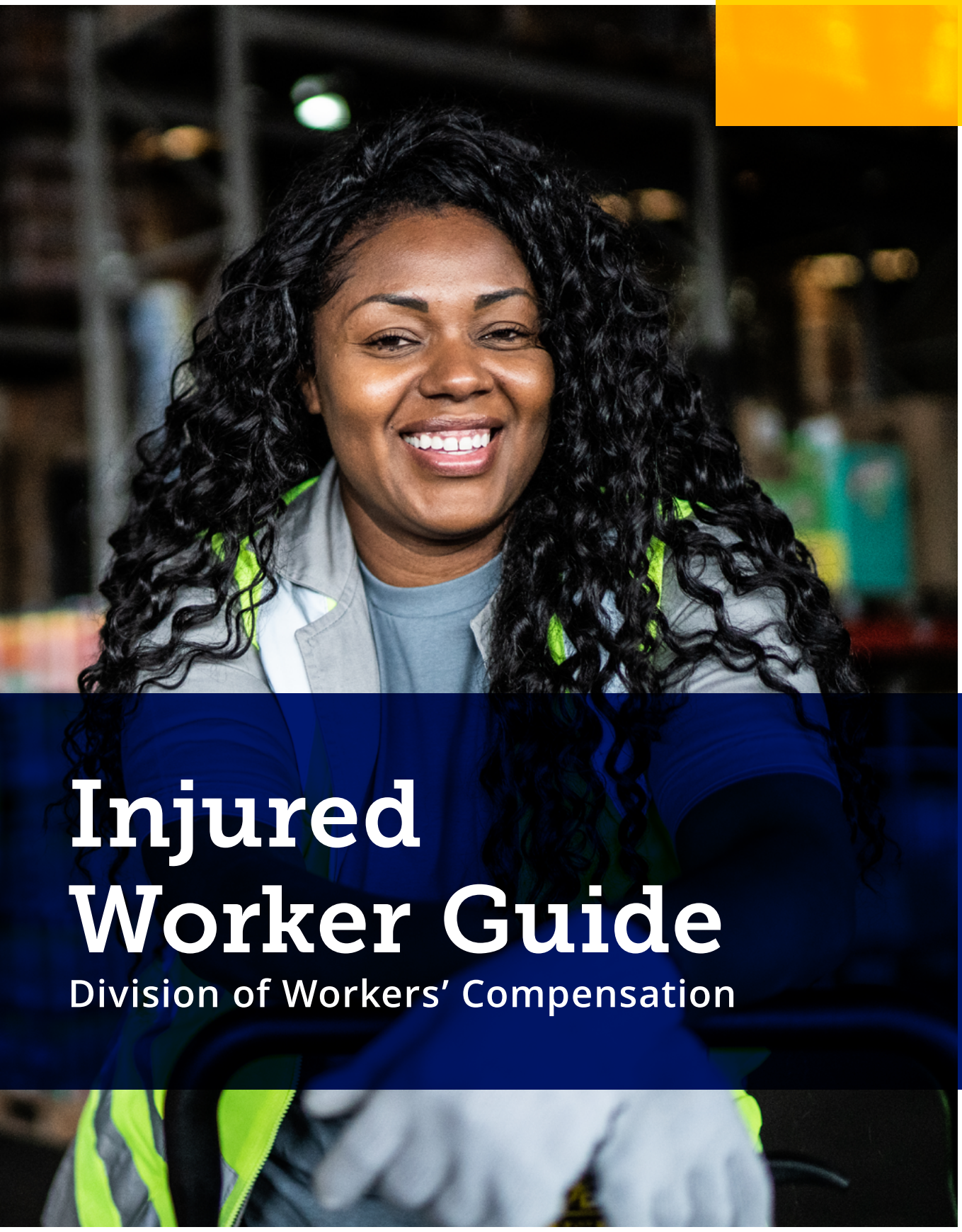
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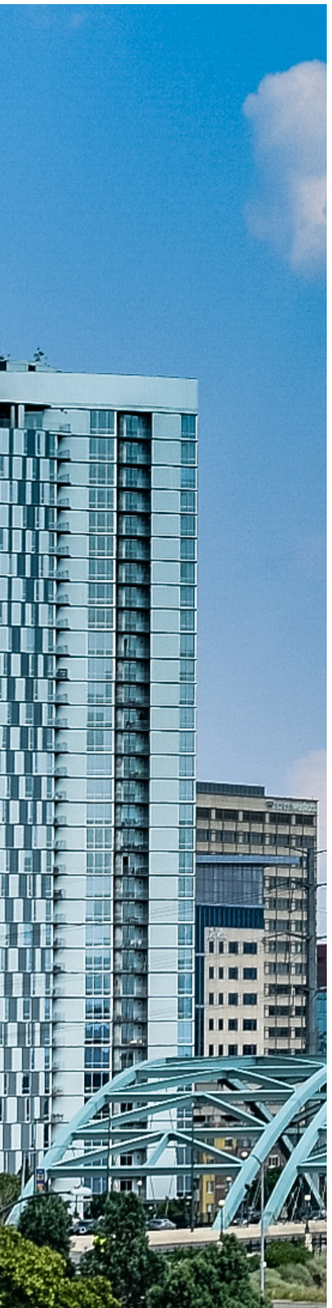


