

INDUSTRIAL COMMISSION OF ARIZONA



WORKERS' COMPENSATION INFORMATION FOR THE INJURED WORKER



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INTRODUCTION

The Arizona Workers Compensation Law is administered by The Industrial Commission of Arizona, which is referred to in this booklet as the ICA. This booklet is intended to be an overview for injured workers outlining their rights and responsibilities in the workers' compensation system. Representatives of the ICA are available to answer questions regarding the workers' compensation act, telephone numbers are listed in the back of this booklet. **The information provided is not legal advice and should not be considered as such.**

Workers' Compensation is a "no-fault" system in which the injured worker receives medical care and compensation benefits no matter who caused the job-related accident. If the injury or illness is job related, the injured worker receives medical benefits and if eligible, temporary compensation. In some cases the injured worker may also receive permanent compensation and "job training". Lawsuits against the employer, except under very limited circumstances, are not permitted.

As an injured worker reads this booklet, special attention should be paid to their rights and responsibilities. Failure to meet those responsibilities can mean the loss of benefits under Arizona Workers' Compensation Law.

THE INDUSTRIAL COMMISSION OF ARIZONA (ICA)

The ICA and the insurance company have different functions. The ICA has certain regulatory duties which include notifying carriers of an industrial injury, holding hearings to resolve disputes between injured workers and carriers and monitoring the carriers processing of the industrial injury claim. There is a Special Fund Division of the ICA which provides benefits to employees injured while working for a non-insured employer.

EMPLOYER RESPONSIBILITIES

Arizona law requires that all public and private employers provide worker's compensation coverage for their employees if they employ one or more persons full or part-time.

Every employer must have a posted notice of industrial insurance coverage in the work place. At the same place this notice is posted, the law requires that forms be provided to workers to complete if they choose NOT to have coverage under the Arizona Workers Compensation Act. **THIS FORM MUST BE COMPLETED AND GIVEN TO YOUR EMPLOYER IN DUPLICATE BEFORE THERE IS AN INJURY.**

The entire cost of the workers' compensation insurance coverage is paid by the employer. Arizona law forbids the employer to deduct any portion of the premium for workers' compensation insurance from an employee's wages.

When an employer is advised by a worker that an on the job injury/illness has occurred, the employer is required to report the incident to the insurance carrier and the ICA within ten days.

If the injured worker's employer is self-insured, the employer may have the right to direct the injured worker's medical care for the entire injury. If the employer is not self-insured, the employer has the right to direct the injured worker to the employer's doctor for one visit only after which the injured worker may report to the doctor of their choice.

INJURY

An injury is covered under workers' compensation if it is job related. It is the injured worker's responsibility to make sure the injury is reported to the supervisor/employer as soon as an injury occurs or when the injured worker becomes aware of the condition. The prompt reporting of the accident to the supervisor/employer will accelerate the processing of the claim and avoid unnecessary delays or possible denial of benefits.

FILING A CLAIM

A claim must be filed within one year from the date of injury or when the injured worker became aware of the condition. The injured worker is responsible for making sure that the claim is filed. It is the injured worker's responsibility to understand all notices and documents which allow for hearing requests in the event of disagreements and to make sure all hearing requests are filed within the protest periods. It is the injured worker's responsibility to advise ICA and the insurance carrier of the most current address through out the duration of the claim.

When the injured worker first receives treatment they should advise the doctor's office or emergency room this was an on the job injury. The injured worker should be provided with a "pink form" to complete and sign. This "pink form" is titled "Worker's and Physicians Report of Injury." If the "pink form" is not completed at the doctor's office or emergency room, another form can be completed which is available at the ICA, titled "Workers' Report of Injury". By signing one of these two forms the injured worker is applying for worker's compensation benefits.

The doctor's office or hospital will send the original of the "pink form" to the ICA, a copy to the employer and a copy to the worker's compensation insurance carrier. Once ICA receives the "pink form" your claim will be notified to the correct insurance carrier, and ICA will send a letter to the injured worker with the name of the insurance carrier. If the injured worker does not receive a letter from ICA within fourteen (14) days following the injury, ICA should be contacted to determine the status of the claim. Once the claim has been notified to the insurance carrier their obligation would be to do one of two things: accept or deny the claim for benefits within twenty-one (21) days from the date of notification.

