

Ronald M. Stein, Inc.

PROFESSIONAL LAW CORPORATION
4521 QUAIL LAKES DRIVE • STOCKTON, CA 95207-5257
(209) 957-9744 • FAX (209) 957-3005

October 5, 2009

Tiffany Kay Anderson
1516 Sylvan Way, Apt. 205
Lodi, CA 95242

Re: Tiffany Anderson vs San Joaquin County.- Mosquito and Vector Control District
DOI: 06/19/2008 03/26/2009 07/02/2009
EAMS No: ADJ ADJ ADJ
WCAB No: Unassigned Unassigned Unassigned
Claim No: VE0700184

Dear Ms. Anderson:

I hope you are doing well. I just wanted to write to you to give you some additional information. Please make sure you tell your doctor about ALL of the problems or body parts that are part of your claim:

right knee

If this office forgot to add all of the body parts to your claim let us know.

If in the future you have ANY additional problems due to the industrial injury, please let the doctor know THEN let this office know so we can amend your claim.

For example, if you begin to feel depressed, or you are having side effects from any medicine, let your doctor know then let this office know.

In order for us to go forward with your case there must be a medical record of your telling your Doctor about the problems and or body parts. If you have any questions please let this office know.

Also if your doctor tells you that you may not be able to go back to your job, ask the doctor to send you for a functional capacity evaluation, and let this office know if the doctor says you may not be able to return to your job.

If you have health benefits from your employer or a spouse or partner, and the insurance company denies you any treatment use your health benefits from your employer or a spouse or partner.

Also, even if you are not getting workers compensation apply for state disability (EDD).

Please remember, a workers' compensation case is not a personal injury case. **Return to work as soon as you can. Do not wait to finish your workers compensation case to return to work.** You will not be compensated for pain and suffering, lost wages and/or lost benefits. Further, you do not get paid based on the length of time in treatment.

Finally, if you ever contact this office and you do not get the service you expect, you may always ask to be transferred to my extension, extension 12.

Enclosed herein please find copies of the Employee's Claim for Workers' Compensation Benefits and the Information Request Form which are being sent to your employer and workers' compensation carrier. Also, enclosed is a copy of the Application for Adjudication of Claim that is being filed with the Workers' Compensation Appeals Board. Please keep track of all doctor appointments so that you can receive reimbursement for your mileage. When the form has been completed, you can send it directly to the insurance adjuster handling your claim, be sure to print your name and provide your claim number on the form. If you do not receive your temporary disability check on time or your mileage reimbursement, you should call the adjuster directly. If you need additional forms, you may contact our office.

If you are unable to work, you should be receiving disability slips from your treating doctor. Please be aware that you will need to provide your employer with each disability slip your doctor completes for you. It is your responsibility to obtain a new disability slip each time your present slip is about to expire.

Please ask your doctor to send or fax the disability slip to your employer and the insurance company. If the employer and the insurance company do not have your disability slip, you will not receive temporary disability.

The insurance company and your employer will be watching to see if you are actually disabled. To receive temporary disability, you must be totally disabled. You cannot be working or have the ability to work. If your doctor releases you to work, you must try to return to work, unless you want to forego your worker's compensation benefits.

If you are receiving State Disability from The Employment Development Department (EDD), you must let this office know. If you are now receiving Social Security Disability or Social Security, or are planning to apply for same, please let this office know.

If you have any type of private medical coverage (or you are covered under a spouse's or significant other's medical coverage) and your worker's compensation claim is on delay or has been denied by the worker's compensation carrier for your employer, and you need medical care and/or attention, use your private medical coverage. Your private health insurance is normally required to pay for medical coverage on a denied or delayed workers compensation claim.

If you do use your private health insurance and or if you pay a co-pay for medical attention or treatment out of your pocket, save the receipts, as you may get reimbursed if your claim is late or accepted by the worker's compensation insurance carrier. **Obviously, if you are having a medical emergency go to the nearest emergency room.**

If you have any problem regarding the case which you need to discuss with me, please call the office and let one of my assistants or the receptionist know the nature of the problem. If you need to see me, please make an appointment. Unfortunately, this office will NOT handle drop-in clients.

Further, if you do not get a check for temporary disability or medical mileage on time, contact your treating doctor and make sure that he/she sent in a disability slip to the employer and the insurance company stating that you are still totally temporarily disabled. If your treating doctor has sent the disability slip, and you have not received your check, wait for five days and CONTACT THE INSURANCE COMPANY DIRECTLY. If the adjuster refuses to speak to you contact the adjuster's supervisor. It is not necessary to contact this office. Unfortunately, the insurance company cannot be responsible if the U.S. Post Office delays your check.

If your check is more than seven days late and you are not getting results with the insurance company, contact this office and inform one of my legal assistants of the problem. My assistant will then consult with me. It is not necessary to speak directly to me regarding a late check. Please do not forget to call the treating doctor first to make sure that the disability slip was sent to the employer and the insurance company. Remember NO DISABILITY SLIP, NO CHECK.

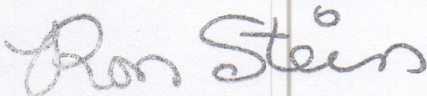
We will also need you to send in the following:

1. W-2 for last five years, prior to your injuries for all jobs you worked.
2. Copy of your driver's license
3. Copy of your social security card.
4. If you are on Social Security Disability, please bring or send in a COPY of the letter approving your social security disability.
5. Copy of your Medicare card.
6. If you received a letter from Social Security telling you your benefits, which list how much you made in the years you paid into social security, please send in a copy of that letter.