Injured Worker Guide

Division of Workers' Compensation

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To request a print copy of this guide, please contact 303-318-8700 or cdle_wccustomer_service@state.co.us.



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Disclaimer

The information in this booklet is intended to be general information on the Colorado workers' compensation system and is not intended to be a substitute for legal advice.

The information in this document is current as of the revised date listed on the back. Current versions of all documents and resources can be found at cdle.colorado.gov/dwc.

We would love to hear from you.

Complete our brief survey to let us know how we can better reach you. Your feedback helps us improve our service to you.



surveymonkey.com/r/InjuredWorker

Para la guía en Español, visite
codwc.box.com/v/InjuredWorkerGuide-Espanol

Claims Information

My Claim Information

This is important information to keep track of and have ready when talking about your claim.



- Division of Workers' Compensation
  › 303-318-8700
- Date of Injury
- Workers' Compensation (WC) Number
- Carrier Claim Number
- Claims Adjuster Name
- Claims Adjuster Phone Number
- Insurance Carrier Name
- Doctor's Name
- Doctor's Phone Number

Injured Worker Guide

Who's Who in Workers' Compensation

Attorney - A person licensed and selected to act for another in legal matters, including workers' compensation cases. If a party is represented by an attorney, the attorney should be included in all communication and filings.

Claimant - Any person who is either seeking or receiving workers' compensation benefits under the Workers' Compensation Act.

Claims/Insurance Adjuster - Claims adjusters work for the insurance company and review insurance claims. Your claims adjuster is your point of contact for the insurance company.

Division of Workers' Compensation - A state agency that regulates and oversees insurance carriers, employers, injured workers, and health care providers. The Division of Workers' Compensation and the insurance carrier are separate entities.

Employer - Every person or company who has one or more persons engaged in the same business or employment, with limited exceptions.

Injured Worker - An employee injured on the job and claiming entitlement to benefits under the Workers' Compensation Act.

Insurance Carrier - A company, association, or self-insured employer authorized to provide workers' compensation insurance in Colorado.

Medical Provider - A person authorized to provide medical treatment to injured workers.

Nurse Case Manager (NCM) - The claims adjuster may assign a NCM to your claim. The NCM's involvement in your claim may include attending your appointments. You may decline the NCM's services, and decide whether or not you want the NCM in the room during your appointments.

Office of Administrative Courts (OAC) - The OAC was created to decide workers' compensation and a variety of other cases. The OAC enables claimants and respondents to have certain disputes resolved, potentially avoiding additional time and expense.

