

PINNACOL
ASSURANCE

7501 E Lowry Blvd
Denver, CO 80230-7006
www.pinnacol.com

Claim #:
WC #:
Injured Worker:
DOI:
Employer #:
Date:

Dear

Attached please find information about your workers' compensation claim.

If you have any questions please contact me at the number listed below.

Sincerely,

303-361- or 1-888-240-
Fax: 303-361- or 1-888-240-
Email:

org:
cc:

Injured Worker:

Claim:

Date of Injury:

Date of Birth:

Phone Number:

Date Mailed:

Workers' Compensation Insurance

Your employer's workers' compensation insurance is provided through Pinnacol Assurance. You were covered from your first day as an employee. When you suffer a work-related injury or disease, workers' compensation insurance provides benefits to help you through the recovery process. These may include reimbursement for lost wages, medical care, permanent impairment or permanent disability benefits, and other assistance. We at Pinnacol are sorry you have been injured and will work with you, your employer, and your physician to process your claim promptly.

Your Claim

Pinnacol has received either an Employer's First Report of Injury form or Workers' Claim for Compensation form regarding your injury or disease. Therefore, we have assigned a claim number (above) to your case. Please keep this number handy and refer to it in all communications with Pinnacol and your medical provider. We have also assigned a claims representative (below) to your claim. This person is the Respondent's Representative and your designated contact at Pinnacol and will answer all your questions about the workers' compensation system.

Claim:

Date of Injury:

Claims Rep:

303-361-4381 or 888-240-

Fax:303-361-

Email:

Your Medical Care

Pinnacol pays related, necessary, and reasonable medical expenses prescribed by a treating physician. These include but are not limited to:

- * chiropractic care
- * dental
- * home health care
- * hospital
- * medical supplies
- * nursing
- * physical therapy
- * prescriptions
- * surgery
- * travel to and from medical appointments

Hospitalization and some procedures/treatments require prior authorization from Pinnacol. Once Pinnacol has accepted your claim, forward any medical bills you receive to your claims representative for review. Be sure your claim number is on the bill. Pinnacol can only pay specific, predetermined prices for medical goods and services. If a medical provider bills you for the difference, refer him/her to your claims representative. By law, the medical provider cannot collect the difference from you.

Pinnacol Assurance strives for good communication between you, your employer, our claims representative, and your physician. If at any time you do not feel the treatment you are receiving from the medical provider is appropriate or necessary, contact your claims representative or nurse at Pinnacol Assurance.

If you require drug prescriptions, you can have prescriptions filled through our Pinnacol Assurance/Express Scripts Pharmacy Benefits Program, which is available at most pharmacies. Express Scripts will send you a separate letter explaining this benefit. If you do not receive this information, please contact your claims representative.

You are also entitled to reimbursement for personal vehicle mileage related to medical services, such as trips to and from the doctor's office and pharmacy. Please keep track of your round trip miles traveled, so you can turn that information in to your claims representative for payment.

Your Personal Information

Please e-mail, phone, or fax your claim representative if any of your personal information in this document is not correct:

- * Your date of birth
- * Your date of injury
- * Your phone number

If you have e-mail, please send your address to your claims representative.

Frequently Asked Questions

Q: When am I entitled to compensation for lost wages?

A: After you miss three scheduled work shifts, you may be entitled to compensation for lost wages. If you are still unable to work after 14 days, you may be paid for the first three workdays missed. Your employer is not required to pay your regular salary while you are receiving workers' compensation benefits. Workers' comp insurance pays benefits at two-thirds your average weekly wage, including gross earnings, overtime, reportable tips, up to a maximum amount set by the Colorado Revised Statute. Benefits are non-taxable and paid every two weeks.

Q: Will my claim be denied?

A: While the majority of the claims are accepted, some may need further review or may not be covered under the Colorado Workers' Compensation Act. In these instances, you become responsible for the medical bills related to the injury or disease, or your health insurance may cover the bills. If your claim is denied by Pinnacol, you still have the right to have a hearing, with or without an attorney, before an administrative law judge who will decide whether your claim should be admitted or denied.

Q: Can I change medical providers?

A: Yes, you have the right to make a one-time change between your employer's two designated medical providers by giving notice within 90 days of your injury, but before you reach maximum medical improvement. You must request the change of medical provider in writing by submitting an approved Division of Workers' Compensation form to the following parties:

- * The current treating physician
- * The requested treating physician (this physician must be on your employer's designated provider list)
- * Your attorney, if you have one

After the 90 day period, you may obtain written permission to change treating physicians by sending a letter to Pinnacol. We must respond within 20 days of the mailing of the request or the request is automatically approved.

Q: Do I have to accept a modified-duty position?

A: If a modified-duty position approved by your doctor is offered to you, you must accept the job or face losing wage benefits. If the modified-duty position pays less than your regular pay, Pinnacol will pay two-thirds of the difference to you.

Q: How can I get more information?

A: Contact your claims representative with questions or visit www.pinnacol.com/workers. In addition, you can contact these agencies:

Colorado Department of Labor & Employment

<http://www.coworkforce.com>

633 17th Street, Suite 201

Denver, CO 80202

303-318-8000

Colorado Division of Workers' Compensation

<http://www.coworkforce.com/DWC>

633 17th Street, Suite 400

Denver, CO 80202

303-318-8700

Note: If your employer has multiple job locations there may be medical providers your employer has designated near your specific worksite.

Claim #:
WC #:
Injured Worker:
DOI:
Employer #:
Date:

Dear Policyholder:

Pinnacol Assurance has received a first report of injury or a worker's claim for compensation on behalf of your employee for the injury that occurred on 09/03/2009.
Below you will find information that is important to the processing of this claim:

Lost Time Status:	Non Lost Time
Claims Representative:	
<u>Contact Information</u>	
Phone:	303-361-
Fax:	303-361-
E-mail:	

Lost Wage Benefits: If the injured worker has missed more than three scheduled work shifts, please contact me immediately with gross wage documentation for the period prior to the injury. We need this information in order to calculate benefits.

If Pinnacol was notified of lost time and the injured worker has now returned to work, we will need written confirmation from you that includes:

- * Date employee returned to work
- * Hours worked
- * Wages earned

You may fax, e-mail or use our Web site, www.pinnacol.com, to provide this documentation.

Medical Benefits: If your injured worker is in need of medical care due to the above referenced injury, allow them to select one of your designated medical providers for treatment. Don't forget a law that went into effect on January 1, 2008, requires employers to designate **two** medical providers to treat employees who are injured on the job. The two medical providers must be at two distinct locations without common ownership. In some cases, rural employers are exempt from this law.

In addition, the law requires you to give the injured worker the following information in writing at the time the injury occurs:

- * Names and contact information of two designated medical providers
- * Name and contact information of the employer's authorized representative
- * Name and contact information of the employer's workers's compensation carrier

(Continued on reverse)

If circumstances preclude providing the information described in the previous page at the time of injury, the list must be provided by verifiable means within seven business days of the injury notification date.

If you have questions about designating medical providers or providing written notification, please contact me.

Sincerely,

303-361- or 1-888-240-
Fax: 303-361- or 1-888-240-
Email:

org:
cc: