

2023 AS THE CLAIM TURNS FACT PATTERN

Clara Claimant is working for We Sell Everything Employer. She is a packer. Clara is just hired by Everything on February 15 after working at the Everything wares house for 3 months through Trial Run Workers, Everything's temp agency.

On March 1, Clara is doing her job packing shipments when she gets an order that included a 100-pound bag of rocks. Clara knows she is supposed to have someone help her with items that weigh more than 50 pounds, but Everything is putting pressure on its employees to fill orders faster and there is no one around to help Clara lift the bag. Clara decides to lift the bag herself and while doing so feels a sharp pain in her lower back, or is it her hip, she is not sure, but it really hurts. Despite her pain, Clara decides to continue working and not report her injury because she believes it will just go away on its own.

Three days later, March 4, Clara is still in pain, so she reports her injury to her supervisor, Sarah, at Everything. Sarah is distracted with a new shipment coming in, so she just writes "Clara" "hurt", and "yesterday" on a napkin, takes a picture of it but forgets to send it anywhere. It is not until 10 days later, on March 14, when Clara asked Sarah if she has any update on the status of her claim, that Sarah remembers to email the picture of the napkin to the Insurance Company.

Alexander Adjuster is very busy and completely overworked. He gets Sarah's email and tries to call Sarah to fill in the gaps for the information he needs to complete a First Report of Injury. Sarah does not get back to Alexander for another three days, March 17. By this time, Sarah does not remember everything that Clara told her and cannot provide all the information Alexander wants.

On March 18, Alexander, trying to do what's right, issues a First Report of Injury and an Medical Only Notice of Temporary Compensation Payable (MONTCP). The MONTCP accepts a "sprain/tear" to "multiple body parts". In the free form section of the MONTCP, Alexander puts "pain". He does not communicate directly with Clara at any point but advises Sarah to tell Clara to go to their Panel Doctor. Alexander's initial MONTCP has an incorrect address on it, he issues an amended MONTCP to attempt to correct this issue. He also thinks that his description of the injury is too vague, so he issues a second amended MONTCP describing the injury in the free form section of the NTCP as "lots of pain".

On March 20, Sarah finally tells Clara where to go for medical treatment and Clara returned with a note taking her completely out of work. Sarah forwards the note to Alexander on March 22. On March 23, Alexander issues yet another document, this one an amended NTCP – accepting wage loss.

Clara gets the three NTCPs in rapid succession in the mail. She does understand all of the documents, but she is satisfied that everything is going as it should. She is getting paid wage loss benefits and she is not getting any medical bills.

On April 15, Clara is released by her doctor to return to work in a light duty capacity. Clara returns to work with We Sell Everything on April 16 and they ask her to put stamps on the mail that is going out of the administrative office. Clara is there for 15 minutes, lifts one stamp and has excruciating pain in her back so she goes home.

Alexander, believing Clara has returned to work stops paying her wage loss and medical benefits. However, Alexander, believing that the Bureau will automatically generate a Notification of Suspension, as it did with the MONTCPs and NTCPs, does not send a Notification of Suspension to Clara. Suddenly Clara's checks stop, and she starts getting medical bills.

On May 1, Clara decides she needs to talk to someone about what's going on. She is driving down the highway one day, on her way to her under the table job, and she sees a huge billboard for Larry Lawyer. Clara calls Larry and they set up a Zoom meeting for that afternoon.

Larry talks to Clara and gets all the information from her about her case. Larry tells Clara that she has nothing to worry about and if she will just electronically sign his fee agreement that allows him to take 20% of her wage loss and medical benefits forever no matter what happens, he will take her case. Even though she doesn't really understand what that means, she knows she needs a lawyer, so Clara signs the fee agreement and emails it back to Larry.

On May 2, Larry happily enters his appearance in WCAIS and immediately files a Claim Petition, Reinstatement Petition, a Review Petition, and a Penalty Petition but names the employer as Everything We Sell. The Bureau, not recognizing Everything We Sell is really We Sell Everything creates a dummy profile for employer Everything We Sell. The Bureau also cannot determine if Everything We Sell is insured so no carrier is attached to the claim.

Because the address for Everything We Sell is the same as We Sell Everything, Sarah gets the Assignment Notices from the Petitions Larry filed. Not knowing what to do with them but recognizing Clara's name on the documents, Sarah forwards the Assignment Notices to Alexander.

Alexander receives the Notices of Assignment and goes into a panic. He was sure he had done everything correct so why did Clara file all these Petitions? Alexander remembers a presentation he attended a few weeks ago where Betty Barrister talked about EDI transactions and how to properly file documents to accept or deny claims. Alexander calls Betty to see if she will represent Everything in this case.