Parties - Every person or company involved in the injured worker's claim. This may include the claimant, employer, and/or insurance carrier.

Respondent - The insurance carrier (insurer), third-party administrator (TPA), employer, and/or self-insured employer.

The DOWC encourages you to contact your insurance adjuster with specific questions regarding your claim. At any time, you may also contact The DOWC's Customer Service Unit with questions. Please call Customer Service at **303-318-8700** or **1-888-390-7936** or email cdle_wccustomer_service@state.co.us.

Unemployment, Medicare, and Social Security

The Colorado Division of Workers' Compensation does not administer Unemployment Insurance, Medicare, or Social Security. If you have questions about unemployment, please visit cdle.colorado.gov/unemployment or call the Colorado Division of Unemployment Insurance at **303-318-9000** or **1-800-388-5515**. To find information regarding Medicare, please visit medicare.gov or call **1-800-633-4227**. To learn more about Social Security, please visit ssa.gov or call **1-800-772-1213**.

Injured Worker Guide

Filing a Claim

Notify Your Employer in Writing

Within 10 working days of your injury, you should let your employer know about the injury. This must be done in writing. If you were injured more than 10 days ago, you should still notify your employer in writing as soon as possible.

You should also report it directly to the Division of Workers' Compensation by filing a Worker's Claim for Compensation form (WC 15). Filing this form may protect some of your rights. This form may be downloaded from cdle.colorado.gov/dwc. Once you have completed the form, mail or deliver two copies of the form to the Colorado Division of Workers' Compensation, Customer Service Unit at 707 17th St., Suite 2300, Denver, CO 80202-3404. You can also submit the completed Worker's Claim for Compensation form via email to cdle_workers_compensation@state.co.us.



Injured Worker Guide

Important Claims Timelines

Injury

Step One

Seek Emergency Care (If Necessary)

If it's an emergency, get medical treatment at the closest hospital immediately.

Step Two

Notify Your Employer

Report your injury to your employer in writing within 10 days of your injury.

Step Three

Seek Medical Treatment

In non-emergency situations, select one provider from the designated provider list given to you by your employer.

Step Four

File a Claim

File a Worker's Claim for Compensation (WC 15) within two years of your injury.

Step Five

Claim Liability

Respondents must respond within 20 days after being notified of an injury. The options for response are either a General Admission or a Notice of Contest. This applies if the injury involves lost time, lasting effects, a fatality, or an occupational disease. The 20-day period starts when the claim is filed with the DOWC.

Step Six

Maximum Medical Improvement

Medical care continues until you reach Maximum Medical Improvement (MMI).

Step Seven

Final Admission of Liability

Respondents file a Final Admission within 30 days of you reaching MMI.

Filing for Unemployment

You must file your unemployment claim within four weeks of when the insurer stops paying for your lost wages and if you're no longer employed.

If Respondents Deny Liability

If you do nothing within two years, the claim closes.

Step Five "A"

Apply for an Expedited Hearing

- The hearing must be requested within 45 days of respondents' denial and will address compensability, medical benefits, and terminations of Temporary Total Disability (TTD) due to full duty releases.
- Hearing will occur within 60 days from application.

Step Five "B"

Request a Standard Hearing

- The hearing can be requested at any time for any issues listed on the application.
- Hearing will occur within 120 days from the application.

Step Seven "A"

If you disagree with anything in the Final Admission, you MUST object within 30 days from the date of the Final Admission.

If you object but do nothing for six months, your claim may be closed.

You must do one of the following at the same time you object:

1. File for a Division Independent Medical Examination (DIME) if you disagree with the date of MMI and/or impairment rating; or
2. File an Application for Hearing for any issue other than MMI or the impairment rating.

Step Seven "B"

If you agree with the Final Admission, do nothing and the claim closes. Claim closure does not affect payment for admitted benefits still owed.

Claims Closed

Medical Information

Doctor Selection and Visits

Which Doctor Should You See?