DENIAL OF CLAIM

If the injured worker's claim is denied for benefits, you will receive a "Notice of Claim Status" from the insurance carrier which will have a ninety (90) day protest period. The injured worker can request a hearing by sending a letter or by filing a Request for Hearing form which is available at the ICA. The letter or "Request for Hearing" form must be signed by the injured worker or the legally authorized representative. When a request for hearing is filed the injured worker will receive a Notice Of Hearing which will tell the injured worker the date, place and time of the hearing. This Notice will also tell the injured worker the name of the Administrative Law Judge who will conduct the hearing.

It is the injured worker's responsibility to understand all notices and documents which allow for hearing requests in the event of disagreements and to make sure all hearing requests are filed within the protest periods. If the injured worker does not understand a notice or document they receive, they may want to contact their authorized legal representative or ICA for an explanation.

TYPES OF ACCEPTABLE CLAIMS

There are two types of acceptable Workers' Compensation claims: (1) medical only or no time lost claims, which means that only medical expenses are paid and; (2) time loss claims, which means medical expenses and temporary compensation benefits for lost wages are paid. A detailed explanation of both types of claims are as follows:

MEDICAL ONLY CLAIMS

Medical only claims are those claims for which the insurance carrier will pay all of the medical expenses associated with the injury but will not pay compensation benefits for lost wages because the injured worker did not lose more than 7 calendar days from work. Examples of medical expenses that are paid are: emergency room charges, doctor's fees, doctor visits, prescriptions, crutches, braces and splints.

On medical only claims, the insurance carrier does not have to let the injured worker know that they are accepting the claim and it can be assumed that all medical bills will be paid. Even though the injured worker does not lose time from work, the medical bills will continue to be paid until the doctor states no further medical treatment is needed. If the injured worker voluntarily stops medical treatment, the insurance carrier may close the claim without the doctor's discharge.

Once the claim is accepted, the injured worker is not responsible for the payment of any medical expenses for treatment related to the injury. If the injured worker receives a bill and is being asked to pay it, call the insurance carrier to find out why the bill has not been paid. If the injured worker has personally paid for medical expenses related to the injury, send the receipt(s) to the insurance carrier.

TIME LOST CLAIMS

If a doctor states you are unable to work because of your injury and you are off work more than 7 days, you are entitled to compensation for your lost wages. The days off do not have to be consecutive (in a row) but are cumulative (total). Entitlement to compensation is based on calendar days (not work days) and includes Saturdays, Sundays and holidays.

The first 7 days off are not paid for lost wages unless you are off for 14 days or more. For example: If you are off 10 days, the first seven days are subtracted and you are paid for days 8, 9, and 10 only. If you are off 14 full days, compensation is retroactive (goes back) to the date of injury and you are paid for 14 days. Compensation is not generally paid for the date of injury because you were working that day.

Compensation is paid at $66\frac{2}{3}\%$ of your established average monthly wage. The average monthly wage is usually calculated on your earnings during the 30 days before your injury, although there are other methods for calculating the average monthly wage. The law establishes a maximum wage figure which can be used to calculate the average monthly wage. As of January 1, 2014 the maximum monthly wage is \$4,256.94. Even though you may have earned more than \$4,256.94 per month, the most a person can receive is $66\frac{2}{3}\%$ of \$4,256.94. The wage is set as of the date of injury. The law does not allow for cost of living increases.

If you are losing time from work, the law requires that the carrier inform you that your claim is being accepted by sending to you a Notice of Claim Status form with your first temporary compensation check. The Notice will tell you the wage as calculated by the carrier. A second form, Wage Calculation Sheet, should be attached to the Notice. This form will explain how the carrier arrived at the figures. The same information is also sent to the ICA for review. If there is a question regarding the accuracy of the data used in calculating the average monthly wage, you are asked to contact the Wage Section of the ICA's Claims Division.

The ICA reviews the carrier's calculations and issues the Notice of Average Monthly Wage which officially sets the wage. If the wage recommended by the carrier is not calculated correctly, the ICA can disapprove that wage and establish the correct wage. Because the ICA's review covers only the reasonableness of the data and the accuracy of the calculations, it will send you, the injured worker, a letter seeking your assistance in verifying the accuracy of the figures used in the calculation. If there is a question regarding the accuracy of the data used in calculating the average monthly wage, you are asked to contact the Wage Section of the ICA's Claims Division.

