

Missed Work Due to Injury? Get the Payout You're Entitled to!

Navigating the path through a workers' compensation claim can be overwhelming, discouraging, and challenging. Directing yourself through the path to an approved physician, or ensuring your healthcare provider understands the extent of your injuries, can be a daunting task when you're going it alone.

That's where we come in. We aim to alleviate the complexities of procuring surgical assistance and offer insights typically withheld by employers.

If you receive a letter denying your workers' compensation claim, you have every right to challenge the decision.

Was your claim denied? This could be because your employer or its insurance company will sometimes look for any reason to deny a worker's comp claim. A denial is **NOT** the end, you can *fight back!*

5 Tips to Help Your Workers' Compensation Claim

- #1. Only visit an authorized doctor-** If your doctor is not authorized, workers' compensation does not have to pay for it
- #2. Your initial hospital visit is authorized-** If there is an emergency, seek urgent medical care!
- #3. Get your incident report in writing-** Text or email your supervisor so you have proof
- #4. Keep track of how many miles you drive to and from doctor appointments-** you could get reimbursed for mileage
- #5. Be nice to your doctor-** Your doctor has an immense say in how much you get from your case and switching doctors can greatly complicate your case

3 Things You can do to Start Fighting **NOW**

- #1. File a Petition for Benefits-** A Petition for Benefits is a mini-lawsuit you can file in order to have various issues heard before a judge.
- #2. Get independently evaluated-** Employers tend to try to push you toward medical professionals who will be favorable to their position. **An attorney can help you make sure that you are receiving a fair medical exam**
- #3. Download my workers' compensation book-** Brush up on your rights as an injured employee. Visit coylaw.com/WCbook to download a copy of my book *Sharing the Secrets, Learning the Lies: A Guide to Florida Workers' Compensation*

Feel Like Your Case Could Use Some Help?

I am offering an absolutely no obligation, **free strategy session on your case.** This isn't a mere consultation – it's a tailor-made strategy session designed to address your specific concerns and questions. **Secure your free strategy session by calling my office at 407-648-4940**

First Report of Injury for your Workers' Compensation Case

FIRST REPORT OF INJURY OR ILLNESS FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE
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Your employer or employer's insurance will give you this form. You will need this information to know who to contact about your claim.

PLEASE PRINT OR TYPE		EMPLOYEE	
NAME (First, Middle, Last)		Social Security	
HOME ADDRESS Street/Apt #: City: State: Zip:		EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)	
TELEPHONE Area Code Number ()			
OCCUPATION		INJURY/ILLNESS THAT OCCURRED	PART OF BODY AFFECTED
DATE OF BIRTH / /			
COMPANY NAME D. B. A.: Street: City: State:		DATE FIRST REPORTED (Month/Day/Year)	
TELEPHONE Area Code Number ()		POLICY/MEMBER NUMBER	
EMPLOYER'S LOCATION ADDRESS (If different) Street: City: State: Zip: LOCATION # (If applicable)		DATE EMPLOYED / /	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF ACCIDENT (Street, City, State, Zip) Street: City: State: Zip: COUNTY OF ACCIDENT		LAST DATE EMPLOYEE WORKED / / RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP / /
		RATE OF PAY \$ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> DAY <input type="checkbox"/> MO	Number of hours per day Number of hours per week Number of days per week
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 627.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.		NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL	
EMPLOYEE SIGNATURE (If available to sign) _____ DATE _____			
EMPLOYER SIGNATURE _____ DATE _____		AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	

DBA stands for "Doing Business As". If your company works under a larger company, your company name may be different than the sign on the building.

Rate of Pay is important because it helps calculate lost wage benefits, which you may be entitled to if you lost time at work due to your injury.

This is your employer's insurance contact information. This is who you will contact about your claim.

CLAIMS-HANDLING ENTITY INFORMATION	
<input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached <input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached <input type="checkbox"/> 3. Lost Time Case - 1st day of disability / / Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date / / Date First Payment Mailed / / AWW Comp Rate <input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY Penalty Amount	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3) Employee's 8 TH Day of Disability / / Entity's Knowledge of 8 TH Day of Disability / / INSURER NAME FL DFS, DIV OF RISK MANAGEMENT CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE STATE OF FLORIDA DEPT OF FINANCIAL SERVICES, DIV. OF RISK MANAGEMENT PO BOX 8020 TALLAHASSEE FL 32314-8020 (850) 413-3123
REMARKS:	
INSURER CODE #	
SERVICE CO/TPA CODE #	CLAIMS-HANDLING ENTITY FILE #