Your employer must give you a list of up to four doctors or clinics. This is known as a “designated provider list.” You must choose to see one of the providers on the list. If your employer does not provide you the written list within seven business days of you notifying your employer about your injury, you may choose your own doctor. If you receive the written list, you should keep a copy of the list along with any other claim related documents.

What Is an Authorized Treating Physician?

An Authorized Treating Physician (ATP) is the doctor you have chosen from the designated provider list given to you by your employer when reporting the accident.



Appointments During Work Hours

You are encouraged to work with your employer to find the best time to schedule your appointments. If you miss time from work due to appointments, keep track of your hours. You can submit the hours you missed from work to your adjuster as you may be entitled to lost wage benefits for time missed from work to attend medical appointments.

Visits With Other Healthcare Providers

Your ATP may refer you to other doctors or specialists. Although you may be seen by another specialist, the supervising doctor will review and be responsible for your treatment.

What Do MMI and Impairment Rating Mean?

Maximum Medical Improvement (MMI) is a point in your claim when no additional treatment will help improve your condition. 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. You do not need to be disabled to have an impairment.

Nurse Case Manager

The adjuster may assign a Nurse Case Manager (NCM) to your claim. The NCM’s involvement in your claim may include attending your appointments. You may decline the NCM’s services, and decide whether or not you want the NCM in the room during your appointments.

Changing Your Doctor

There Are Multiple Ways To Change Your Doctor.

The process you may choose depends on when you want to make the change.

What are you trying to do?	Change to another doctor on the designated provider list within 90 days from the date of the injury.	Change to another doctor on the designated provider list within 90 days from the date of the injury or switch to a doctor not on the designated provider list at any time.
What form should you use?	One-time Change of Physician (WC 3). This form may be downloaded from cdle.colorado.gov/dwc.	Request for Change of Physician (WC 197). This form may be downloaded from cdle.colorado.gov/dwc.
Do the respondents need to approve?	No	Yes
How long do the respondents have to reply?	Not applicable. You do not need approval from the respondents.	20 days from the date of receipt to approve or deny the request
What if you don't hear from the respondents?	It does not matter. You do not need approval from the respondents.	If you do not receive a response or denial, the request to change your doctor is automatically approved.
What if the respondents deny your request?	It does not matter. You do not need approval from the respondents.	You may file an Application for Hearing. This form may be downloaded from oac.colorado.gov/oac-forms.
What else should you keep in mind?	Your One-time Change of Physician request must be made prior to being placed at MMI.	The Request for Change of Physician must be sent with the certificate of service completed.

IMEs vs DIMEs

IME stands for an "Independent Medical Examination." An IME is a second medical opinion. If respondents send you a letter scheduling an IME appointment, you must attend the appointment. An IME requested by the respondents will be audio recorded.

DIME stands for "Division (of Workers' Compensation) Independent Medical Examination." Either party can request a DIME, and the requesting party pays for the DIME.

Who may request a DIME?	You	Respondents
Why can the DIME be requested?	Because you disagree that you are at MMI and/or because you disagree with the doctor's impairment rating (If your impairment rating is to your arm and/or leg only and you agree you are at MMI, you can file an Application for Hearing instead of requesting a DIME).	If your doctor has not yet placed you at MMI and/or to challenge an impairment rating provided by your doctor.
When must the request for a DIME be made?	Within 30 days of the Final Admission being filed by the respondents.	If your doctor has not yet placed you at MMI — At least 24 months after your injury or to challenge an impairment rating — Within 30 days of the date of mailing or delivery of the determination by the ATP.

What else should you keep in mind?

You must object and request a DIME within 30 days of the Final Admission being filed by the respondents. If you request a DIME, but cannot afford to pay for it, you can file an Application for Indigent Determination (WC 35). Indigent standards (Rule 11) and WC 35 may be downloaded from cdle.colorado.gov/dwc.

For more information, please call Customer Service at **303-318-8700** or **1-888-390-7936** or visit cdle.colorado.gov/dwc.

