

## INJURED EMPLOYEE CHECKLIST

- \_\_\_\_\_ (1) **REPORT INJURY TO EMPLOYER** and obtain copy of the incident or accident report. Should employer fail to give this to you, or fail to report the injury, you can file Employee's Report of Claim (Form 117, attached). Keep a copy for yourself. In box 15 of this form you must list all parts of your body that you injured at work, or that you think you injured at work. You must do this so that you will be able to show that you described each body part that was injured soon after the injury happened.
- \_\_\_\_\_ (2) **COMPLETE PROVIDER'S REPORT OF CLAIM** and Request for Medical Payment (Form 117H, attached) and give it to the company clinic's treating doctor. Keep a copy for yourself. Section 1 of this form asks you to "Describe the type of injury and explain how it happened." You must list all parts of your body that you injured at work, or that you think you injured at work. You must do this so that you will be able to show that you described each body part that was injured soon after the injury happened.
- \_\_\_\_\_ (3) **MAKE AND KEEP COPIES OF ALL PAPERS**, including accident reports, documents, pay stubs, letters, and medical cites, etc.
- \_\_\_\_\_ (4) **OBTAIN DISABILITY AND/OR RESTRICTION SLIP FROM DOCTOR(S)**. This is required to continue all disability benefits (workers' compensation, no-fault, short-term disability and long-term disability). If you have short-term disability, apply for it and give the carrier notice of your claim. While it will probably be denied if you are receiving workers compensation benefits, you should check "yes" in the box that asks if your condition is work-related. But if you are **not** receiving workers' compensation, leave this question unanswered or write "unknown." If your workers' compensation benefits are terminated you may then be able to receive short-term disability because you will have notified the short-term disability carrier within the appropriate time period. If you have long-term disability and the premium is deducted from your paycheck, remember to pay the premium for it after you go off work. Otherwise, long-term disability benefits will be denied for non-payment of premium. Long-term disability, even though it may coordinate with workers' compensation, has a minimum benefit of either \$50.00 or \$100.00 per month.
- \_\_\_\_\_ (5) **UNEMPLOYMENT BENEFITS**: First decide whether to collect or "freeze" (preserve) your unemployment credit weeks. If you want to "freeze" or preserve your credit weeks, have your doctor complete the *Physician's Statement* (Form UIA 1915, attached) in order to preserve (freeze) unemployment benefits, and follow directions outlined on Unemployment Information Sheet (attached).
- \_\_\_\_\_ (6) **NO-FAULT BENEFITS**: If your injury occurred due to a motor vehicle accident, request a No-Fault Application for Benefits Form (attached) for differential wage loss benefits. Workers' compensation pays 80% of after-tax average weekly wage, but No-Fault pays 85% of gross wage, which will be more than the workers' compensation benefit. Workers' compensation is primary, and No-Fault pays \$20.00 per day in replacement services (attached). Workers' compensation pays for attendant care and is primary.