Betty is happy to help Alexander sort everything out. She recommends that, because they are still within the first 90 days of the claim, Alexander send Clara for an IME with Dr. Doin' it for the Defense. On May 15, Clara attends the IME and, surprisingly, Dr. Defense says that Clara was injured at work, but she is now fully recovered.

When Alexander gets Dr. Defense's report, on May 18, he is so excited he immediately files a Notice Stopping the NTCP and a Notice of Denial without discussing his options with Betty.

When Betty gets Dr. Defense's report, she's not thrilled with the fact that the doctor gives Claimant a work injury, but at least he found her fully recovered. On May 25, not knowing that Alexander has filed a Notice Stopping and a Notice of Denial, Betty files a Termination Petition. When Larry gets the Termination Petition, he contacts Betty and asks her for a copy of the report. Betty wants more time to review the report with Alexander, so she tells Larry that she does not have the report, only a verbal report from the doctor's assistant but she wanted to make sure Clara and Larry were on notice that Clara was fully recovered so she filed the Petition without the report.

All five Petitions are assigned to Judge Justice for hearings.

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**NOTICE OF TEMPORARY
COMPENSATION PAYABLE**

EMPLOYEE

Clara

Claimant

1313 Mockingbird Ln

Allentown PA 18104

Date of birth 05 - 10 - 1990
MM DD YYYY

County Lehigh

Telephone _____

DATE OF NOTICE

03 - 18 - 2022
MM DD YYYY

DATE OF INJURY

03 - 01 - 2022
MM DD YYYY

SOCIAL SECURITY NUMBER

XXX - XX - XXXX

WC ID NUMBER

W123456789

WCAIS CLAIM NUMBER

8765432

EMPLOYER

Name We Sell Everything

Address 555 Union Blvd

Address _____

City/Town Allentown State PA ZIP 18109

County Lehigh

Telephone _____ FEIN _____

INSURER

Name Claims R Us

Address 11222 Dilling Street

Address _____

City/Town Harrisburg State PA ZIP 17101

County Dauphin

Telephone _____ FEIN _____

NAIC code _____ Insurer code 007

Insurer/Administrator claim # _____

TPA

Name _____

Address _____

Address _____

City/Town _____ State _____ ZIP _____

County _____

Telephone _____ FEIN _____

Insurer/Administrator claim # _____

INJURY INFORMATION

Part of body injured

Multiple body parts

Nature of injury

Sprain/tear

Accident/injury description narrative

Pain

County _____

Check if occupational disease

NOTICE TO EMPLOYEE: This notice of temporary compensation payments is for a period of up to 90 days and **is not** an admission by your employer that it is responsible for your injury. If any questions arise, contact the representative on the reverse side of this notice. If you need further information, call the bureau at 800-482-2383.

NOTICE TO EMPLOYER: This notice must be filed with the Bureau of Workers' Compensation via electronic format. In wage loss claims, a copy of the notice is to be sent to the injured employee with the first payment of temporary compensation. In wage loss claims, the 90 day period begins on the first day of disability. The employer's/insurer's failure to file a notice as provided in Section 406.1(d)(5) of the Act advising the employee that the employer is ceasing temporary compensation shall be deemed an admission of liability, and this notice shall be converted to a Notice of Compensation Payable. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

Compensation is payable as follows:

Check only if compensation for medical treatment (**medical only, no loss of wages**) will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from the date of injury. If employer stops temporary compensation in accordance with the Act, employer will not pay for treatment received on or after the stoppage date. For compensation for medical treatment only, you should not complete number 1.

1. Weekly compensation rate \$. Based on an average weekly wage of \$.

This box is checked if AWW is estimated.

This box is checked if wages paid in lieu of compensation.

A Statement of Wages, Form LIBC-494A or a Statement of Wages, Form LIBC-494C must be filed with every indemnity NCP or TNCP unless wages are estimated.

Section 308 of the PA Workers' Compensation Act generally provides that compensation shall be paid in periodic installments as the wages of the employee were payable before the injury.

