

Workers Compensation and Accident Insurance Information

Patient Name: _____ Date: _____

Do you have an active injury/accident claim: Yes / No State accident occurred: _____

Date of Injury/Accident: _____ Claim#: _____

What parts of the body are covered under this claim: _____

WORKERS COMPENSATION ONLY

Employers at time of Injury: _____

Employer Address: _____

Employer State: _____

Adjuster Name: _____

Telephone #: _____ Fax#: _____

Email address: _____

Attorney Name: _____

Tel#: _____ Fax#: _____

ACCIDENT INFORMATION

Insurance Carrier Name: _____

Contact Person: _____

Telephone #: _____ Fax# : _____

Email Address: _____

Policy #: _____

ASAP

ADVANCED SPINE AND PAIN

Advanced Spine and Pain would like to help you to obtain maximum medical payment on your claim. Your employer, upon receiving your First Report Of Injury (FROI) should report your injury to their WC Insurance as well as the VWCC. At which time you should receive information to complete to secure that all present and future medical bills are paid for you.

If you have not receive any information from the Commission we have enclosed a brochure for your review and a form for you to complete and send to them to ensure your injury has been reported and that a report is on file.

All though this may seem like a lot of work it is in your best interest and protection to complete and file this claim. No injury is to minor to report.

The following website is also available for you to review your rights and options:
<http://www.vwc.state.va.us/content/injured-workers>

Injured workers have a duty to disclose their current residential address to the Commission and to report any changes of address as they may occur. Failure by an injured worker to do so may adversely impact the injured worker's receipt of compensation benefits. Please call the Commission at 1-877-664-2566 for assistance with updating addresses.

If we can be of any further assistance please don't hesitate to ask us for help.

Tel: 703.522.ASAP (2727)

www.asapspine.com

Fax: 703.542.3753

Stafford Office
450 Garrisonville Rd, Suite 109
Stafford, VA 22554

Permanent and Total Disability

Lifetime wage benefits may be payable if an Injured Worker loses both hands, arms, feet, legs, eyes, or any two in the same accident, or is paralyzed or disabled from a severe brain injury.

Death Benefits

A surviving spouse, children under 18, children under 23 enrolled full time in an accredited educational institution, parents in destitute circumstances or other qualifying dependents may be entitled to wage loss benefits.

Death benefits include funeral expenses not to exceed \$10,000 and transportation cost of \$1,000.

Cost of Living Increases

A person receiving temporary total, permanent total or death benefits is entitled to cost of living increases effective October 1 of each year if the date of accident is prior to July 1 of that year. Cost of living increases must be specifically requested by the Injured Worker and the request must include signed documentation from the Social Security Administration.

Need Additional Information

For additional information or assistance form the Virginia Workers' Compensation Commission, please call our Customer Assistance Department at 1-877-664-2566

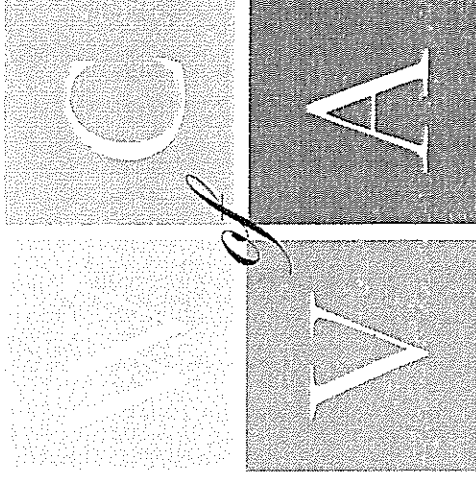
You may also request the following pamphlets from the Commission:

- How to Protect Your Rights
- Vocational Rehabilitation Guidelines

Important Reminder

To be eligible for these benefits the Injured Worker must file a claim with the Virginia Workers' Compensation Commission (in addition to the employer.)

Virginia Workers' Compensation Commission



Part II:

Of The Brief Guide to Workers' Compensation for Injured Workers

1000 DMV Drive
Richmond, VA 23220
1-877-664-2566

www.workcomp.virginia.gov

Injured Workers are entitled to receive payment of benefits for an "injury by accident" or an "occupational disease."

In order to be covered, an "accident" must:

1. Occur at work or during a work-related function.
2. Be caused by a specific work activity.
3. Happen suddenly at a specific time. (Injuries incurred gradually or from repetitive trauma are not covered, although diseases caused by repetitive trauma are covered.)

In order to be covered, an "occupational disease" must:

1. Be caused by the work.
2. Not be a disease of the back, neck, or spinal column.
3. Be supported by medical evidence showing the condition is a disease.

The next section provides a list of all benefits covered under the Act and an explanation of each.

Wage Replacement (Temporary Total or Temporary Partial)

While the Injured Worker is temporarily unable to perform any work, he/she is entitled to 2/3 of his/her gross pre-injury average weekly wage.

If the Injured Worker cannot return to regular work and is given a light duty job earning a wage lower than his/her gross pre-injury wage, he/she is entitled to 2/3 of the difference between the pre-injury wage and the wage currently being earned.

The weekly amount paid to the Injured Worker is limited pursuant to the minimum and maximum rates allowed for in the Act.

Lifetime Medical Benefits

Medical expenses for conditions caused by the accident or occupational disease are payable for as long as necessary.

The Injured Worker must select a doctor from a panel of three physicians provided by the Employer/Claim Administrator. If a panel is not offered within a reasonable period after notice of the accident, the Injured Worker may seek treatment from any physician. The treating physician may refer the Injured Worker to other doctors.

