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Thank you for allowing us to represent you in your Workers' Compensation case. The following information is provided to assist you and our firm in the handling of your case. Please read this document thoroughly and keep it for reference throughout the entirety of your claim, as it will answer several of the questions that may arise throughout the process.

If you have a Facebook, Instagram, Twitter or any other social media account, it is **highly recommended** that you use the most restrictive private settings. Pictures and text commonly posted on these types of sites can be used against you in your workers' compensation claim. Please be conscious of anything you post online that may negatively impact your claim for benefits if viewed by the defense.

Pursuant to Labor Code § 4656(c), Workers' Compensation Temporary Disability (TD) benefits for a single injury occurring between April 19, 2004 and December 31, 2007 shall not extend for more than 104 weeks within a two period from the date TD benefits are first issued. For injuries after January 1, 2008, TD benefits shall not extend for more than 104 weeks within a period of five years from the date of injury. In other words, for injuries from April 19, 2004 to December 31, 2007, TD will be paid for two years from when they first begin, regardless of the actual amount of benefits paid. For injuries after January 1, 2008, you have five years from the date of injury to receive the maximum TD benefits of two years.

Please be advised that we represent you for your workers' compensation claim only, and not for any civil cases, which require separate representation. We can refer you to appropriate attorneys for such claims.

If you are contacted by the insurance company, their representative, a nurse case manager or an investigator, tell them that you are represented and they should call our office. Do not speak with them about your case. Also, do not discuss your case with your employer.

Call us before you sign, complete a form, or mail anything to the insurance company.

If you receive a letter from the insurance company and our office is not sent a copy (see the bottom of the letter, underneath the signature line where it says cc:), please provide us a copy of the letter. If my name is listed at the bottom of the letter, then you can assume that we have already received a copy.

If during the course of your claim you have to relocate, change your mailing address, or have a change in phone number, please notify us immediately. Any delay in changing your address could cause a delay in receipt of your benefits.

If your case is within the 90 day investigative period following your date of injury, or is denied, the insurance company will not pay for benefits or medical treatment. Keep track of your mileage and any out of pocket expenses because if your case is ultimately accepted, you may be entitled to reimbursement.

You are entitled to mileage reimbursement to and from your doctor's appointments, pharmacy trips, physical therapy, diagnostic testing, or any other travel related to medical treatment. You can request reimbursement as often (but not less than 30 days) or infrequently as you like. You can send it to us to request reimbursement for your or you can mail it directly to the insurance company. If you send it directly to the insurance company, please make sure you send us a copy and keep a copy for your records. Your request should include the date traveled, the addresses of locations traveled to and from, and the round trip mileage. We can provide a form to you at your request. The rates for mileage reimbursement are as follows:

<u>Rate</u>	<u>Period</u>	<u>Rate</u>	<u>Period</u>
\$0.340	10/1/2001 to 6/30/06	\$0.445	7/1/06 to 12/31/06
\$0.485	1/1/07 to 12/31/07	\$0.505	1/1/08 to 6/30/08
\$0.585	7/1/08 to 12/31/08	\$0.55	1/1/09 to 12/31/09
\$0.50	1/1/10 to 12/31/10	\$0.51	1/1/11 to 6/30/11
\$0.555	7/1/11 to 12/31/12	\$0.565	1/1/13 to 12/31/13
\$0.56	1/1/14 to 12/31/14	\$0.575	1/1/15 to 12/31/15
\$0.54	1/1/16 to present		

You should avoid paying for anything out of pocket, but if you have to pay for medical treatment, save the receipts, provide them to us, and we will submit them to the insurer with a request for reimbursement.

When your temporary disability benefits have been exhausted, you may be eligible for State Disability benefits for up to one year. You may apply for these benefits online at the Employment Development Department website.

If you have been off work due to your disability for more than a year, you may be eligible for Social Security disability and it is recommended that you apply. If you have any questions, please call us. If you apply for Social Security and are denied, please notify us immediately so that we may refer you to the appropriate attorney to assist you with your appeal.

IMPORTANT INFORMATION ABOUT REQUESTS FOR TREATMENT

The insurance company is required by law to submit all requests for medical treatment from your treating physicians to Utilization Review (UR) for review and approval. You may occasionally receive letters from a UR company stating treatment recommended by your doctor has been certified, denied or modified. Please contact us immediately with a copy of any such letter you receive unless it is addressed directly to our office or our office is listed on the bottom of the letter as one of the parties copied on the correspondence. A quick response may be required to preserve your right to treatment. Please note that these companies do not normally copy our office, so please check each UR letter to determine if our office has been sent a copy.

If treatment is denied through UR, you have 30 days from receipt of the denial to request an appeal through Independent Medical Review (IMR). The request form is usually attached to the UR denial. As your representative, our office will automatically request an appeal of all denied treatment as a regular course of business in handling your claim. It may be several weeks before IMR responds and accepts an appeal. When we receive notification that IMR will review the UR denial, the adjuster has 15 days to send IMR all requested medical records. IMR then has 30 days to issue a determination that the denial is either upheld or overturned. Once IMR makes a final determination, there are no more appeals on that treatment recommendation and the decision is valid for 12 months from the original request.

Please note that this process is lengthy and may take as long as 6 months from the date treatment is requested by your doctor before a final determination is made regarding authorization. This process is

mandated by law, and while we are dedicated to facilitating the process as quickly as possible, your patience is appreciated.

HOW TO CONTACT US

You are always welcome to contact our office with questions related to your claim or injury. Our legal assistants are more than qualified to answer questions regarding case status, reimbursements, hearing dates, doctor appointments, and most other questions specific to your case. Any question or concern should be directed to our friendly staff first to ensure a quick and effective response. If they do not know or are not qualified to answer, the question will be forwarded immediately to the attorney handling your case.

Alternatively, you are always welcome to contact your handling attorney directly. Sending questions via email will ensure the quickest response, as our attorneys are usually in court away from the office most days. **Please remember that the quickest and easiest way to have your question answered is by speak with our legal assistants first.**

Signature _____

Date _____