You only have 90 days from the issuance of the Notice of Average Monthly Wage to protest the accuracy of the determination. Again, to avoid any delay or loss of benefits, make sure that the carrier and the ICA have your current address.

TEMPORARY COMPENSATION

Temporary compensation benefits must be paid every two weeks while the doctor has you on a no work status. It is during this time that your doctor is actively treating you in the hopes of improving your medical condition so that you can eventually go back to work. There is no time limit on how long you can receive compensation; it is based on when a doctor believes you can be released to work.

While under active medical care, a doctor may release you to return to work, light duty or your regular job, if that happens, the status of your claim changes. Your carrier will officially tell you of the change in your work status by issuing another Notice of Claim Status form informing you of the date you are released to return to work. You must make a sincere and conscientious effort to find work. You must report your efforts to find work and any income you earn, including unemployment benefits, to the carrier on the form they provide. Once released to work, continuing temporary compensation benefits are not automatic or guaranteed.

The carrier will review each case to determine if temporary benefits will continue. If it is determined that you have a loss of wages because of your injury, the carrier will pay $66\frac{2}{3}\%$ of the difference between the wages you are now able to earn and your established average monthly wage. This compensation is paid once a month instead of every two weeks. If you have returned to your regular wage, compensation will stop.

While you are under active medical care, it is important for you to remember that the carrier has the right to have you periodically examined, at a reasonably convenient time and place, by a doctor of its choosing. Failure to attend the examination could result in suspension of your benefits, and you could be required to pay for the cost of the missed examination. The carrier may accept the opinion of its consulting doctor and base a change in your claim status, or the closure of your claim, on that doctor's opinion.

Again, if there is a change in the status of your claim, you will receive a Notice of Claim Status from the carrier identifying that change.

When you have recovered from your injury, the doctor will report this to the carrier, and your claim will be closed to temporary compensation benefits as of the date your doctor discharges you from treatment. The carrier will issue a new Notice of Claim Status telling you your claim is closed and the date of closure.

Again, if there is a change in the status of your claim, you will receive a Notice of Claim Status from the carrier identifying that change.

Remember, it is your responsibility to understand all notices. If you disagree, you must file your request for hearing with the ICA within 90 days from the date of the Notice of Claim Status or the Notice becomes final.

PERMANENT COMPENSATION

If, after active medical treatment, the doctor determines that your medical condition is stationary, which means that nothing further can be medically done to improve your condition and your medical condition will not deteriorate, and that you have a permanent injury (impairment), the doctor will notify your carrier at the time you are discharged from treatment.

The percentage of impairment is usually rated by the doctor in accordance with standards as published by the American Medical Association in Guides to the Evaluation of Permanent Impairment. Compensation for permanent injuries is generally paid once per month.

TYPES OF PERMANENT INJURIES

There are two types of permanent injuries: (1) Scheduled and (2) Unscheduled. The following is an explanation of both types.

SCHEDULED INJURIES

If the permanent injury is to a certain part of the body, such as eye, hand, arm, foot or leg, the part of the body and the period allowed for compensation is set out in a schedule in the Workers' Compensation Law. The carrier will issue a form entitled Notice of Permanent Disability, which states the amount the carrier will pay each month and the number of months it will be paying that amount. The method of calculating the monthly compensation is based upon law and court decisions interpreting that law.

Compensation is calculated in three different ways for scheduled injuries: (1) For partial loss, you will receive 50% of the average monthly wage, (2) for a loss that is the result of an amputation or a total loss of use, you will receive 55% of the average monthly wage, and (3) if the doctor indicates that the permanent injury prevents you from returning to your regular work, you will receive 75% of the average monthly wage.

FACIAL SCARRING AND LOSS OF PERMANENT TEETH

If the permanent injury results in visible facial scarring or loss of permanent teeth you may be entitled to compensation. The carrier will issue a form entitled Notice of Permanent Disability and Request for Determination of Benefits which requests the ICA determine how much compensation, if any, you will receive. The compensation for facial scarring is based on the actual appearance of the scar, the compensation for loss of teeth is based on a schedule located in the ICA procedures manual. The compensation for awards for facial scarring or loss of teeth is calculated at 55% of the average monthly wage per month and the maximum allowable is 18 months.

