

Worker's and Physician's Report for Workers' Compensation Claim Form 827

NOTES to physician or nurse practitioner

→ Ask the worker to complete this form **ONLY** in the following circumstances:

- First report of injury or disease
- Report of aggravation of original injury
- Notice of change of attending physician or nurse practitioner

Give the worker a copy immediately. You must file Form 827 with the workers' compensation insurer if the worker has indicated any of the above reasons for filing in the Worker's Section of the 827.

→ The worker should **NOT** complete this form for the following:

- Progress report
- Closing report
- Palliative care request

For these reports, you have the *option* of filing Form 827, submitting chart notes, or submitting a report that includes data gathered on Form 827.

→ If the worker completes and signs this form, give the worker a copy immediately.

→ When you file Form 827 as required (or by election) you can simplify your filing by attaching thorough chart notes. Simply check the box(es) next to your filing reason(s) and the box in Section C, affirming that chart notes are attached, and complete the signature block.

<p>If you have questions about completion of Form 827, contact a benefit consultant:</p> <p>(800) 452-0288</p>	<p>If you don't know the name and address of the insurer, call the Workers' Compensation Division Employer Index:</p> <p>(503) 947-7814 or find it at: www4.cbs.state.or.us/ex/wcd/cov/search/index.cfm</p>
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To order supplies of this form, call (503) 947-7627. This form may also be downloaded from WCD's Web site, <http://oregonwcd.org/policy/forms/formsbyno.html>, in MS Word 97 or PDF format.

Notice to Worker and Physician or Nurse Practitioner

Do not use Form 827 as “notice of change of attending physician or nurse practitioner,” **unless** the new medical service provider will be **primarily responsible** for the treatment of the injured worker due to a compensable occupational injury or disease.

Being “primarily responsible” for the treatment does *not* include:

- Treatment on an emergency basis
- Treatment on an “on-call” basis
- Consulting
- Specialist care
- Exams done at the request of the insurer or Workers’ Compensation Division.
- Exams done as “worker requested medical examinations” under ORS 656.325 (compensability).

Do NOT use Form 827 for the above circumstances.

**Incorrect use of this form may result in
*delay of benefits to the worker.***



Worker's and Physician's Report for Workers' Compensation Claims

OPTIONAL WCD employer no.: Policy no.:

Note to Physician or Nurse Practitioner: Ask the worker to complete this form ONLY for the three filing reasons in the worker's section; do not have the worker complete or sign form if this is a progress report or palliative-care request.

Worker or physician section containing fields for worker's legal name, language preference, claim no., date of birth, occupation, and employer information.

Worker: Check reason for filing this form, answer questions (if any), and sign below.

Worker section containing checkboxes for injury types (First report, Report of aggravation, Notice of change) and a section for describing the accident.

Physician: If worker initiated this report, give worker a copy immediately.

Physician section containing checkboxes for injury types (First report, Change of attending physician, Progress report, Aggravation, Palliative care request) and a box for notes.

Physician section containing detailed medical information: date of treatment, hospitalization status, work ability status, and notes on symptoms and findings.

If you don't know the name and address of the insurer, call the Workers' Compensation Division's Employer Index (503) 947-7814, or visit on-line: www4.cbs.state.or.us/ex/wcd/cov/search/index.cfm

Physician's or nurse practitioner's signature Date

This form replaces and satisfies reporting requirements for Forms 827, 828, 829, 2215, and 2837. See Bulletin 292. Original and one copy to insurer. Retain copy for your records. Copy to worker immediately if initial claim, aggravation claim, or change of physician.

Notice to worker

Important information about your social security number (SSN)

1. You must provide your SSN. The Workers' Compensation Division (WCD) of the Department of Consumer and Business Services (DCBS) has authority to request your SSN under the Privacy Act of 1974, 5 USC & 552a (West 1977), Section 7(a)(2)(B). Authority under state law is provided in Oregon Revised Statutes 656.254 and 656.265. Your SSN will be used by DCBS to carry out its duties under ORS Chapter 656, which include compliance, research, claims processing, and injured-worker program administration. The workers' compensation insurer will use your SSN to obtain records related to your claim.
2. If you are filing this 827 form as a "First report of injury or disease," your authorization for the use of your SSN is also requested for use by various government agencies to carry out their statutory duties, including, but not limited to, planning, research, child support enforcement, employment assistance, benefit coordination, child labor law enforcement, risk management, hazard identification, rate setting, and training programs. If you do not authorize this use, please check the box on the front of this form under "First report of injury or disease." Checking this box will not interfere with the processing of your workers' compensation claim.

Authorization to release medical records

3. By signing this 827, you are authorizing medical providers and other custodians of claim records to release records related to the injury or disease claimed on this 827 per ORS 656 and OAR 436. Medical information relevant to the claim includes a past history of the complaints of, or treatment of, a condition similar to that presented in the claim or other conditions related to the same body part.

