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Guideline for Resolution of Workers' Compensation Claims

There are two kinds of voluntary resolutions with Workers' Compensation claims. The disfavored resolution is a Full and Final Settlement. In order to do settle your claim, we need permission from various entities, including the Workers' Compensation Commission and Medicare. The necessity of getting these approvals is because a "settlement" of a Workers' Compensation claim involves closing out your ability to get future medical treatment. The loss of your ability to get treatment in the future is the main reason that it a settlement is disfavored and rare.

The other, much more common, resolution is a stipulation. This keeps your ability to get your medical treatment open for the rest of your life for any treatment needed as a result of this injury. The payout in a stipulation is based on percentages from a doctor (or more than one if your claim is complex) to whom I send you and a doctor (or more) of the employer and insurer's choice. If you have already been to an independent medical evaluation for the employer and insurer, then you most likely have your permanent impairment evaluated by the same physician. Generally, a treating physician is the worst doctor to use for the evaluation simply because the evaluation often come out lower than the one the employer and insurer obtain.

Once these evaluations are complete, I will be in a position to give you a very accurate estimate of what to expect to be paid by the employer and insurer. If we cannot agree with the employer and insurer on how much compensation for your permanent impairment is to be paid, we will let the Workers' Compensation Commission make that determination. The Commission will consider the doctor's evaluations and testimony by you and will come up with its own answer. With either a stipulation or an order from the Commission, your medical treatment will remain open for all causally related treatment necessary as a result of your claim. You can expect to receive payment approximately six months after you inform me that your treating physician has released you from any further treatment.

Unless we resolve the claim prior to a hearing notice being issued, my office will proceed as if we are having to attend a hearing. This means that we will be setting up two appointments, one to prepare for the hearing, and one the business day prior to the scheduled hearing to deal with any last minute issues. Obviously if the claim resolves prior to these meetings, they will be cancelled.

In summary, once you are released by your treating physician, you will see two more doctors to obtain reports, and then we either can reach an agreement with the Employer & Insurer or we let the Commission decide.