UNSCHEDULED INJURIES

If your permanent injury does not fall into the categories listed in the schedule (scheduled injuries), it is classified as an unscheduled general disability. Examples of these types of injuries include occupational diseases and injuries to the hip, shoulder, or back or a combination of impairments or a history of prior impairment(s). With this type of injury, the ICA determines how much compensation, if any you will receive. This decision is based on the effect the injury has on your ability to return to work and the wages you are able to earn compared to your average monthly wage on the date of your injury. Many factors are taken into consideration, such as age, education, previous occupations, physical limitations, and wages earned after the injury. You will receive a questionnaire from the ICA requesting this information.

The ICA will calculate your unscheduled permanent partial compensation at 55% of the difference between your average monthly wage and the amount they estimate you will be able to earn (reduced earning capacity) given your injury or at $66\frac{2}{3}\%$ if you are determined to be totally disabled. The Claims Division of the ICA will send you a form entitled "Findings and Award for Unscheduled Permanent Partial/Total Disability," explaining the amount of money you will be receiving each month. The money is paid by the carrier and is retroactive (goes back) to the date of discharge by the doctor(s). The ICA may find that because you have returned back to work earning the same as or in excess of your established average monthly wage that you have sustained no loss of earning capacity. This means that the ICA recognizes that you have a permanent impairment, however, it is not effecting your earning capacity at this time. Some awards may also take a credit if you have received an award for compensation on a prior disability.

If you, the employer, or the carrier disagree with this award, a request for hearing must be filed within 90 days from the issuance date of this award.

Keep in mind that from the time you are discharged from treatment to the time the ICA issues its "Findings and Award for Unscheduled Permanent Partial Disability," the carrier is not required to continue compensation. They may voluntarily continue to pay. If the amount is larger than what is found in the award issued by the ICA, the carrier will take a credit against future payments, if it is smaller, the carrier will make up the difference. Once the award is issued by the ICA, the carrier is required to pay the amount on the award, even if it disagrees, until the amount of permanent compensation is finalized through the hearing process. Once the amount of permanent compensation has been finalized, that amount will be paid monthly by the carrier.

Each year, on the anniversary date of the award, the carrier will send you a form entitled "Annual Report of Income." You must report on that form how much you earned as wages during the past 12 months. The form must be sent to the carrier, not the ICA. If you fail to return the form, your permanent compensation payments may be suspended until you file the form. Your unscheduled permanent compensation benefits can only be stopped by: (1) Your death, (2) Failure to file an "Annual Report of Income", or (3) Rearrangement of your benefits by the ICA following a petition by the employer or the carrier, of which you will be notified.

PETITIONS FOR REARRANGEMENT OR READJUSTMENT OF COMPENSATION

If you have sustained a permanent injury where a Findings and Award for Unscheduled Permanent Partial Disability has been issued and later on your earning capacity increases or decreases a petition for rearrangement or readjustment of compensation could be filed by you or by the carrier. The petition requests the ICA review your award and determine whether your monthly benefits should increase, decrease or cease. The burden of proving the change in earning capacity is the responsibility of the person filing the petition.

If your earning capacity decreases due to a change in your physical condition arising out of the injury or where you can show a reduction in your earning capacity when there is no change in your physical condition you may file a petition for rearrangement or readjustment of compensation.

You should not file a petition for rearrangement or readjustment of compensation if your earning capacity decreases due to a deterioration of a non-industrial condition, the aging process, a rising cost of living, moving to an area where work is not available or a change in the economic condition which affects work availability.

The carrier may file a Petition for Rearrangement or Readjustment of Compensation if they can show that your earning capacity has increased since the "Findings and Award for Unscheduled Permanent Partial Disability" was issued.

When the ICA receives a Petition for Rearrangement or Readjustment of Compensation an acknowledgment letter is sent to the filing party with copies of the petition and the injured worker is sent a questionnaire to obtain current employment information.

The ICA will review the file and the petition and issue an award either approving or disapproving the rearrangement of the monthly benefits. If approved, your monthly benefits could decrease or cease entirely.

If you, the employer, or the carrier disagree with this award, a request for hearing must be filed within 90 days from the issuance date of this award.

