits that you may be entitled to, it is imperative that you treat with doctors that have been 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 an unauthorized physician may be disregarded by FARA and your employer. No "Line of Duty" can be given in connection with an unauthorized doctor.

We also want to make you aware that should you go 1 year without receiving authorized medical care for a compensable workers compensation injury, the statute of limitations may run on your case, and no additional benefits will be authorized.

It is also imperative that you provide us with a signed medical release, which we have enclosed along with this letter, so that we can 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 to us along with the signed medical release and non-concurrent earnings 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 PX 4-7440 or 561 434-7440.

Should you have any questions and/or comments regarding the foregoing, you may contact us and ask to speak to me.

Sincerely,

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.

I, _____ acknowledge that I have received this
(Print Name)

letter on _____, 2008.

SIGNATURE

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 _____
TOTAL MILEAGE TIMES _____

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).



REPRESENTING
ALEX SINK
CHIEF FINANCIAL OFFICER
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@dfs.state.fl.us.

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.fldfs.com/WC/ and click on "About Us".

Sincerely,

Tanner Holloman
Director, Division of Workers' Compensation

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
Division of Workers' Compensation • Employee Assistance and Ombudsman Office
200 E. Gaines St. • Tallahassee, FL 32399-4225 • Tel. (800) 342-1741
Email: wceao@fldfs.com
Affirmative Action • Equal Opportunity Employer

Questions for Injured Employees," which can be accessed at <http://www.fldfs.com/WC/faq/faqworkers.html>.

Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury, you have 30 days in which to report your injury to your employer. Generally, you have two years from the date of your injury to file a claim. Failure to report your injury 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 an approved medical care/treatment.

Petition for Benefit

To begin the judicial procedure for obtaining benefits that 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 <http://www.jcc.state.fl.us/jcc/forms.cfm>.

Injured Worker Responsibilities

- Contact your supervisor/employer immediately to notify them of your on-the-job injury.
- Provide the insurance carrier with your personal signature verifying that you have reviewed and understand the mandatory fraud statement. Your benefits shall be suspended if you refuse to provide your signature.
- Report any wages (from all employment) earned to the insurance carrier.
- Keep in communication with the claims adjuster.
- Complete and return forms to the insurance

carrier when asked.

- Keep your appointments with your authorized doctor.
- Follow your doctor's treatment plan.
- Notify the insurance carrier of any changes to your address.

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.

Return to Work

If you are unable to perform the skills required for your former job as a result of your work related injury, you can contact the Department of Education, Division of Vocational Rehabilitation at 850-488-3431 for free re-employment services.

DPS-JLJ/DWC-02
5-2004

Employee Assistance Offices Toll Free 1-800-342-1741

City	Phone Number
Daytona Beach	386-323-0907
Ft. Myers	239-278-7091
Jacksonville	904-798-5807
Miami	305-536-0307
Ocala	352-401-5339
Orlando	407-835-4407
Pensacola	850-453-7805
Plantation	954-321-2907
Tallahassee	850-413-1610
Tampa	813-221-6507
West Palm Beach	561-837-5293

Please visit our website at www.fldfs.com/wc where you will find extensive information such as publications, a number of databases, rules, and forms that will give you a better understanding of workers' compensation.

Disclaimer:

This publication is being offered as an informational tool only, and complies with 5, 440,383 (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.

(Structure Revised October 2003)

Employee Facts

IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS



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

Medical Benefits

As soon as your carrier knows about your work-related injury, the carrier will:

- Determine the compensability of your injury
 - Provide an authorized doctor
 - Pay for all authorized medically necessary care and treatment related to your injury
- Authorized treatment and care may include:
- Doctor's visits
 - Hospitalization
 - Physical therapy
 - Medical tests
 - Prescription drugs
 - Prostheses
 - Travel expenses to and from your authorized doctor.

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 has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

Your workers' compensation benefits for lost wages will start on the eighth day that you are unable to work. You will not receive wage replacement benefits for the first 7 days of work missed, unless you are out of work for more than 21 days due to your work-related injury. 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. If you qualify for wage replacement benefits, you can generally expect to receive your first benefit

check within 21 days after the carrier becomes aware of the injury, and bi-weekly thereafter. You will be eligible for different types of wage replacement benefits, depending on the progress of the claim and the severity of the injury.

• **Temporary Total Benefits:** These benefits are provided as a result of an injury 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 and you have not reached MMI and earn less than 80% of your pre-injury wage. The benefit is equal to 80% of the difference between 80% of your pre-injury wage and your post-injury wage.

• The maximum length of time you can receive temporary 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 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, to the injury.

• If you return to work at or above your pre-injury wage, the permanent impairment benefit is reduced by 50%.

• **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:** The maximum benefit is \$150,000 for any death resulting from a work place accident.

• The rate, amount, and the duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. If you have any questions about your benefits call your claims adjuster or 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

Insurer 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

the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call 1-800-378-0445.

Employee Assistance Office

If you have any questions or concerns about your workers' compensation benefits, first call your claims adjuster. The Division of Workers' Compensation, Employee Assistance Office (EAO) helps prevent and resolve disputes between injured workers and employers/carriers. If the insurance carrier does not provide the benefits to which you believe you are entitled, you can call the EAO toll-free hotline at 1-800-342-1741. EAO specialists are knowledgeable about the workers' compensation system and may be able to address your concerns. The EAO has offices located throughout the state that you can call or visit. You can access the EAO statewide map at http://www.fldfs.com/WC/dist_offices.html. In addition, the Division of Workers' Compensation has a website section on "Frequently Asked