2. Ninety-day period begins on - - and ends on - -
MM DD YYYY MM DD YYYY

Claims representative's name Alexander Adjuster Telephone _____

NOTICE TO EMPLOYEE: If any questions arise regarding these payments, contact the claims representative named above.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

To view your claim file, log on to www.wcais.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**NOTICE OF TEMPORARY
COMPENSATION PAYABLE**

EMPLOYEE

Clara
Claimant
1313 Bird Drive

Allentown PA 18104

Date of birth **05 - 10 - 1990**
MM DD YYYY

County **Lehigh**

Telephone _____

DATE OF NOTICE

03 - 19 - 2022
MM DD YYYY

DATE OF INJURY

03 - 01 - 2022
MM DD YYYY

SOCIAL SECURITY NUMBER

XXX - XX - XXXXX

WC ID NUMBER

W123456789

WCAIS CLAIM NUMBER

8765432

EMPLOYER

Name **We Sell Everything**
Address **555 Union Blvd**
Address _____
City/Town **Allentown** State **PA** ZIP **18109**
County **Lehigh**
Telephone _____ FEIN _____

INSURER

Name **Claims R Us**
Address **11222 Dilling Street**
Address _____
City/Town **Harrisburg** State **PA** ZIP **17101**
County **Dauphin**
Telephone _____ FEIN _____
NAIC code _____ Insurer code **007**
Insurer/Administrator claim # _____

TPA

Name _____
Address _____
Address _____
City/Town _____ State _____ ZIP _____
County _____
Telephone _____ FEIN _____
Insurer/Administrator claim # _____

INJURY INFORMATION

Part of body injured

Multiple body parts

Nature of injury

Sprain/tear

Accident/injury description narrative

Lots of pain

County _____

Check if occupational disease

NOTICE TO EMPLOYEE: This notice of temporary compensation payments is for a period of up to 90 days and **is not** an admission by your employer that it is responsible for your injury. If any questions arise, contact the representative on the reverse side of this notice. If you need further information, call the bureau at 800-482-2383.

NOTICE TO EMPLOYER: This notice must be filed with the Bureau of Workers' Compensation via electronic format. In wage loss claims, a copy of the notice is to be sent to the injured employee with the first payment of temporary compensation. In wage loss claims, the 90 day period begins on the first day of disability. The employer's/insurer's failure to file a notice as provided in Section 406.1(d)(5) of the Act advising the employee that the employer is ceasing temporary compensation shall be deemed an admission of liability, and this notice shall be converted to a Notice of Compensation Payable. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

Compensation is payable as follows:

Check only if compensation for medical treatment (**medical only, no loss of wages**) will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from the date of injury. If employer stops temporary compensation in accordance with the Act, employer will not pay for treatment received on or after the stoppage date. For compensation for medical treatment only, you should not complete number 1.

1. Weekly compensation rate \$. Based on an average weekly wage of \$.

This box is checked if AWW is estimated.

This box is checked if wages paid in lieu of compensation.

A Statement of Wages, Form LIBC-494A or a Statement of Wages, Form LIBC-494C must be filed with every indemnity NCP or TNCP unless wages are estimated.

Section 308 of the PA Workers' Compensation Act generally provides that compensation shall be paid in periodic installments as the wages of the employee were payable before the injury.

2. Ninety-day period begins on - - and ends on - -
MM DD YYYY MM DD YYYY

Claims representative's name Alexander Adjuster Telephone _____

NOTICE TO EMPLOYEE: If any questions arise regarding these payments, contact the claims representative named above.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

To view your claim file, log on to www.wcais.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**NOTICE OF TEMPORARY
COMPENSATION PAYABLE**

EMPLOYEE

Clara
Claimant
1313 Bird Drive

Allentown PA 18104

Date of birth **05 - 10 - 1990**
MM DD YYYY

County **Lehigh**

Telephone _____

DATE OF NOTICE

03 - 23 - 2022
MM DD YYYY

DATE OF INJURY

03 - 01 - 2022
MM DD YYYY

SOCIAL SECURITY NUMBER

XXX - XX - XXXX

WC ID NUMBER

W 1 2 3 4 5 6 7 8 9

WCAIS CLAIM NUMBER

8 7 6 5 4 3 2

EMPLOYER

Name **We Sell Everything**
Address **555 Union Blvd**
Address _____
City/Town **Allentown** State **PA** ZIP **18109**
County **Lehigh**
Telephone _____ FEIN _____

INSURER

Name **Claims R Us**
Address **11222 Dilling Street**
Address _____
City/Town **Harrisburg** State **PA** ZIP **17101**
County **Dauphin**
Telephone _____ FEIN _____
NAIC code _____ Insurer code **007**
Insurer/Administrator claim # _____

TPA

Name _____
Address _____
Address _____
City/Town _____ State _____ ZIP _____
County _____
Telephone _____ FEIN _____
Insurer/Administrator claim # _____

INJURY INFORMATION

Part of body injured

Multiple body parts

Nature of injury

Sprain/tear

Accident/Injury description narrative

Lots of pain

County _____

Check if occupational disease

NOTICE TO EMPLOYEE: This notice of temporary compensation payments is for a period of up to 90 days and **is not** an admission by your employer that it is responsible for your injury. If any questions arise, contact the representative on the reverse side of this notice. If you need further information, call the bureau at 800-482-2383.