LUMP SUM COMMUTATIONS

Arizona Workers' Compensation Law requires that permanent benefits be paid on a monthly basis. The law allows awards to be commuted to a lump sum at the discretion of the Commissioners. A lump sum commutation on a scheduled award cannot exceed \$25,000.00 and does not require the carrier's approval. A lump sum commutation on an unscheduled award cannot exceed \$150,000.00 and does require the approval of the carrier, or the ICA is without jurisdiction to consider the request. The value of the commutation is determined on the day you file the request, considering payments you were due to receive, advances and payments made after your request are subtracted from the commutation. The value of the award is also discounted .07% per annum.

The ICA will only grant a lump sum commutation request when it can be shown that the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the injured worker.

Action will not be taken on a lump sum commutation until the award has become final or waivers of appeal have been signed by all parties.

Upon request the ICA will provide the packet of forms required to file for a lump sum commutation, these forms must be completed in full and all requested documentation must be provided. The carrier's opinion is solicited and appropriate lump sum requests are then presented to the Commissioners for their decision. An award will be issued by the ICA either approving or disapproving the request. If the lump sum commutation request is denied and you disagree with the denial, the award will have a 10 day protest period within which you must file your request for hearing with the ICA by means of a letter or on a Request for Hearing form available from the ICA upon request. This request for a hearing must be signed by you or your legal representative.

If you file a request for hearing, you will receive a Notice from the ICA which will tell you when a hearing before the Commissioners will be set. If you do not file a request for hearing during the 10 day protest period, the decision of the ICA becomes final.

It is your responsibility to understand all notices and documents which allow for hearing requests in the event of disagreements, and it is also your responsibility to make your current address known to the ICA and the carrier.

If you do not understand a notice or document, you may want to contact your legal representative or the ICA for an explanation.

PETITIONS TO REOPEN

You may file with the ICA to reopen your closed claim to secure additional benefits on the basis of new, additional or previously undiscovered temporary or permanent condition by means of a letter or by completing petition to reopen form. This form is available from the ICA upon request. The petition or letter must be accompanied by a current medical report from a doctor setting forth the relationship of your present condition to the industrial injury.

The payment of such reasonable and necessary medical expenses will be paid for if the claim is reopened as provided by law and if such expenses are incurred within 15 days of the filing of the petition to reopen. No surgical benefits or monetary compensation shall be payable for any period prior to the date of the filing of the petition.

When the ICA is in receipt of both the petition to reopen and the current medical report we will send the carrier a Notice of Petition to Reopen which advises them that they must take action on the reopening within 21 days. The carrier will issue a Notice of Claim Status either accepting or denying your petition to reopen. If your reopening is denied and you disagree with the carrier's denial, the notice will have a 90 day protest period within which you must file your request for hearing with the ICA by means of a letter or on a Request for Hearing form available from the ICA upon request. This request for a hearing must be signed by you or your legal representative.

If you file a request for hearing, you will receive a Notice from the ICA which will tell you when a hearing before an Administrative Law Judge will be set. If you do not file a request for hearing during the 90 day protest period, the decision of the carrier becomes final.

It is your responsibility to understand all notices and documents which allow for hearing requests in the event of disagreements, and it is also your responsibility to make your current address known to the ICA and the carrier.

If you do not understand a notice or document, you may want to contact your legal representative or the ICA for an explanation.

CHANGING DOCTORS

You have the right to select the doctor of your choice, unless your employer is self-insured. If your employer is self-insured and has contracted medical care which is registered with the ICA, you are required to see your employers doctor, in these circumstances, a change of doctors would only be approved on a very limited basis.

The law allows your employer to request that you be seen by a doctor of their choice for one visit. Keep in mind, however, that if you voluntarily visit this doctor more than once, it is interpreted that you have officially chosen your doctor.

Once you have chosen your doctor, you may not change to another doctor without the approval of your current doctor, the carrier or the ICA. If you want to change doctors and your current doctor will not authorize the change, call your carrier for their approval. If the carrier will not agree to the change, you may apply in writing to the ICA for approval. Your request should include your claim information, your signature, the names and complete addresses of both doctors and the reason for the request. Also be sure that the doctor you wish to change to will accept you as a new patient. The ICA will review your case, contact the carrier and/or the doctor for their opinion on the change, and issue an award either approving or disapproving the change. You should not begin treating with a new doctor prior to an approval being granted, as the bills may not be paid. If either you or the carrier disagree with the award, a request for hearing must be filed.