Caution against making false statements

4. Any person who knowingly makes any false statement or representation for the purpose of obtaining any benefit or payment is punishable, upon conviction, by imprisonment for a term of not more than one year or by a fine of not more than \$1,000, or by both per ORS 656.990(1).

If you have questions about your claim that are not resolved by your employer or insurer, you may contact:

(Si Ud. tiene alguna pregunta acerca de su reclamación que no haya sido resuelta por su empleador o compañía aseguradora, puede ponerse en contacto con):

Workers' Compensation Division

(División de Compensación para Trabajadores)

P.O. Box 14480, Salem, OR 97309-0405

Call Salem: (503) 947-7585 or (503) 947-7993 TTY OR

Toll-free in Oregon: 1-800-452-0288

Ombudsman for Injured Workers

(Ombudsman para Trabajadores Lastimados)

350 Winter Street NE, Salem, OR 97301-3878

(503) 378-3351 or (503) 947-7189 TTY

or toll-free, 1-800-927-1271

Notice to worker and physician or nurse practitioner

Aggravation is the actual worsening of a condition resulting from the original injury. Form 827 must be sent to the insurer along with a written report/chart notes, describing actual worsening, if any, as supported by objective findings.

A medical service provider who can be *primarily responsible* for the treatment of an injured worker may either be a doctor, physician, or an authorized nurse practitioner.

Primarily responsible medical service provider does not mean a person who provides emergency-room treatment, "on-call" treatment, a consultation or second opinion; specialist care; exams done at the request of the insurer or Workers' Compensation Division; or exams done as "worker-requested medical examinations" under ORS 656.325 (compensability).

Palliative care is a medical service that may reduce or moderate temporarily the intensity of an otherwise stable (medically stationary) condition. The physician must attach a palliative care plan, which must include the name of the provider who will render the care, modalities ordered, frequency, and duration (**not to exceed 180 days**); and a description of how the requested care relates to the compensable condition, how it will enable the worker to continue current employment or vocational training, and any possible adverse effects on the worker if the requested care is not approved. The insurer has **30 days** to respond in writing to the request. With the approval of the insurer, palliative care is compensable if it is necessary to enable the worker to continue current employment or a vocational training program. If the insurer does not approve, the medical service provider or the worker may request approval from the director of the Department of Consumer and Business Services; such request must be made within **90 days** of the insurer's disapproval, or within **120 days** of the date the request was first submitted to the insurer if the insurer did not respond within **30 days**. Palliative treatment may begin prior to insurer approval; however, if the requested care is ultimately disapproved, insurer payment for such treatment may be disallowed. The following types of medical care are NOT palliative care and ARE compensable after the worker is medically stationary, without the insurer's prior approval: services provided to a permanently and totally disabled worker; administration and monitoring of prescription medications; services necessary to provide or monitor prosthetic devices, braces, and supports; services provided under an aggravation claim (ORS 656.273); services provided for claims reopened under the board's own motion (ORS 656.278); diagnostic services; life-preserving treatments; and curative care to stabilize a temporary and acute waxing and waning of symptoms of the accepted conditions.

Regular work means the job the worker held at the time of injury.

Notice to worker (continued)

Claim acceptance or denial

You will receive written notice from your employer's insurer of the acceptance or denial of your claim. If your employer is self-insured, the notice will be sent by your employer or the company your employer has hired to process its workers' compensation claims. If your claim is denied, the reason for the denial and your rights will be explained.

Medical care

You must tell your doctor or hospital on your first visit that your injury or illness is work-related. The doctor must tell you if there are any limits to the medical services he or she may provide to you under the Oregon workers' compensation system.

If your claim is accepted, the insurer or self-insured employer will pay medical bills due to medical conditions the insurer accepts in writing, including reimbursement for prescription medications, transportation, meals, lodging, and other expenses, up to a maximum established rate. Your request for reimbursement must be made in writing and accompanied by copies of receipts. Medical bills are not paid before claim acceptance. Bills are not paid if your claim is denied, with some exceptions. Contact the insurer if you have questions about who will pay your medical bills.

Payments for time lost from work

In order for you to receive payments for time lost from work, your attending physician must notify the insurer or self-insured employer of your inability to work. After the original injury, you will not be paid for the first three calendar days you are unable to work unless you are totally disabled for at least 14 consecutive calendar days or you are admitted to a hospital as an inpatient within 14 days of the first onset of total disability.

You will receive a compensation check every two weeks during your recovery period as long as your attending physician verifies your inability to work. These checks will continue until you return to work or it is determined further treatment is not expected to improve your condition. Your time-loss benefits will be two-thirds of your gross weekly wage at the time of injury up to a maximum set by Oregon law.