Benefits Information

Admissions and Denials

Billing for medical services

You should submit medical bills, along with your claim number, to your adjuster. Always keep a copy for your records as well. If you have received a Notice of Contest form for further investigation, this means that respondents have not accepted liability for the claim until they can investigate. They may authorize and pay for treatment until their investigation is complete.

Denials

Unless your claim has been denied by the respondents by sending you a Notice of Contest, you should not receive medical bills or "balance due" statements from any doctor. If your claim is denied, it is important to communicate with your adjuster to see if they are denying your medical treatment, or if they have not completed their investigation of your claim.

If the respondents deny your claim, you have the right to file an Application for Expedited Hearing or Application for Hearing with the Office of Administrative Courts. You may obtain these forms from the OAC website at oac.colorado.gov/oac-forms. Contact the DOWC's customer service at **303-318-8700** or **1-888-390-7936** for directions if you want to file for a hearing. You must file a Worker's Claim for Compensation form (WC 15) within two years from your date of injury. This form may be downloaded from cdle.colorado.gov/dwc.

If your claim is denied, you will be responsible for all medical bills associated with the injury, but your private health insurance company may cover the medical costs. If you intend to pursue your claim further, you should advise your doctor that it is work related but under dispute.

Injured Worker Guide

The Final Admission

A Final Admission of Liability tells all parties that your active medical treatment has ended, if you have any impairment, what has been paid so far, and whether you require any maintenance medical treatment. It should include the Final Admission, an Objection to Final Admission of Liability form (WC 4), Notice and Proposal and Application for a Division Independent Medical Examination (DIME) (WC 77), and supporting medical reports.

If you disagree with any part of the Final Admission, you must file an objection within 30 days of the date of the admission using the form (WC 4). If you disagree with the date of MMI and/or impairment rating, you must object to the Final Admission and request a DIME within 30 days of the date of the admission. See the "IMEs vs. DIMEs" section for more information about how and when you may request a DIME.

If your objection to the Final Admission is for any issue other than MMI or the impairment rating, you must file the objection form (WC 4) and file an Application for Hearing within 30 days of the date the Final Admission was mailed to you. The Objection to Final Admission of Liability form may be downloaded from cdle.colorado.gov/dwc. The Application for Hearing form may be downloaded from oac.colorado.gov/oac-forms. Remember to keep all documents related to your claim.

Benefits and Payments

Reimbursements

If you spend money on your care, the respondents should reimburse you in most cases. They may reimburse you for travel expenses, such as mileage and parking. They may also cover the cost of medical supplies and over-the-counter medications recommended by your doctor. You will need to request reimbursement in writing and should talk about it with your adjuster. Keep track of your receipts and mileage to and from the pharmacy and your authorized medical visits. These should be sent to your adjuster within 120 days from the date of the expense. Keep copies for your records.

Average Weekly Wage

Workers' compensation benefits are based on your average weekly wage. It is calculated from all of your wages, including overtime, vacation, sick pay, and earnings from the job where you were injured and earnings from any additional jobs you had at the time of your injury. If your health insurance is canceled, your average weekly wage is increased by your COBRA benefits (continuing group health benefits provided under a group health plan for limited periods of time under certain circumstances).

Lost Wages

If your claim has been accepted (or admitted) by the respondents and you are losing time from work because of your injury, you may be entitled to either Temporary Total or Temporary Partial Disability benefits. The respondents will not pay lost wage benefits until you have missed three shifts from work. This "waiting period" will be reimbursed if you miss more than two weeks as a result of your injury.

Temporary Total Disability (TTD) is paid at two-thirds of your average weekly wage every two weeks. TTD is due if the doctor takes you completely off of work or if the doctor gives you restrictions that your employer cannot accommodate. If you are having difficulty performing your duties, contact your doctor immediately. You cannot take yourself off of work. If you stop working without your doctor's approval, you may not receive benefits for this lost time.