Please be advised that a very small number of employers have filed with the ICA a plan listing the doctors their employees are to use. The legality of this plan has not yet been decided by the courts. The ICA will consider a request to change doctors and issue an award either approving or denying the request. You are advised that if the ICA approves your change of doctors to a doctor who is not under your employer's plan and the courts find the plan legal, you may risk the loss of your benefits and could be held responsible for any medical bills for treatment received. You might discuss this matter with your carrier to see if you can agree on a new doctor or you may wish to discuss it with an attorney certified in workers' compensation.

REQUESTS TO LEAVE THE STATE

While you are under the workers' compensation system there are restrictions regarding leaving the state. You may not leave the state for more than 14 days while under active medical treatment without approval. If you are planning to be outside the state for more than 14 days, you must have written approval from the ICA before you leave the state. Requests to leave the state should be sent to the Claims Division of the ICA and should include your claim information, your signature, where you are going, when you are going, for how long and the reason for the request.

The ICA will review your case, contact the carrier and/or the doctor for their opinion on the leave the state request, and issue an award either approving or disapproving the request. If either you or the carrier disagree with the award, a request for hearing must be filed.

If you fail to get approval prior to leaving the state for periods in excess of 14 days, the carrier has the right to suspend your benefits.

If you are leaving the state for a period of less than 14 days you should advise your carrier so that they will be able to contact you if necessary.

If you are receiving supportive medical maintenance benefits you do not need to request permission to leave the state, however, you will need to file a request to change doctors if you are leaving the state permanently and intend to pursue your supportive medical care in another state.

ATTORNEY REPRESENTATION

Under the Workers' Compensation system you are not required to have an attorney, you can represent yourself. Keep in mind, however, that the Workers' Compensation Law is very complex and the carrier/employer will be represented by an attorney specializing in Workers' Compensation Law. If you choose to represent yourself, you will have to follow the rules of procedure for hearings before the ICA. A copy of the rules can be obtained from the ICA's Main Reception Desk.

Attorneys representing injured workers are paid on a contingency basis. This means that they will receive an agreed upon percentage, usually 25%, of your monthly benefits if they are successful. If they are not successful, then they do not receive a fee.

Be advised that you do have the right to dismiss your attorney, however, you have entered into a legal contract with your attorney and this dismissal may not satisfy your obligation for attorney fees due.

If you wish to hire an attorney it is recommended that you consult with an attorney who is a specialist in Workers' Compensation. You can contact the Arizona State Bar Association for a list of qualified attorneys.

HEARING PROCESS

When you formally disagree with a document that contains a protest period (notices, awards, etc.), you do so by requesting a hearing in writing. Your request for hearing is referred to the ICA's Administrative Law Judge Division.

The Judges are employees of the ICA who are attorneys licensed in this state to practice law.

When the claim is assigned to an Administrative Law Judge, you will receive a notice informing you of the time and place of the hearing. You must appear at the hearing unless you are excused by the Judge.

After the hearing(s) the Judge will issue an award informing all parties of the decision reached. The award becomes final and not appealable unless a request for review is filed in writing at the ICA by one of the parties within 30 days of the award date.

If a request for review is filed, the Judge will issue a decision based upon the review and again, the parties have 30 days from the date of that decision to appeal to the Arizona Court of Appeals.

REHABILITATION OR JOB RETRAINING

Injured workers who are unable to return to their regular work due to the medically verified physical limitations caused by their injuries may be eligible for vocational rehabilitation assistance through the ICA Special Fund Division. For additional information on rehabilitation, please contact ICA Special Fund at 602-542-3294.

Injured workers do not have to participate in retraining programs and may decline without affecting their workers' compensation benefits. The carrier may elect not to offer financial support for a vocational rehabilitation or retraining program. If the carrier rejects your request for retraining, you can contact the ICA's Special Fund Division for possible assistance.

OMBUDSMAN'S OFFICE

An ombudsman, as used by the ICA, is a person who provides assistance in explaining the workers' compensation system, attempts to resolve problems between the carrier and the injured worker, answers questions and provides assistance in directing the injured worker to social services available in the community.

The personnel within the Ombudsman's Office cannot provide legal advice.