- \_\_\_\_\_ (7) **MILEAGE REIMBURSEMENT:** Keep a record of all mileage to and from medical appointments (doctors' offices, hospital visits, physical therapy, etc.) by using a Mileage Request Form (attached). Mileage is to be reimbursed at \$0.575 per mile effective January 1, 2015. ***Send all requests for mileage certified mail, return receipt requested, and keep the signed receipts. If mileage expenses are not reimbursed or disputed by the employer or insurance company within 30 days of receipt, you may be entitled to a daily penalty of \$50 not to exceed \$1,500. Keep a copy of the Mileage Request Form for your records.***
- \_\_\_\_\_ (8) **PRESCRIPTION DRUG REIMBURSEMENT:** Keep a record of all prescription drugs purchased on the attached form. Keep copies of you prescriptions and of your receipts. ***Send all requests for prescription drug reimbursement certified mail, return receipt requested, and keep the signed receipts. If drug expenses are not reimbursed or disputed by the employer or insurance company within 30 days of receipt, you may be entitled to a daily penalty of \$50 not to exceed \$1,500. Keep a copy of the medication reimbursement form for your records.***
- \_\_\_\_\_ (9) **MILEAGE FOR DEFENSE MEDICAL EXAMINATION:** Do not attend any medical examinations scheduled by the employer or insurance company unless you have received a check for mileage prior to the date of the exam. Do not call the employer or insurance company for a mileage check. Fax to your attorney any letter you receive that asks you to appear for a doctor's examination.
- \_\_\_\_\_ (10) **DEFENSE/INSURANCE COMPANY MEDICAL EVALUATION:** When you do attend an examination by a doctor that the employer or insurance company has scheduled, ***DO NOT SIGN ANY FORMS OR MEDICAL RELEASES WITHOUT FIRST CONTACTING YOUR ATTORNEY!*** Do not sign the "anytime, anywhere, any purpose" medical authorization. Also, do not wait more than a half-hour at the doctor's office. Contact your attorney, who will advise you what to do. Typically, the doctor will be paid \$700 for a ten-minute evaluation. He or she will likely see you if you tell the person at the desk that you are leaving because you have been waiting 30 minutes. The doctor does not want to lose \$700 for doing 10 minutes of work. Be on time for the evaluation and read the pamphlet "preparing for the defense medical exam DME/IME." Complete the independent medical examination summary worksheet found at the end of the pamphlet.
- \_\_\_\_\_ (11) **MEDICAL EXAMINATIONS WE SCHEDULE FOR YOU:** When attending medical examinations scheduled by **OUR** office, take all medical records, CT scans, MRI films and/or x-rays so that the doctor may review them. Obtain copies of the CD of the MRI or CT scan and retain them for safekeeping.
- \_\_\_\_\_ (12) **SURVEILLANCE:** Be careful going to and from doctors' offices for exams or doing any other activities because the employer or insurance company may be watching you and having you videotaped. Always follow your doctor's restrictions and medical advice. On the date of the DME or IME, you may be watched all day and may be videographed all day before and after the examination. If you see someone following you, do not stop and talk to that person or let the person know that you are aware of the surveillance.
- \_\_\_\_\_ (13) **PHONE REQUESTS FOR INFORMATION:** **DO NOT** provide **ANY** information concerning your medical condition or workers' compensation case to a person who contacts you by phone. Refer **all** phone inquiries to your attorney. Investigators often identify themselves as the governor's representative, or as representatives of the Workers' Compensation Agency, or as hospital representatives who say they want to take a survey about your most recent hospitalization or treatment. Do not be fooled by such representations.

\_\_\_\_\_ (14) **BENEFIT INFORMATION REQUEST TO EMPLOYER:** Send a letter (attached) certified mail to your employer requesting all information about the benefits you have as a result of your employment, such as Family Medical Leave benefits, sickness and accident benefits, short-term/long-term disability benefits, disability pension benefits, wage continuation benefits, accommodations under the Americans With Disabilities Act, and accommodations under the Michigan Persons With Disabilities Civil Rights Act. Keep a copy of the letter you send for your records and send a copy of your letter to your attorney.

\_\_\_\_\_ (15) **CERTIFIED MAIL SENT TO YOU:** If you receive a certified letter-return receipt requested and *it is from your employer*, sign for it. If the letter is **not from your employer DO NOT SIGN for it** until you have talked with your attorney. Look at the envelope to see who has sent the certified mail. Unless it is from your employer, do not accept it. There is no requirement that you accept certified mail. Good news is never sent via certified mail.

\_\_\_\_\_ (16) **SOCIAL WEBSITES: DO NOT** put any information or content on your personal websites, or on the websites of others, or anywhere on the internet, that may be incriminating to you. Examples of such websites that you should avoid are Myspace, Facebook, YouTube, Twitter, Friendster, Orkut, Bebo, or Stumbleupon. **Everyone** has access to that information, including your employer, the insurance company and the judge. The defense attorney will issue a subpoena to these websites and to you, and your records, photos, and statements will be obtained. Remember that once something is put on a website, it exists for all time because it cannot be removed.

\_\_\_\_\_ (17) **GUIDELINES FOR NURSE CASE MANAGER/VOCATIONAL REHABILITATION COUNSELOR:** If the employer has assigned a nurse case manager or vocational expert who is working with you, this person should not continue working with you unless the person signs the attached "Guidelines for Vocational Rehabilitation and Medical Management Counselors." This is important because these people, by the terms of the agreement, should not testify as to a *Stokes* evaluation.

\_\_\_\_\_ (18) **ADDITIONAL INFORMATION:** Enclosed is a list of other resources:  
(a) Free and sliding-scale medical clinics  
(b) Sources of free or low-cost medications, and  
(c) Information concerning mortgage assistance if you are receiving unemployment compensation.