Temporary Partial Disability (TPD) is paid when you return to work but you are not earning your normal pay or working your regular hours due to your injury (including missed work for medical appointments). The amount of TPD you will receive is determined by subtracting the amount you were paid from the amount you would have been paid if you hadn't been injured. Contact your adjuster to let them know you are not earning your pre-injury wages.



Permanent Disability Benefits

Once you have been placed at Maximum Medical Improvement (MMI), your doctor determines the amount of loss in the form of a percentage. If your doctor is unable to do this, they may refer you to another doctor who can. Impairment is the permanent loss of function of a body part or system. For instance, you may no longer be able to use your hand the same way you did prior to being injured. Your doctor determines the amount of loss you should receive.

There are two types of disability awards. For loss of function to your toes, feet, legs, fingers, hands, arms, eyes, vision or hearing, you would receive a "scheduled" impairment.

For loss of function to your spine, head, lungs, or mental, you would receive a "Non-Scheduled" (whole person) impairment. For questions regarding permanent impairment or permanent disability benefits, you can contact Customer Service at **303-318-8700** or **1-888-390-7936**.

Permanent Partial Disability (PPD)

Permanent Partial Disability (PPD) or medical impairment benefits are those benefits that compensate a claimant for permanent loss of function or impairment to a particular body part. The amount of PPD you will receive will be calculated using the percentage of loss determined by the doctor and the Colorado State statute.

Permanent Total Disability (PTD)

Permanent Total Disability (PTD) means you are unable to earn any wages for the rest of your life. Benefits for PTD are paid at the same amount as Temporary Total Disability (TTD).

Disfigurement

You may be entitled to a disfigurement award if your injury results in serious and permanent disfigurement, like scarring on parts of your body that are visible to the public or a permanent limp. Contact your insurance adjuster to discuss your request for a disfigurement award. Your adjuster may choose to refer you to the Division of Workers' Compensation to file your disfigurement request.

You may file the Request for Disfigurement Award (Photo) (WC 193) through the Division of Workers' Compensation at cdle.colorado.gov/dwc. You must deliver copies of the form and photos of your disfigurement to your adjuster and submit the original form with photos to the Division of Workers' Compensation. If you prefer to appear before a judge, or if you disagree with the award given to you by the Division of Workers' Compensation, you may file an Application for Disfigurement Hearing with the Office of Administrative Courts. This form may be downloaded from oac.colorado.gov/oac-forms.

Before filing the Application for Disfigurement Hearing, make sure that it has been at least six months from the date of injury. If you had surgery, then it would be six months from the date of your surgery. If a Final Admission has been filed, you have 30 days to request a disfigurement hearing even if it has been less than six months from the injury or surgery.

Fatality

If someone dies because of injuries received on the job, workers' compensation provides bi-weekly payments to the surviving dependent(s) and reimbursement for at least some funeral costs, up to a maximum adjusted annually by the Director of the Division of Workers' Compensation. The weekly amount of death benefits is calculated the same way as Temporary Total Disability (TTD) benefits.

A surviving spouse is entitled to lifetime payments, or until remarriage. There are some exceptions for spouses of state employees in certain high-risk occupations.

Surviving children may be eligible for payments until age 18, or age 21 if the child is a full-time student. If there is no spouse or child, other relatives such as a parent, grandparent, sister or brother, may be eligible for partial benefits.

If the deceased is under the age of 21 with no dependents, the surviving parents may be entitled to benefits.

If the dependents are receiving survivor benefits through social security, their workers' compensation may be reduced.

Things That May Affect Your Benefits

Benefits received under workers' compensation are not taxable.

You must inform your adjuster of benefits you receive outside of workers' compensation. This may include, but is not limited to the following:

- Unemployment Insurance benefits
- Social Security Disability Insurance benefits
- Employer paid short-term disability benefits
- Employer paid long-term disability benefits

If you disagree with the amount you are being paid, notify your adjuster. If you lose your health insurance benefits, notify your adjuster. This could increase the amount of benefits you receive.

