

WORKERS' COMPENSATION CLAIM – CLIENT RESPONSIBILITIES

As a client of _____, attorney, I understand that in order to obtain maximum benefits on my workers' compensation claim my participation is necessary, I have certain responsibilities and agree to the following:

1. I agree to promptly notify my attorney or her/his office assistant with relevant information when any of the following occur:
 - A. I am unable to keep my appointment with my attorney;
 - B. Change of attending physician;
 - C. Change of home address or telephone number;
 - D. Change of employer, employment address or telephone number;
 - E. Upon conclusion of treatment on the claim in which I am represented;
 - F. Upon receipt of an Notice of Closure, Orders or Denials;
 - G. Upon receipt of insurer medical exam notice;
 - H. When direct/personal contact with a claims examiner, investigator, or nurse case manager is anticipated or has occurred;
 - I. Upon receipt of any Order or decision regarding vocational assistance;
 - J. Upon receipt of a written notice of modified work availability;
 - K. Upon receipt of partial or full payment of settlement amounts.
 - L. Contact our office when you have any questions about your claim. Do not speak with a representative of the insurance company unless you have received permission to do so from our office.
 - M. Keep all medical/doctor appointments with your physicians as well as any medical appointments scheduled by the insurer and any medical arbiter appointments scheduled by the Workers' Compensation Division.
 - N. Do not leave your physician's office following any appointment without written verification of your work status. Time loss is dependent upon written verification of your work status. It is your responsibility to get this information from your doctor.
 - O. If you are receiving time loss benefits, you are required to inform your claims representative in writing of all wages, unemployment benefits, or other income that you receive.
 - P. Never quit your job without first speaking with an attorney or paralegal from this office.
 - Q. Keep track of your mileage and any prescriptions you pay for and submit them to your claims representative on a regular basis. You should keep a copy of those demands for your records.

I understand that my failure to notify my attorney regarding these matters may result in negative consequences, and/or suspended or denied benefits and agree my attorney is not responsible for such consequences. Additionally, my attorney is authorized to withdraw from my claim/case when s/he deems my participation is not satisfactory.

2. I agree to pay in advance, when possible, for specialized doctor conferences and reports, or to immediately reimburse my attorney upon request. I agree to keep all appointments necessary for attorney conferences, medical treatment, my insurer medical exams, or medical arbiter exam, after appeal of claim closure, and to notify my attorney, claims adjusters, and providers in advance of my inability to attend such appointments.

I understand that my responsibilities are necessary to assist in obtaining maximum workers' compensation benefits for me, and that my attorney's ability to achieve maximum benefits is enhanced by my undertaking these responsibilities. I agree that my attorney shall not be responsible for consequences of my failure to comply with any of the above client responsibilities, and that I am solely responsible for the results if I fail to comply with my responsibilities.

Client Signature

Date

IMPORTANT NOTICES

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