The Ombudsman's office is located in the ICA building at 800 W. Washington Street, Phoenix, Arizona. You may contact the office by calling 602-542-4538, or for those outside metropolitan Phoenix, the toll-free in-state number is 1-800-544-6488.

FRAUD

In 1994 the Arizona Legislature created a special fraud unit within the Department of Insurance to investigate acts of fraud committed against insurance companies.

Claim fraud occurs when individuals tell their insurance companies they suffered a loss when no such loss occurred or when they inflate the amount of damage they report for a loss that did occur. Claims that are false, incomplete, or misleading are prohibited by the fraud statute. Any person who submits a false claim or helps another person submit a false claim "with the intent to injure, defraud, or deceive an insurance company," is guilty of a felony.

Examples of Fraud:

- An employee files a workers' compensation claim alleging wrist, rib and facial injuries occurred while working for a construction company and while collecting benefits for being off work the employee returns to work without advising the insurance carrier.
- Presenting or assisting in the preparation of written or oral statements in support of a claim for payment or other benefits knowing that the statement contains false, incomplete or misleading information concerning any fact or thing material to the claim.

If you believe a fraudulent claim has been made, you may file a report with the Department of Insurance Fraud Unit 602-912-8418. You may also report the matter to the workers' compensation insurance carrier involved or to the ICA Legal Division 602-542-5781.

SELF-INSURED EMPLOYERS

The ICA grants the authority to certain large employers, who meet very specific criteria, to act as their own insurance company for workers' compensation purposes. There are approximately 90 employers in the state who have been given this authority.

Most self-insured employers make a definite effort to inform their employees of their self-insured status. If, after talking with your employer, you are still not sure whether it is self-insured, contact the Claims Division of the ICA.

ISSUES SURROUNDING NON-INSURED EMPLOYERS

If your employer tells you the cost of compensation insurance is too great and he will pay for any medical bills you may incur if you're hurt, HE IS BREAKING THE LAW. Think of it this way: if your employer cannot afford insurance, how can he afford to pay your medical bills?

If your employer had no workers' compensation insurance on the date of your injury, you may either file a civil action (lawsuit) against your employer in Superior Court, or file a claim for workers' compensation benefits with the ICA. The ICA has a trust fund called the "Special Fund" which was set up to pay the medical and/or compensation benefits to workers injured during the course of employment with non-insured employers, these benefits are identical to those received by an injured worker covered by an insurance policy, however, the processing of the claims is different. The ICA's Special Fund Division will process your claim and conduct an investigation to determine if you were an employee or an independent contractor and whether the injury arose during the course and scope of your employment. Once that investigation is concluded (processing time is generally less than 30 days from filing), a Notice of Determination is sent to you and the employer informing you of the acceptance or denial of your claim.

Because of the unique legal requirements involving no-insurance claims, we ask that you contact representatives of the Special Fund and they will provide a detailed explanation of the processing of no-insurance claims.

If your employer is found to have employees and did not have workers' compensation coverage, then your employer is in violation of state laws. The ICA will be taking separate legal action against your employer.

INDUSTRIAL COMMISSION OF ARIZONA

PHOENIX OFFICE

800 W. WASHINGTON
P.O. BOX 19070
PHOENIX, ARIZONA 85005-9070
HOURS: 8:00 A.M. -- 5:00 P.M.

WORKERS' COMPENSATION CLAIMS DIVISION

602-542-4661

ADMINISTRATIVE LAW JUDGE DIVISION

602-542-5247

LABOR DEPARTMENT

602-542-4515

OCCUPATIONAL SAFETY & HEALTH

602-542-5795

LEGAL DEPARTMENT

602-542-5781

DIRECTOR'S OFFICE

602-542-4411

SPECIAL FUND DIVISION

602-542-3294

OMBUDSMAN

602-542-4538
1-800-544-6488 (In State)

TUCSON OFFICE

2675 E. BROADWAY
TUCSON, ARIZONA 85716-5342
HOURS: 8:00 A.M. -- 5:00 P.M.

WORKER'S COMPENSATION CLAIMS DIVISION

520-628-5188

ADMINISTRATIVE LAW JUDGE DIVISION

520-628-5188

LABOR DEPARTMENT

520-628-5459

OCCUPATIONAL SAFETY & HEALTH

520-628-5478