Your benefits may be reduced or terminated based on the following reasons:

- If you are injured because you violated a safety rule. (For example, if you are required to wear a safety device such as a hard hat, a harness, or safety glasses but fail to do so and are injured.)
  - › Your non-medical benefits may be reduced by 50%
- If you intentionally mislead your employer about your ability to perform a job and then are injured
  - › You could be fired from your job for this reason and lose all temporary disability benefits
- If you test positive for unauthorized medications, drugs, and/or alcohol
  - › Some employers have policies that require drug testing if you are injured
    - If the results come back positive, your non-medical benefits may be reduced by 50%
- Child support judgment

Lump Sum Payments

If you receive a Permanent Partial Disability (PPD) award, you may request a lump sum payment. Respondents will receive a 4% discount on all lump sum payments. If you have questions about lump sum payments, please contact Customer Service at **303-318-8700** or **1-888-390-7936**.

Overpayments

If you are paid too much, you will be required to repay any excess benefits. You should immediately inform your adjuster about any other benefits or wages you are earning.

See "Things That May Affect Your Benefits" for more information.



Your Employer

Other Jobs and Returning to Work

Impact on Your Second Job

If you have a second job at the time of your injury you should notify your adjuster. If you are able to work for one employer but not the other, be sure to notify your adjuster immediately. If you are losing wages from your second job you may be entitled to some benefits. Be prepared to provide pay stubs from your second employer.

Returning to Work

Your doctor may say you can go back to work, but only with certain restrictions (such as not lifting more than 20 pounds). If your employer can accommodate your restrictions, they may offer you modified duty. If your employer offers you modified duty to return to work, but you are not able to perform the modified duties due to your injury, contact your doctor. If you take yourself off work or refuse an offer of modified duty, you could lose your lost wage benefits.

If your employer is unable to bring you back to work within the doctor's restrictions, contact your adjuster. You may be entitled to Temporary Total Disability (TTD) benefits.

If you return to work for a new employer, you must notify your adjuster. Failing to do so could result in an overpayment that you will be responsible to repay.

Responding to a Job Offer

If your employer offers you modified work and you fail to report to work, it could jeopardize your lost wage benefits. The job offer should:

- Be in writing
- Give you at least three business days to return to work
- Tell you when you should report to work, how much you will be earning, and your work schedule
- Include a statement from your doctor that the job duties are within your restrictions

Injured Worker Guide

Employment Status

At-Will Employment

In Colorado, most employment is "at-will." This means, without a contract, an employer is not required to give notice or a reason before firing nor is an employee required to give notice or a reason before quitting.

You may be fired from your employment following your injury. Workers' compensation does not provide job protection. If you feel the actions of your employer may have been discriminatory, you may contact the Colorado Civil Rights Division at ccrd.colorado.gov or by calling **303-894-2997** or **1-800-886-7675**. You may also contact the Equal Employment Opportunity Commission (EEOC) at eeoc.gov or by calling **720-779-3610** or **1-800-669-4000**.

Independent Contractors

A W-9 or 1099 does not determine your status as an independent contractor. A person hired to perform services for pay is considered to be an employee unless they meet the legal definition of an independent contractor. Independent contractors are not employees and do not get workers' compensation benefits unless they have purchased their own workers' compensation policy.

If you believe your employer has improperly classified you as an independent contractor, you may file a workers' compensation claim directly with the Division of Workers' Compensation by filing a Worker's Claim for Compensation form (WC 15). This form may be downloaded from cdle.colorado.gov/dwc. A judge will make the determination of whether you are an independent contractor or an employee.

Employer Responsibilities

Insurance Requirements

All employers in Colorado, with limited exceptions, must provide workers' compensation coverage for their employees. If an employer fails to maintain workers' compensation insurance, you may be able to sue for damages in court. If your employer is uninsured, you may have other options. Please contact the Division of Workers' Compensation at **303-318-8700** or **1-888-390-7936** for more information.

