

FORM CHANGES – EFFECTIVE JULY 1, 2017

WC-1 - FIRST REPORT OF INJURY: This form has been amended to define a “medical only” injury as one where no indemnity benefits are due and/or have NOT been controverted in Section D and in the instructions on page 2.

WC-2 – NOTICE OF PAYMENT OR SUSPENSION OR SUSPENSION OF BENEFITS: This form has been amended to remove “and Ext” from the phone number field at the bottom of the form.

WC-2A – NOTICE OF PAYMENT OF SUSPENSION OF DEATH BENEFITS: This form has been amended in Section A to change “Guardian” to “Conservator” per §34-9-226. In the signature box, “Phone Number and Ext” has been changed to “Phone Number.”

WC-3: NOTICE TO CONTROVERT: This form has been amended to add header “Controvert Types” in Section B and “Certificate of Service” in Section C. In the signature box, “Phone Number and Ext” has been changed to “Phone Number.”

WC-4 – CASE PROGRESS REPORT: This form has been amended to add headers “Indemnity Payments” in Section B, “Total Payments to Date” in Section C, “Recovery Payments” in Section D, and “Certification” in Section E. In Section C, “Total Weekly Benefits” has been changed to “Total Indemnity,” and in lines 2-4, the word “Benefits” was removed. In the signature box, “Phone Number and Ext” has been changed to “Phone Number.”

WC-6 – WAGE STATEMENT: This form has been amended to add additional computation instructions in Section B, “If either of the foregoing methods cannot be reasonably and fairly applied, the full time weekly wage of the injured employee should be used.” “Full Time Weekly Wage of Injured Employee” is now a separate section. New headers were added in Section C, “Scheduled Days Off,” and Section E, “Remarks.”

WC-14A – REQUEST TO CHANGE INFORMATION ON A PREVIOUSLY FILED FORM

WC-14: This form has been amended to add clarification for the proper use of this form. In Section B, for the “Date of Injury” checkbox, the statement, “Can only be amended +/- 30 days from previous date of injury” was added. If a user is requesting a change in excess of thirty (30) days, the form must be filed in paper. The second checkbox was changed from “Correct a Party’s Name” to “Correct an

Employer's Name Only." This may be used to correct a misspelling of the name or to add Inc., etc. This is not the correct form to add/change an employer. The fourth checkbox, "Add Hearing Issues" was changed to "Add Additional Hearing Issues Only (DO NOT USE THIS SECTION TO ADD PARTIES)."

WC-20A – MEDICAL REPORT: This form has been amended to change "CPT Code" to "CPT/CDT Code" and "Medical and Surgical Services" to "Medical, Surgical and Dental Services."

WC-100 – REQUEST FOR SETTLEMENT MEDIATION: This form has been amended to streamline Sections A and D.

WC-102B – NOTICE OF REPRESENTATION OF ANY PARTY OTHER THAN A CLAIMANT OR AN EMPLOYEE BY AN ATTORNEY: This form has been amended to streamline Sections A and B.

WC-102C – ATTORNEY LEAVE OF ABSENCE: This form has been amended to add additional date fields for a total of ten (10).

WC-102D – MOTION/OBJECTION TO MOTION: This form has been amended to add the date field in the signature box in Section D.

WC-108A – ATTORNEY FEE APPROVAL: This form has been amended to correct the format in Section C for the second checkbox. The header in Section E was changed to "Certificate of Service."

WC-108B – ATTORNEY WITHDRAWAL/LIEN: This form was amended to move the option, "I am waiving any claim for approval of attorney's fees," from Section B to Section A. In the signature box in Section C, "Phone Number and Ext" has been changed to "Phone Number."

WC-PMT – PETITION FOR MEDICAL TREATMENT: **NEW FORM** This form was created to use when an Employer/Insurer have failed to respond to a request for authorization of treatment/testing by an authorized medical provider within five (5) business days of the request. The Employee and/or the Employee's attorney may file a WC-PMT to show cause why the recommended treatment/testing has not been authorized. In lieu of participation in the telephonic conference, the Employer/Insurer and/or the Employer/Insurer's attorney may use this form to authorize or controvert the recommended treatment/testing.