



MILEAGE REIMBURSEMENT CLAIM FORM

CLAIMANT'S NAME: _____ CLAIM NUMBER: _____

EMPLOYER: _____

CLAIM NUMBER: _____

You are entitled to be reimbursed for mileage expenses associated with trips to and from your medical appointments, to pick up prescriptions, parking, bridge tolls, and public transportation costs that you incur for your industrial injury.

To request your reimbursement, please complete this form, attach any receipts you have, and mail to:
Trindel Insurance Fund P.O. Box 2069, Weaverville, CA 96093.

If you have any questions, please call us at (530) 623-2322

Mileage rates vary depending on the day you traveled. The total due to you will be based using the round-trip miles traveled.

| Date of Travel | Mileage Rate |
|---------------------|---------------|
| 01/01/13 - Forward | .565 PER MILE |
| 07/01/11 - 12/31/12 | .555 PER MILE |
| 01/01/11 - 06/30/11 | .51 PER MILE |
| 01/01/10 - 12/31/10 | .50 PER MILE |
| 01/01/09 - 12/31/09 | .55 PER MILE |
| 07/01/08 - 12/31/08 | .585 PER MILE |

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. I declare under penalty of perjury that the above is true and correct.

Signed: _____ Date: _____
Print Name: _____
Address: _____

What Should I Do If I Have An Injury?

1. If you need emergency medical treatment, call 911.
2. Tell your supervisor right away, no matter how slight the injury may be. Don't delay--there are time limits, and when you delay in reporting an injury it makes it more difficult to get you the help that you need. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.
3. If your injury only requires "First Aid" treatment, you do not need to complete an Employee Claim Form. You and your supervisor will complete a Hazard/Incident Report to document the incident.
4. If your injury requires more than First Aid treatment, you will need to complete an Employee Claim Form (DWC-1) and a Hazard/Incident form with your supervisor.
5. Your supervisor will help facilitate your medical treatment with the employer designated physician, and may even accompany you to the appointment.
6. Your employer has a "Early Return-to-Work" policy. They are committed to providing you with modified duty or alternate work to help you continue to work so you do not lose any of your usual income. A "Work Ability" form will be given to you to provide to your physician at the first, and all subsequent visits to determine what type of modified duty or alternate work you can perform while you are recovering from your injury. Immediately after you see the doctor, you are to provide your employer with the "Work Ability" form completed and signed by your physician.
7. Communicate with your employer and claims examiner throughout your recovery period. If you have questions, don't be afraid to ask.

Who do I contact if I have questions?

You can contact either your employer or claims examiner if you have any questions about filing a claim or the injury management process. You may also contact the State Division of Workers' Compensation Information and Assistance Officer. They are available at no charge to answer your questions about workers' compensation. To find the Information and Assistance officer nearest you, call (800) 736-7401, or go to the Dept. of Workers' Compensation web site at www.dwc.ca.gov

Your Claims Examiner is:

LISA MITCHELL

TRINDEL INSURANCE FUND

P O BOX 2069

WEAVERVILLE, CA 96093

PHONE : (530) 623-2322

Your Employer Designated Physician/Facility is:

PLUMAS DISTRICT HOSPITAL

1060 BUCKS LAKE ROAD

QUINCY, CA 95971

(530) 283-2121

NORTH FORK FAMILY MEDICINE

1060 VALLEY VIEW DRIVE

QUINCY, CA 95971

(530) 283-5640

QUINCY FAMILY MEDICINE

1045 BUCKS LAKE DRIVE

QUINCY, CA 95971

(530) 283-0650

WORKERS' COMPENSATION

FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined or imprisoned.

Facts about Workers' Compensation Injury Management Program

Getting hurt on the job is hard enough We want to help you recover and get back to work as soon as possible.

PLUMAS COUNTY

Trindel
Insurance Fund

P.O. BOX 2069
WEAVERVILLE, CA 96093
PHONE: (530) 623-2322

Workers' Compensation is a confusing process, but with the help of your employer and claims examiner, we can make the process easier and less stressful.

What is workers' compensation?

Workers' compensation is a benefit provided to you if you are injured on the job or if you become ill due to your job.

It's our job to manage work injury claims from the minute an injury occurs until bringing you back to full-time productive duty, and ensure that you get the quick and appropriate medical treatment you need to get you healed and back to your normal activities.

What is Trindel Insurance Fund?

