



WORKPLACE PRACTICES HELPFUL HINTS

RESPONDING TO CLAIMS:

Within 30 days of the Form 18 acknowledgment letter, the carrier/ employer must file a Form 60, 61 or 63 to admit, deny or pay the claim without prejudice. If this is not done, the IC will order a \$200 sanction against the carrier.

RESPONDING TO MOTIONS:

Within 30 days of the Form 18 acknowledgment letter, the carrier/ employer must file a Form 60, 61 or 63 to admit, deny or pay the claim without prejudice. If this is not done, the IC will order a \$200 sanction against the carrier.

MEDICAL TREATMENT TERMINATION:

The right to medical treatment shall terminate 2 years after the employer's last payment of medical or indemnity compensation unless: 1) the employee files an application for additional medical treatment which is approved by the Commission, or 2) the Commission on its own Motion orders further medical treatment.

DEATH CLAIM:

Where death results proximately from injury, payments to decedent's beneficiaries may be made for a maximum of 500 weeks to conform to NCGS 97-29 (§ 97-38). Also, employer shall pay up to \$10,000.00 in burial expenses. (§ 97-40).

INJURY TO EXTERNAL OR INTERNAL ORGAN:

Loss or permanent injury to any important external or internal organ or part of the body for which no compensation is payable under any other subdivision of the section, the IC may award proper and equitable compensation not to exceed \$20,000.

SCARRING:

The IC shall award a proper and equitable amount for serious facial or head disfigurement not to exceed \$20,000.

The IC shall award a proper and equitable amount for serious bodily disfigurement for which no compensation is payable under any other subdivision of the section not to exceed \$10,000.

LOSS OF VISION

Distance	Near	Efficiency	% Loss	Distance	Near	Efficiency	% Loss
20/20	14/14	100.0 %	0.0 %	20/90	14/63	53.4 %	46.6 %
20/25	14/17.5	95.7 %	4.3 %	20/100	14/70	48.9 %	51.1 %
20/30	14/21	91.5 %	8.5 %	20/120	14/84	40.9 %	59.1 %
20/35	14/24.5	87.5 %	12.5 %	20/140	14/98	34.2 %	65.8 %
20/40	14/28	83.6 %	16.4 %	20/160	14/112	28.6 %	71.4 %
20/45	14/13.5	80.0 %	20.0 %	20/180	14/126	23.9 %	76.1 %
20/50	14/35	76.5 %	23.5 %	20/200	14/140	20.0 %	80.0 %
20/60	14/42	69.9 %	30.01 %	20/220	14/154	16.7 %	83.3 %
20/70	14/49	64.0 %	36.0 %	20/240	14/168	14.0 %	86.0 %
20/80	14/56	58.5 %	41.5 %				

SCHEDULED INJURIES

Bodily Loss	Max Wks
Thumb	75
Finger - 1st	45
Finger - 2nd	40
Finger - 3rd	25
Finger - 4th	20
Toe - Great	35
Toe - Other	10
Hand	200
Arm	240
Foot	144
Leg	200
Eye	120
Back	300

Hearing Loss

One Ear	70
Both Ears	150

Loss of Teeth

Age	Amount Of Tooth (Crowns 50%)
Up to 23	\$720.00
24-26	\$600.00
27-29	\$540.00
30 and over	\$420.00

*Injuries occurring after
January 1, 1996*

MAXIMUM COMPENSATION RATES

2008	\$786.00
2009	\$816.00
2010	\$834.00
2011	\$836.00
2012	\$862.00
2013	\$884.00
2014	\$904.00
2015	\$920.00
2016	\$944.00

