



**You may lose important rights if you do not take certain actions within 10 days.
Read this letter and any enclosed fact sheets very carefully.**

8-8-11

Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95242

TO

Claim Number: VE090000198
Employer: San Joaquin MVCD
Date of Injury: 06-26-11

NOTICE REGARDING DELAY OF WORKERS' COMPENSATION BENEFITS

Dear Ms. Anderson:

Acclamation Insurance Management Services (AIMS) is handling your workers' compensation claim on behalf of the San Joaquin County MVCD. The purpose of this notice is to advise you of the status of disability benefits for your claim of a workers' compensation injury on the date shown above.

Workers' compensation benefits are being delayed because we do not have the necessary medical legal and/or factual information needed to support your claim for benefits. In order to make a decision, we need to investigate your claim by obtaining your medical records; please sign the enclosed medical releases and list the names and contact information for all physicians from whom you have received medical treatment for all conditions and injuries in the past 10 years. We may also require statements from you and/or your coworkers or supervisors. As our investigation progresses, we may request some additional information, but will let you know. We will notify you of our decision on or before 9-28-11.

When benefits are delayed for medical reasons, a comprehensive medical evaluation will be necessary. I've enclosed, with this notice, an informative fact sheet for your review. If you are not represented by an attorney, you should request a panel list of Qualified Medical Examiners (QME) supplied by the Administrative Director. Please see the accompanying form prescribed by the Administrative Director for requesting assignment of a QME panel. As per the attached information, you have 10 days from receipt of this letter to request a panel. If you don't request one, we may do so on your behalf. Once you receive the panel, you have another 10 days to schedule an appointment with one of the three physicians. Again, if you don't do so we are allowed to select a physician and schedule an appointment.

Please sign and date the enclosed release and questionnaire forms where indicated and provide the names and contact information for current and prior treating physicians, returning the forms to me. Failure to complete and return the forms may result in denial of your claim.

For injuries which occur on or after January 1, 1990, there is a legal presumption before the Workers' Compensation Appeals Board that your claim is compensable if it is not denied within 90 days of your returning an Employee Claim Form to your employer. That presumption can be rebutted only with information that could not be discovered within the 90 day period.

P.O. Box 269120
Sacramento, CA 95826-9120
(916) 563-1900

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that, within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claim administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of ten thousand dollars (\$10,000).

The State of California requires that you be given the following information:

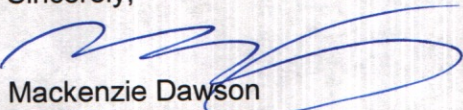
You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call me at (800) 444-6157 extension 242. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster.

If you want further information on your rights to benefits or disagree with our decision, you may contact your local Information and Assistance Officer of the Division of Workers' Compensation by calling 809-948-7982. For recorded information and a list of offices, call (800) 736-7401. You may also visit the DWC website at: http://www.dir.ca.gov/DWC/dwc_home_page.htm.

You also have a right to consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board.

Sincerely,


Mackenzie Dawson
Sr. Claims Examiner

Cc: SJCMVCD

Encl: DWC fact sheet E – QME/AME (rev 11/10)
Attachment to QME Form 105 (rev 2/09)
QME Form 105 (rev 2/09)

- Mileage
- Supplemental Questionnaire
- Medical Releases/List of physicians

DIVISION OF WORKERS' COMPENSATION

Minimizing the impact of work-related injuries and illnesses. Helping resolve disputes over workers' compensation benefits. Monitoring the administration of claims.

FACT SHEET E

ANSWERS TO YOUR QUESTIONS ABOUT QUALIFIED MEDICAL EVALUATORS AND AGREED MEDICAL EVALUATORS

Qualified medical evaluators (QMEs) or agreed medical evaluators (AMEs) examine injured workers to determine the benefits they will receive if there is a disagreement over the treating physician's opinions.

Do I need to fill out the claim form (DWC 1) my employer gave me?

Yes. Your employer must give you a DWC 1 claim form within one day of knowing you were injured. If you do not file the claim form within a year of your injury you may not be able get benefits. Giving the completed form to your employer opens your workers' comp case. It starts the process for finding all benefits you may qualify for under state law. Those benefits include, but are not limited to:

- A presumption that your injury or illness was caused by work if your claim is not accepted or denied within 90 days of giving the completed claim form to your employer
- Up to \$10,000 in treatment under medical treatment guidelines while the claims administrator considers your claim
- An increase in your disability payments if they're late
- A way to resolve any disagreements between you and the claims administrator over whether your injury or illness happened on the job, the medical treatment you receive and whether you will receive permanent disability benefits.

What if my employer didn't give me the DWC 1 claim form?

Ask your employer for the form or call the claims administrator to get it. The claims administrator is the person or entity handling your employer's claims. The name, address and phone number of this person should be posted at your workplace in the same area where other workplace information is posted. You can also get the form from the Division of Workers' Compensation (DWC) Web site at www.dwc.ca.gov. In the left navigation pane, under "I want to," click on "find a form".

I've been to the doctor. Why do I need to see a QME?

You and/or the claims administrator might disagree with what the treating doctor says. There could be other disagreements over medical issues in your claim. A second doctor -- an AME or QME -- has to address those disagreements. You might disagree over:

- Whether or not your injury was caused by your work
- Whether or not you need treatment for your injury