COLORADO
Department of Labor and Employment
Division of Workers' Compensation

Know Your Rights as an Injured Worker

Your Rights

You are strongly encouraged to review this information about the workers' compensation process and your rights as an injured worker. If you have questions, please contact your adjuster or the Division of Workers' Compensation (Division). You have the right to hire an attorney to assist you. You should confirm with your attorney what fees they may charge you for their services.

You have the right to contest any portion of your workers' compensation claim by filing an *Application for Hearing* with the Office of Administrative Courts (OAC), which is available at oac.colorado.gov. At the hearing, you have the right to present evidence, witnesses, and testify. You may also request penalties for any violation of the workers' compensation statute or rules, including late payment of benefits or improper refusal to pay benefits.

Both you and the insurance carrier have a right to request a prehearing conference with a judge. A judge in a prehearing conference can only address procedural issues and cannot award you any benefits.

Reporting Your Injury

After reporting your injury to your employer in writing, your employer will report the injury to its insurance carrier. You should also report your injury directly to the Division by filing a *Worker's Claim for Compensation (WC 15)*, which is available at cdle.colorado.gov/dwc. This form must be filed within 2 years of your injury.

Medical Treatment

Your employer must provide you with a list of at least 4 doctors who can provide you treatment. This is referred to as the designated provider list. The doctor you choose from the designated provider list will be your doctor for your claim. You have the right to make a one-time change to any doctor on that list within 90 days of your injury. You may also complete a *Request for Change of Physician (WC 197)* to change to another doctor at any time. The insurance carrier may deny your request to change your doctor. If the insurance carrier denies your request, you may file an *Application for Hearing* with the OAC. Your doctor may also refer you to other doctors or specialists.

Admissions and Denials

The insurance carrier will either admit or deny your claim. **If your claim is admitted**, or accepted, the insurance carrier will send you an *Admission of Liability* and pay for reasonable and necessary medical treatment. You may also be eligible for benefits for lost wages and permanent disability. **If your claim is denied**, the insurance carrier will send you a Notice of Contest. You can dispute the denial of your claim by filing an *Application for Hearing* with the OAC. The insurance carrier may continue to pay for treatment while they investigate your claim, but that does not mean they are admitting liability for your claim.

Benefit Payments and Reimbursements

An *Admission of Liability* is a form that explains what benefits the insurance carrier will be paying. The form will include an average weekly wage (AWW) which represents your typical weekly pay before your injury. Make sure that the amount listed in the AWW is correct. Notify your adjuster or employer if there are any mistakes in your AWW.

If you cannot work in any capacity, and you miss more than 3 days of work because of your injury, you may be eligible for **Temporary Total Disability (TTD) benefits**. TTD is equal to two-thirds of your AWW. You may be entitled to **Temporary Partial Disability (TPD)** if you are working fewer hours or earning less money. Tell your adjuster if you have more than one job at the time of your injury.

If your injury resulted in a permanent scar, limp, or other publicly visible change to your appearance, you may be entitled to a **disfigurement award**.

You can request reimbursement for **mileage** and parking related to medical visits and to pick up medications or supplies related to the injury. You must request reimbursement within 120 days of travel. The insurance carrier must pay you within 30 days, or they must provide written notice stating why the reimbursement was denied.

Insurance Carrier Contact Information

(Insert contact information here)

Medical Bills

When the insurance carrier admits liability for your claim, you are entitled to any reasonable and necessary medical treatment related to your injury. Your doctor cannot bill you for authorized medical treatment. If you receive a bill for authorized medical treatment, including prescriptions, notify your claims adjuster immediately.

You have a right to copies of all of your medical records. You may also opt out of receiving these records. You also have the right to decide who attends medical appointments with you and whether you would like to have a Nurse Case Manager attend your appointments.

The insurance carrier can object to or deny some treatment. If this happens, you may file an *Application for Hearing* with the OAC to resolve the dispute. You may seek treatment or opinions outside of the workers' compensation system; however, you will have to pay for those treatments and opinions yourself.

Conclusion of Your Claim

When there is no longer medical treatment that will improve your condition, your doctor will place you at Maximum Medical Improvement (MMI). The doctor may recommend maintenance treatment to keep you at your current condition. If your doctor believes that the injury has resulted in long-lasting (permanent) impairment, your doctor will provide a rating of the impairment or refer you to another doctor who will. An impairment is a loss of function of any body part or body system.

(Conclusion of Your Claim, continued)

When this happens, the insurance carrier must accept the doctor's opinion by filing a *Final Admission of Liability* **or** dispute it by requesting a Division Independent Medical Examination (DIME).

The *Final Admission of Liability* will detail all benefits that have and remain to be paid on your claim. If the doctor determines you have sustained a permanent disability, you may receive a **Permanent Partial Disability (PPD)** award. The amount you will receive depends on the extent of the disability and the body part that was injured. The *Final Admission of Liability* will also indicate if the insurance carrier will provide medical maintenance treatment to maintain MMI. If you cannot work at all, you may also be entitled to **Permanent Total Disability (PTD)** benefits.

If you disagree with any portion of the *Final Admission*, you must object AND either complete a *Notice and Proposal and Application for a DIME* or file an *Application for Hearing* with the OAC within 30 days of the date it was mailed. If you disagree with the doctor's findings of MMI or the whole person permanent impairment rating you received, you must request a DIME. If you request a DIME, you will have to pay a fee to the doctor. In some cases, you may qualify to have your fee delayed until your claim is resolved.

You have 6 years from the date of injury or 2 years from the date of last payment of any benefits to request a reopening. If the insurance carrier fails to voluntarily reopen your claim, you may file an *Application for Hearing with the OAC*.

Important Resources

Colorado Division of Workers' Compensation website:
cdle.colorado.gov/dwc

Division phone number:
303-318-8700

Division email address:
cdle_wccustomer_service@state.co.us

Injured Worker Guide:
codwc.box.com/v/InjuredWorkerGuide

Guía del Trabajador Lesionado:
codwc.box.com/v/InjuredWorkerGuide-Espanol

Workers' Compensation Benefits Calculator:
dowc.cdle.state.co.us/benefits

Office of Administrative Courts (OAC) website:
oac.colorado.gov

OAC phone number:
303-866-2000

OAC email address:
oac-dvr@state.co.us

Sample Mileage Reimbursement Tracking Sheet

Injured worker's name _____ Claim number _____

Date	**Traveled from** (include address)	**Traveled to** (include name and address of doctor, therapist, pharmacy, etc.)	**Round trip mileage**	**Parking, public transportation**
Sample: 1/1/21	Sample: 4653 Oak St., Littleton	Sample: Dr. Smith 755 Sherman St. Denver	Sample: 14	Sample: $2.50
		Total mileage reimbursement requested		$
		Total parking/public transportation requested		$
		Total reimbursement requested		$