## **Oregon Workers Compensation Flowcharts**



On-the-job injury or occupational disease Within 90 days, worker notifies Worker goes to physician and employer and completes signed. completes worker section of written documentation or the Report of Job Injury or Illness claiming Worker's and Physician's Report for Workers' Compensation a work-related injury or disease. Claims Employer reports claim to insurer surer assigns Physician reports claim to insurer within 72 hours of treating worker. within 5 days disability ō classification of knowledge or notice of claim. based on treating physician's findings. Disabling: mporary partial or temporary total disability (tim loss) authorized or likelihood of permanent Te Nondisabling: disability (indemnity). No temporary disability authorized Insurer begins interim temporary disability Worker submits written (medical only) payments, if authorized by attending physician, within 14 days of employer's knowledge date and notice of new and omitted medical conditions directly continues at 14-day intervals unless the claim is to the insurer at any time denied. Q Insurer, within 60 days of employer notice or knowledge date. must classify disability and accept or deny claim. Insurer must report accepted disabling and all denied claims to WCD within 14 days of decision. Worker may request Claim accepted: Claim denied: Claim Temporary disability reclassification of Insurer issues denial letter Disposition payments, if any, continue nondisabling claim and temporary disability Agreement: at 14-day intervals for as Worker has 60 days to payments stop. Claimant, Worker and long as attending physician verifies worker's inability to appeal the insurer's ithin 60 days, may request insurer may refusal to reclassify. a hearing agree to settle work or until claim closure. indemnity at any time after Insurer may formal claim deny See Disputes flowchart. acceptance. compensability subject to of conditions WCB approval from the time of claim If a CDA Notice of Closure: acceptance occurs before Insurer, within 14 days of until claim claim closure, receipt of qualifying closure. the insurer is closure information. Claimant, not required to determines extent within 60 days, issue a notice of worker's disability. may request a of closure. After claim closure, worker including permanent hearing. submits written notice of aggravated medical conditions disability, if any, and closes claim. directly to the insurer. Worker has 60 days to Ŷ appeal closure Permanent partial or permanent total disability: Ŷ Insurer, within 30 days of notice of closure, must begin payment of award, if any. Note: This flowchart provides a general description of the claims process. It omits many details. The time frames shown are those Death benefits begin within The + --- - - indicates time frame in which the 30 days of acceptance. in statute and rule; exceptions to these time frames are not action may occur during the process. The ------ indicates potential path of process. shown. Flowcharts in the return-to-work chapter and the disputes chapter provide additional information.

Figure 6. Claims process flowchart





## 2016 REPORT ON THE OREGON WORKERS' COMPENSATION SYSTEM