NOTICE TO EMPLOYER: This notice must be filed with the Bureau of Workers' Compensation via electronic format. In wage loss claims, a copy of the notice is to be sent to the injured employee with the first payment of temporary compensation. In wage loss claims, the 90 day period begins on the first day of disability. The employer's/insurer's failure to file a notice as provided in Section 406.1(d)(5) of the Act advising the employee that the employer is ceasing temporary compensation shall be deemed an admission of liability, and this notice shall be converted to a Notice of Compensation Payable. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

Compensation is payable as follows:

Check only if compensation for medical treatment (**medical only, no loss of wages**) will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from the date of injury. If employer stops temporary compensation in accordance with the Act, employer will not pay for treatment received on or after the stoppage date. For compensation for medical treatment only, you should not complete number 1.

1. Weekly compensation rate \$. Based on an average weekly wage of \$.

This box is checked if AWW is estimated.

This box is checked if wages paid in lieu of compensation.

A Statement of Wages, Form LIBC-494A or a Statement of Wages, Form LIBC-494C must be filed with every indemnity NCP or TNCP unless wages are estimated.

Section 308 of the PA Workers' Compensation Act generally provides that compensation shall be paid in periodic installments as the wages of the employee were payable before the injury.

2. Ninety-day period begins on - - and ends on - -

MM DD YYYY MM DD YYYY

Claims representative's name Alexander Adjuster Telephone _____

NOTICE TO EMPLOYEE: If any questions arise regarding these payments, contact the claims representative named above.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

To view your claim file, log on to www.wcais.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**NOTICE OF WORKERS'
COMPENSATION DENIAL**

EMPLOYEE

Clara
Claimant
1313 Bird Drive

Allentown PA 18104

Date of birth 05 - 10 - 1990
MM DD YYYY

County Lehigh

Telephone _____

DATE OF NOTICE

05 - 18 - 2022
MM DD YYYY

DATE OF INJURY

03 - 01 - 2022
MM DD YYYY

SOCIAL SECURITY NUMBER

XXX - XX - XXXXX

WC ID NUMBER

W 1 2 3 4 5 6 7 8 9

WCAIS CLAIM NUMBER

8 7 6 5 4 3 2

EMPLOYER

Name We Sell Everything
Address 555 Union Blvd
Address _____
City/Town Allentown State PA ZIP 18109
County Lehigh
Telephone _____ FEIN _____

INSURER

Name Claims R Us
Address 11222 Dilling Street
Address _____
City/Town Harrisburg State PA ZIP 17101
County Dauphin
Telephone _____ FEIN _____
NAIC code _____ Insurer code 007
Insurer/Administrator claim # _____

TPA

Name _____
Address _____
Address _____
City/Town _____ State _____ ZIP _____
County _____
Telephone _____ FEIN _____
Insurer/Administrator claim # _____

ALLEGED INJURY INFORMATION

Part of body injured

Multiple body parts

Nature of injury

Sprain/tear

Accident/Injury description narrative

Lots of pain

County _____

Check if occupational disease

NOTICE TO EMPLOYEE: The employer/insurer has decided to deny you workers' compensation benefits. You have the right to contest this denial by timely filing a petition. Petitions may be either electronically filed in WCAIS or sent to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harrisburg, PA 17102-1400.

Do not use this form to accept a medical-only claim. This notice shall be sent to the employee or dependent and filed with the Bureau of Workers' Compensation via electronic format no later than 21 days after notice or knowledge to the employer of the employee's disability or death. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

Specific information regarding this claim is on the reverse side of this form.

Date the employer received notice or knew of alleged injury or date of employee's claimed disability:
This date must be completed.

03 - 04 - 2022
MM DD YYYY

The employer/insurer declines to pay workers' compensation benefits to claimant because:

- 1. The employee did not suffer a work-related injury. The definition of injury also includes aggravation of a pre-existing condition or disease contracted as a result of employment.
- 2. The injury was not within the scope of employment.
- 3. The employee was not employed by the defendant.
- 4. The employee did not give notice of his/her injury or disease to the employer within 120 days within the meaning of Sections 311-313 of the Workers' Compensation Act.
- 5. Other good cause; please explain fully in the space below.