Lifetime Medical Benefits (con't)

Once treatment begins, the physician cannot be changed without approval of the Employer/Claim Administrator or after a hearing by the Commission. The Injured Worker must cooperate with medical treatment or the weekly benefits may be suspended.

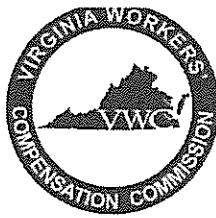
The Injured Worker is entitled to reimbursement for out-of-pocket medical expenses (prescriptions) and reasonable medical mileage. All Medical bills should be sent to the Claim Administrator for payment.

Permanent Partial Impairment

Separate benefits are payable for the permanent loss of use of a body part such as an arm, leg, finger, or eye. Vision and hearing loss, as well as disfigurement may also be compensated. This does not include the back, neck or body as a whole. Benefits are for a specific number of weeks depending on the percentage of loss. The Injured Worker can receive these benefits while working if maximum medical improvement has been reached. (*MMI means that the loss of use to a ratable body part is stable and will not decrease. It does not mean that the Injured Worker will not need future treatment.*).

Claim For Benefits

Virginia Workers' Compensation Commission
1000 DMV Drive Richmond Virginia 23220
1-877-664-2566



www.workcomp.virginia.gov

Jurisdiction Claim #: _____

Claim Administrator #: _____

PLEASE PROVIDE INFORMATION BELOW

PART A – CLAIM FORM (REQUIRED)

All injured workers should complete this section for workers' compensation injuries

SEE "FILING INSTRUCTIONS" AND "BENEFITS COVERED" ON REVERSE SIDE

Injured Worker's Name: _____

Employer's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Employer's Phone: _____

Parts of Your Body Injured: _____

How injury occurred: _____

Date of Injury: _____ Average Gross Earnings per week: \$ _____

Location of accident (City or County): _____ State _____

If claiming an occupational disease:

- name of occupational disease: _____
- date you last worked for this employer: _____
- date doctor told you disease was caused by work: _____

I hereby file this claim to protect my rights under the Virginia Workers' Compensation Act for the injury or disease described above. Unless indicated in Part B below, I am not requesting the Commission take any specific action at this time.

Injured Worker's Signature (Required)

Print Name

Date

PART B - REQUEST FOR BENEFITS (Optional)

I need assistance obtaining the following benefits and request a hearing if necessary:

- I need a lifetime Award of medical benefits for my injury (including any treatment already received & paid for) **
- I missed work because of my injury for the periods: From: _____ To: _____ **
From: _____ To: _____
- I earned less pay while at work because of my injury for the periods: From: _____ To: _____ **
From: _____ To: _____
- I have a loss of use or amputation of a body part, loss of hearing/vision, lung disease or bodily scarring/disfigurement. **
- I have unpaid medical bills or out of pocket medical/prescription/transportation expenses relating to my injury. **
- I am requesting death benefits to dependents or funeral expenses.
- Other _____
(i.e. Change in Condition, Permanent Total Disability, etc.)

** Attach medical records, itemized bills, or receipts.

If there are any questions regarding this form, please contact the Commission toll-free at 1-877-664-2566.

Claim for Benefits
VWC Form #5
Filing Instructions

1. If you have been paid by your employer or claim administrator for time missed from work because of your injury or for medical treatment for your injury, you must file a claim with the Virginia Workers' Compensation Commission to protect your right to benefits under Virginia law. Even if you are not requesting specific benefits at this time, you should still submit this form with Part A completed within two years of the date of your accident or diagnosis of disease.
2. If you are requesting specific benefits or if the claim administrator has denied your claim, complete Part B of this form and submit the medical reports either attached to the form, or as soon as possible.
You may obtain copies of your medical records directly from your physician.

Importance of Medical Records:

Medical records showing that your accidental injury or disease is work related must be filed with the Commission. File these medical records with your claim or as soon as possible. If you are unable to obtain copies of your medical reports and bills, you may request a subpoena by sending the name and address of the medical provider to the Clerk of the Virginia Workers' Compensation Commission. A \$12.00 money order made payable to the Sheriff of the city or county where the medical provider is located must be included for each subpoena. The Commission cannot issue subpoenas outside Virginia.

3. The parties are advised that Mediation and ADR services may be available upon request. For further information contact 804-205-3139, toll-free 877-664-2566, or visit www.workcomp.virginia.gov.
4. For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll free at 1-877-664-2566 or visit our website at www.workcomp.virginia.gov.

Benefits Covered under the Virginia Workers' Compensation Act:

- Lifetime Medical Benefits – Payment for expenses related to the injury or occupational disease. Includes payment/reimbursement of out of pocket medical, prescription and transportation expenses.
- Wage Loss Replacement (Temporary Total/Temporary Partial Disability): Full or partial wage loss replacement for medically authorized disability from work.
- Permanent Partial Disability – Compensation for loss of use of a body part, loss of hearing/vision, amputation, lung disease or bodily disfigurement/scarring.
- Permanent Total Disability – Lifetime wage replacement for loss of both hands, arms, feet, legs, eyes or any two in the same accident, or is paralyzed or disabled from a severe brain injury.
- Death Benefits – In cases where injury results in death, surviving spouse, children, or certain other dependants may be entitled to wage loss replacement benefits and payment of funeral/transportation expenses.
- Other: Mileage reimbursement, Cost of Living Increases, if eligible. (total wage loss and fatal benefits)