Again, thank you for your confidence in our office and in our handling of your claim.

Very truly yours,

RONALD M. STEIN, INC.
Professional Law Corporation



Ronald M. Stein
RMS/elc

Enclosure

Answers to your questions about temporary disability benefits

This fact sheet will help you understand workers' compensation temporary disability benefits. Temporary disability (TD) benefits are payments you get if you lose wages because your injury prevents you from doing your usual job while recovering.

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

A: Yes, if you want to make sure you qualify for all benefits. Your employer must give you a DWC 1 claim form within one day of knowing you were injured. Filling out the claim form opens your workers' comp case. State law also lays out benefits beyond the basics you may qualify for once you file the claim form with your employer. Those benefits include, but are not limited to:

- o 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
- o Up to \$10,000 in treatment under medical treatment guidelines while the claims administrator considers your claim
- o An increase in your disability payments if they're late
- o A way to resolve any disagreements that might come up 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.

If you do not file the claim form within a year of your injury you may not be able get benefits.

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

A: 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, like the minimum wage, is posted. You can also get the form from the Division of Workers' Compensation (DWC) Web site at www.dir.ca.gov/dwc. Click on "forms."

Q: What are the temporary disability benefits?

A: Temporary disability (TD) benefits are payments you get from the claims administrator if you can't do your usual job while recovering from your injury or illness. TD benefits are not taxable. If you can do some work while recovering but earn less than before the injury, you will receive temporary partial disability (TPD) benefits. If you can't work at all while recovering you will receive temporary total disability (TTD) benefits. Some employers have plans that pay all your wages for all or part of the time you are temporarily disabled. These plans are called salary continuation. There are different types of salary continuation plans. Some use your vacation and/or sick leave to supplement the temporary disability payments required by state law. Check with your employer to find out if you are covered by one of these plans.

Q: How is temporary disability calculated?

A: As a general rule, you are paid two-thirds of your gross (pre-tax) wages at the time of injury, with minimum and maximum rates set by law. Your wages are figured out by using all forms of income you receive from work: wages, food, lodging, tips, commissions, overtime and bonuses. Wages can also include earnings from work you did at other jobs at the time you were injured. Give proof of these earnings to the claims administrator. The claims administrator will consider all forms of income when calculating your temporary disability benefits.

Q: When does temporary disability start and stop?

A: TD payments begin when your doctor says you can't do your usual work for more than three days or you get hospitalized overnight. Payments must be made every two weeks. Generally, TD stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to. If you were injured between April 19, 2004 and Jan. 1, 2008, your TD payments won't last more than 104 weeks from the first payment for most injuries. Those injured on or after Jan. 1, 2008 are

eligible to receive 104 weeks of disability payments within a five-year period. The five-year period is counted from the date of injury. Payments for a few long-term injuries, such as severe burns or chronic lung disease, can go longer than 104 weeks. TD payments for these injuries can continue for up to 240 weeks of payment within a five-year period.

You can also file a state disability insurance (SDI) claim with the Employment Development Department. You should file this claim even if your workers' comp case is accepted. This will allow you to get SDI payments after the 104 weeks of TD payments if you are still too sick or hurt to go back to work.

Q: Do I get other benefits while receiving temporary disability?

A: You have the right to receive medical treatment right away. The claims administrator may investigate your claim before deciding whether or not to accept it. Even if it investigates, the claims administrator must approve medical treatment for your injury within one working day after you submit a DWC 1 claim form. The treatment you get must be within medical treatment guidelines set by the state. The total cost of the treatment you get during the investigation cannot be more than \$10,000.

You should also be reimbursed for transportation costs including mileage, parking and tolls for trips to and from the doctor's office. The claims administrator also pays for prescriptions, physical therapy visits and other medical costs.

Q: What if there is a problem with my benefits?

A: If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to resolve the problem. Misunderstandings and mistakes sometimes occur, but you can resolve most of them by calling the claims administrator. If this doesn't work, get help by trying the following:

Contact a state Division of Workers' Compensation (DWC) Information and Assistance (I&A)

officer: State I&A officers answer questions to help injured workers. They provide information and forms and help resolve problems with your claim. They hold free workshops to teach injured workers about their rights and responsibilities under the law. Check the attached office listing to find an I&A office near you. You can also look up a local office in the government pages of your phone book under state government, industrial relations, workers' compensation, or go to the DWC Web site at www.dir.ca.gov/dwc/. Call 1-800-736-7401 to hear recorded information for injured workers.

Consult an attorney: Lawyers who specialize in helping injured workers with their workers' compensation claims are called applicant's attorneys. Their job is to plan a strategy for your case, gather information to support your claim, keep track of deadlines and represent you in hearings before a workers' compensation judge at your local Workers' Compensation Appeals Board office. If you hire an attorney, the attorney's fees will be taken out of benefits you receive. A judge must approve the fees.

If you have a serious problem with your claim you may need to go before a workers' compensation judge. In that case, you must fill out an application for adjudication of claim. That form normally must be filed within one year from the date of your injury or the last date you were paid benefits. Use I&A guide 4 to help you file this form.

If you need more information, first contact the claims administrator handling your claim. If you need an Information & Assistance (I&A) guide or other help, call an I&A office or attend a workshop for injured workers. The local I&A phone numbers are attached to this fact sheet. You can also get information on local workshops and download the guides from the Web at www.dir.ca.gov/dwc/.

The information contained in this fact sheet is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.