Claims representative's name Alexander Adjuster Telephone _____

EMPLOYEE'S RIGHTS TO CONTEST DENIAL

You have the right to contest this denial of your claim for workers' compensation benefits. Your petition will be heard by a workers' compensation judge. You and your employer will have the opportunity to testify and provide medical evidence with respect to your claim. Both you and your employer will have the right to bring witnesses. You may retain an attorney to represent you in this proceeding although representation by an attorney is not required by law. Because of the legal complications that can arise in occupational disease and workers' compensation cases, you may want to consider legal advice. **If you do not know how to contact an attorney, please contact your local Bar Association or the Pennsylvania Bar Association at 800-692-7375 for guidance in obtaining an attorney.**

The procedure for filing a petition is as follows :

1. To file a petition you may access WCAIS from www.wcais.pa.gov, or upon request a petition, Form LIBC-362, will be mailed to you. You or your attorney may file your petition online, or complete and return the original petition to the Workers' Compensation Office of Adjudication by electronically attaching the document to a claim in WCAIS or by mail to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St., Suite 202, Harrisburg, PA 17102-1400.
2. A petition for an injury must be filed within three years of the date of injury. Filings for occupational disease claims, disability or death must occur within 300 weeks from last exposure. A petition must be filed no later than three years from that date. Failure to file a petition within these rules may result in a loss of your claim.
3. You must give notice of your work-related injury or disease to your employer within 120 days of the date you knew (or should have known) that you were injured or had contracted a work-related disease.
4. When your petition is filed with the Workers' Compensation Office of Adjudication, it will be assigned to a judge for a hearing. You will be notified of your hearing date. All parties are requested to be fully prepared prior to the first hearing.

If you need petition forms or have questions, please go to www.wcais.pa.gov or contact one of the Information Services numbers listed below.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

To view your claim file, log on to www.wcais.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

pennsylvania

DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

**NOTICE STOPPING
TEMPORARY COMPENSATION**

EMPLOYEE

Clara
Claimant
1313 Bird Drive

Allentown PA 18104

Date of birth 05 - 10 - 1990
MM DD YYYY

County Lehigh

Telephone _____

DATE OF NOTICE

05 - 18 - 2022
MM DD YYYY

DATE OF INJURY

03 - 01 - 2022
MM DD YYYY

SOCIAL SECURITY NUMBER

X X X - X X - X X X X

WC ID NUMBER

W 1 2 3 4 5 6 7 8 9

WCAIS CLAIM NUMBER

8 7 6 5 4 3 2

EMPLOYER

Name We Sell Everything
Address 555 Union Blvd
Address _____
City/Town Allentown State PA ZIP 18109
County Lehigh
Telephone _____ FEIN _____

INSURER

Name Claims R Us
Address 11222 Dilling Street
Address _____
City/Town Harrisburg State PA ZIP 17101
County Dauphin
Telephone _____ FEIN _____
NAIC code _____ Insurer code 007
Insurer/Administrator claim # _____

NOTICE TO INSURER: This notice must be filed in WCAIS via electronic format no later than five days after the last payment of temporary compensation. A copy must be sent to the employee. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.

TPA

Name _____
Address _____
Address _____
City/Town _____ State _____ ZIP _____
County _____
Telephone _____ FEIN _____
Insurer/Administrator claim # _____

Specific information regarding this claim is on the reverse side of this form.

NOTICE TO EMPLOYEE: This notice is being sent because payment of compensation, being paid pursuant to the Notice of Temporary Compensation Payable, is being stopped as of

0	5	-	1	8	-	2	0	2	2
MM			DD			YYYY			

The payment of temporary compensation does not mean that your employer assumed responsibility for your injury. Your employer and you retain all rights, defenses and obligations with regard to the claim. Further, the payment of temporary compensation may not be used to support a claim for benefits in a future proceeding.

WE HAVE DECIDED NOT TO ACCEPT LIABILITY AND ATTACHED IS A *NOTICE OF WORKERS' COMPENSATION DENIAL*. IF YOU BELIEVE YOU SUFFERED A WORK-RELATED INJURY, YOU WILL BE REQUIRED TO FILE A *CLAIM PETITION* WITH THE WORKERS' COMPENSATION OFFICE OF ADJUDICATION IN ORDER TO PROTECT YOUR FUTURE RIGHTS.

You have three years from the date of injury, or discovery of your condition, to file a Claim Petition for benefits. Since time limits can vary depending on the facts of your situation, you may wish to contact an attorney if you believe you may have a claim.



Claims representative's name **Alexander Adjuster** Telephone _____

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free Inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

To view your claim file, log on to www.wcals.pa.gov.

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*