We are the Joint Power Authority (JPA) that administers your employer's workers' compensation insurance. We have more than 30 years of experience as a JPA. Our members include Alpine, Colusa, Del Norte, Lassen, Modoc, Mono, Plumas, San Benito, Sierra, and Trinity Counties.

What is a workers' compensation injury or illness?

It is an injury or illness that arises because of your employment or in the course of your employment. In California, workers' compensation is a "no fault" benefit. There are various injuries, and illnesses that are covered by workers' compensation. You could get hurt by a specific incident, such as hurting your knee in a fall. You could also sustain a repetitive motion injury from doing the same motion over and over.

What is a first-aid injury?

A "First Aid" injury is one where the medical treatment provided to the injured employee does not include x-rays, prescription medications, or sutures. Treatment can be administered by a physician, and can include one follow-up visit. Any treatment beyond this is not "First Aid", and a formal injury claim would need to be filed.

Does this coverage affect my own health insurance coverage?

No. Your personal healthcare insurance is completely separate. Workers' compensation insurance only covers work-related injuries and illnesses and pays all pre-approved medical treatment to cure or relieve the effects of the work-related injury or illness.

What do I do if I have an industrial injury, or think I have had an injury or illness caused by my work?

It is important that you report your injury to your supervisor as soon as possible after it occurs. If your injury is a simple first-aid injury, you still must report it to your employer. An incident report will be completed to document your injury in the event that medical treatment beyond first-aid is required at a later date. If you require more extensive treatment your employer will provide you with an Employee Claim Form (form DWC-1). Your employer will complete questions 9, 10, 11, 12, 14, 15, 16, and 17 before giving you the form. You are to complete the "Employee" section at the top of the form and return it to your employer as soon as possible. Upon receipt of the completed form, your employer will then complete question #13, and report your claim to Trindel Insurance Fund.

What are my benefits and rights?

Medical Treatment

Within 24 hours after an employee files a completed Employee Claim Form, the law requires the employer to authorize appropriate medical treatment until the claim is accepted or rejected, up to a maximum limit of \$10,000. All medical treatment is provided in accordance with the Medical Treatment Utilization Schedule (MTUS). The MTUS is a schedule adopted by the Department of Workers' Compensation Administrative Director that all insurance carriers must use when authorizing, modifying or denying medical treatment requested for a work-related injury.

Trindel Insurance will pay all medical treatment that is reasonable and necessary, and is supported by the MTUS for accepted claims. The types of treatment included may be hospital services, doctor visits, physical therapy, chiropractic treatment, x-rays, lab tests, medication, and reasonable transportation expenses related to the injury.

What is Utilization Review (UR)?

When your primary treating physician requests medical treatment for your injury, that request must be reviewed by a licensed medical physician to make sure it is the appropriate treatment for your injury, and the stage of the injury.

How long should it take for a decision to be made when medical treatment is requested by my doctor?

The Utilization Review department has five working days to make a decision about a medical treatment request. If additional information is needed from your physician to make the decision, then UR has up to 14 days to make the decision. You will be notified by mail of any modified or denied treatment request, along with the reason for the modification or denial.

Temporary Disability Benefits

Temporary disability is a benefit paid to you if you lose time from work because of your work injury. There is a three-day waiting period, however, this is waived if you are off work for fourteen calendar days or are hospitalized. Temporary disability is a weekly benefit that is paid every two weeks. The weekly benefit rate is based on your average weekly wages. There are minimum and maximum payment limits set by state law. You must be medically disabled by your primary treating physician in order to receive temporary disability benefits. This benefit stops when you return to work, your doctor releases you for work, or determines you have reached maximum medical improvement. There is also a limit on the number of weeks that you can collect temporary disability benefits. For dates of injury on or after January 1, 2008, there is a maximum number of 104 weeks within a five year period from the date of injury that benefits are paid. There are certain types of injuries which are allowed a maximum of 240 weeks of temporary disability within a five-year period. These conditions are acute and chronic hepatitis B and C, severe burns, amputations, HIV, high velocity eye injuries, chemical burns to the eyes, pulmonary fibrosis and chronic lung disease.

Permanent Disability Benefits

The words, "Permanent Disability" do not mean you are permanently disabled. They mean you may have some permanent limitations in your ability to work caused by your work injury. There may be some compensation for these limitations. The amount depends on how much of the permanent disability is directly caused by your work injury. Other factors are also taken into consideration, such as your age and occupation. Permanent disability benefits are a fixed amount and are paid in two-week intervals until the fixed amount is paid in full. This is not a life-long benefit, and the maximum weekly benefit amount is \$270.