Additional Requirements

- Display a Notice to Employer of Injury poster at all times
- Maintain a designated provider list
- Report lost time injuries by filing the Employer's First Report of Injury with the insurance carrier within 10 days
- File a Supplemental Report of Accident form with the insurance carrier upon an employee's return to work or termination from employment

Uninsured Employer Fund

The Colorado Uninsured Employer Fund is available to workers who are injured on or after January 1, 2020, while working for an employer that does not carry workers' compensation insurance. If eligible, the fund may cover medical benefits, temporary disability, funeral benefits, death benefits, Permanent Total Disability (PTD), Permanent Partial Disability (PPD), and disfigurement.

Legal Considerations

Hearings and Settlements

A hearing is a formal legal proceeding where an administrative law judge decides what benefits, if any, must be paid, and may decide any other issues. To request a hearing, you must file an Application for Hearing with the Office of Administrative Courts (OAC) using the form located at oac.colorado.gov/oac-forms.

A prehearing conference is a hearing conducted by an administrative law judge at the Division of Workers' Compensation. Prehearing conferences are limited to procedural issues such as scheduling of formal hearings and discovery (the exchange of evidence before a hearing). Any party can schedule a prehearing conference. If a prehearing conference is scheduled in your case, you should attend either in person or by telephone.

A settlement conference may be requested by either party, but will not be held unless all parties agree to participate. Both prehearing and settlement conferences can be conducted by telephone.

You may settle all or part of your claim with your employer or the insurance company. The settlement involves giving up all or some of your rights to future workers' compensation benefits in exchange for an agreed upon amount of money. Settlements are completely voluntary. No one can force you to settle your claim, nor can anyone require the insurance company to offer you a settlement. A settlement should not be confused with an impairment rating/Permanent Partial Disability (PPD) award. An impairment rating can be awarded based on your physician's final evaluation of your injury. Any settlement must be submitted to the Division of Workers' Compensation for approval.

Reopening a Claim

You may apply to reopen your claim if you believe you need more medical care and/or temporary disability benefits after your claim was closed. You may do this by filing an Application for Hearing with the OAC. This form may be downloaded from oac.colorado.gov/oac-forms.

The request must be filed within six years from the date of your injury or two years from the date the last benefits (temporary, permanent, or dependent) became due and payable, whichever is longer. If these dates are past and you need only further medical care you may apply to reopen your claim at any time within two years of the date the last medical benefits became due and payable. You can only reopen a claim if there has been fraud, an error, a mistake, or a change in your condition has occurred.



Additional Considerations

Keep Your Contact Information Updated

It is your responsibility as the claimant to ensure the Division of Workers' Compensation and the insurance adjuster have your most current contact information. Please call Customer Service at **303-318-8700** or **1-888-390-7936** or email cdle_wccustomer_service@state.co.us if you need to update your contact information.

Immigration Status

Your immigration status is not a factor in determining whether you are eligible to receive workers' compensation benefits. All employees have the right to pursue a workers' compensation claim.

Hiring an Attorney and Communications

A list of attorneys that accept workers' compensation cases is available on the DOWC's website. This list is provided by the Colorado Bar Association and the attorneys on the list are not endorsed by or affiliated with the Division of Workers' Compensation.

If you hire an attorney, the adjuster cannot communicate with you directly and may insist on only speaking with your attorney. Even if you are represented by an attorney, you may contact Customer Service at the Division of Workers' Compensation at **303-318-8700** or **1-888-390-7936** with questions.

COLORADO
Department of
Labor and Employment

Division of Workers' Compensation
707 17th St., Suite 2300
Denver, CO 80202-3404

303-318-8700
cdle.colorado.gov/dwc

Para la guía en Español, visite
codwc.box.com/v/InjuredWorkerGuide-Espanol

We would love to hear from you.

Complete our brief survey to let us know how we can better reach you. Your feedback helps us improve our service to you.

surveymonkey.com/r/InjuredWorker



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