MINIMUM COMPENSATION RATE

\$30.00

MILEAGE RATES

\$0.535 per Mile
as of January 1, 2017

Most Commonly Used NCIC Forms

Form 18.....	Notice of Accident to Employer and claim of Employee
Form 19.....	Employer's Report of Injury to Employee
Form 22.....	Employee's Wage Statement
Form 23.....	Application to Reinstate Payment of Disability Compensation
Form 24.....	Application to Terminate or Suspend Payment of Compensation
Form 25N.....	Notice to IC of Assignment of Rehab Professional
Form 25R.....	Evaluation for Permanent Impairment
Form 25T.....	Itemized Statement of Charges for Travel
Form 26A.....	Employer's Admission of Employee's Right to Permanent Partial Disability
Form 28.....	Return to Work Report
Form 28B.....	Report of Carrier/Admin. Of Compensation and Medical Compensation Paid and Notice of Right to Additional Medical Compensation
Form 28C.....	Report of Carrier/Admin. Of Compensation and Medical Compensation Paid Pursuant to Compromise Settlement Agreement
Form 28T.....	Notice of Termination of Compensation (Trial RTW)
Form 28U.....	Employee's Request that Compensation be Reinstated after Unsuccessful Trial Return to Work
Form 29.....	Supplemental Report for Fatal Accident
Form 30.....	Agreement for Compensation for Death
Form 33.....	Request that Claim Be Assigned for Hearing
Form 33R.....	Response to Request that Claim Be Assigned for Hearing
Form 60.....	Employer's Admission of Employee's Right to Compensation
Form 61.....	Denial of Workers' Compensation Claim
Form 62.....	Notice of Reinstatement of Modification of Compensation
Form 63.....	Notice to Employee of Payment of Compensation Without Prejudice
Form 90.....	Report of Earnings

TIME PERIODS

Waiting Period (§97-28).....	7 days
Waiting Period Recoverable After Disability (§97-28).....	21 days
Employer's First Report of Injury (§97-92).....	5 days from knowledge of injury
Employer must Admit, Deny, or Pay Without Prejudice (Rule 601).....	within 30 days notice from Commission of filing of claim

If Defendants deny the claim, a Form 61 should be filed within 14 days of written or actual notice of the injury. (§ 97-18(c)). If a Form 63 is filed, payments may continue for 90 days from date Employer has written or actual notice of injury/death (may apply for extension). Must file form to deny before expiration of 90-day period/extension or waive right to contest compensability of, and liability for, the claim.

Written Communication with Doctor..... provide contemporaneous notice to P; provide doctor's response to P within 10 days (§97-25.6(c)(2)).

Oral Communication with Doctor..... provide P prior notice of intended communication and invitation to participate; provide summary of communication within 10 days if P does not participate (§97-25.6(c)(3)).

STATUTE OF LIMITATIONS

File Initial Claim (§97-24 and §97-58).....	2 years
Change of Condition (§97-47).....	2 years
Appeal to the Full Commission (§97-85).....	15 days
Appeal to NC Court of Appeals (§97-86).....	30 days

EDFP

Information on how to register for and use of EDFP is available at <http://www.ic.nc.gov/training.html>

IMPORTANT - Mandatory EDFP documents (starting February 2016) include: Forms 21, 23, 24, 26, 26A, 33, 33R, 44, MSC 2, MSC 4, MSC 5

If not in the above list, file form via email at forms@ic.nc.gov

CLINCHER PAYMENTS

Payments made pursuant to a clincher agreement must be made within 10 days after the date of the IC approval order (§ 97-18(e)). Failure to make payments after the 14 day grace period shall result in a 10% penalty (§ 97-18(g)).

HOW DO YOU CALCULATE...

Average Weekly Wage (AWW)

Compute wages for 1 year prior to injury, then divide by 52. Omit any period of time during which employee missed more than 7 consecutive calendar days. If employee worked less than 1 year, divide wages by number of weeks actually worked. (§97-2(5))

Temporary Total Disability (TTD)

If disability exceeds 7 days, benefits of 66-2/3% of AWW not to exceed the maximum compensation rate for the year in which the injury occurred may be paid to employee for an indefinite amount of time (prior to 6-24-2011) or for a cap of 500 weeks (on or after 6-24-2011) from the date of injury, unless an extension is properly requested and granted. (§97-29)

Temporary Partial Disability (TPD)

66-2/3% of the difference between the AWW before the injury and the amount able to earn after the injury for up to 300 weeks (prior to 06/24/2011) or 500 weeks (on or after 6/24/2011) from the date of injury. (§97-30)



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