

Brief Description of Rights and Benefits (PURSUANT TO NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1) If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the forms required to file the Notice of Injury or Occupational Disease,

Claim for Compensation (Form C-4) If medical treatment is sought, the form C-4 is available at the place of initial treatment. You must file a completed "Claim for Compensation." (Form C-4) within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation. The employer must complete and mail to its insurer or third-party administrator an Employer's Report of Industrial Injury or Occupational Disease (Form C-3), within 6 working days after receipt of a Claim for Compensation. Your insurer must accept or deny your claim *within* 30 days after receipt of the C-4 form.

Medical Treatment If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors.

To File a Complaint with the Division If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

Permanent Total Disability (PTD) If you are medically certified by a treating physician or chiropractor as permanently and totally disabled as a result of an industrial injury or OD and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Permanent Partial Disability (PPD) When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. If you and the insurer cannot agree on a rating physician or chiropractor to perform the evaluation, one will be assigned by rotation as established by DIR. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Temporary Total Disability (TTD) If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD) If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled; the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Medical Costs Any medical procedures or treatments related to your on-the-job injury deemed necessary by your treating physician or chiropractor and authorized by your insurer, will be paid according to the Nevada Medical Fee Schedule or as otherwise contracted.

Vocational Rehabilitation Services You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your Injury or occupational disease. Your right to such services depends on your place of residence. You may be able to obtain a lump sum buyout in lieu of vocational rehabilitation services.

Reopening You may be able to reopen your claim if your condition worsens after claim closure.

Transportation and Per Diem Reimbursement If you travel 20 miles or more one way or 40 miles or more in a week, to receive medical treatment, you may be reimbursed for the cost of transportation and meals. A claim for travel reimbursement must be submitted within 60 days after the expenses are incurred. Contact your insurer for specific information and proper reimbursement forms.

Appeal to Hearing Officer If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the Department of Administration, Hearing Officer, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, telephone (775) 687-5966, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102, telephone (702) 486-2525.

Nevada Attorney for Injured Workers (NAIW) If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer hearing. NAIW is an independent state agency and is not affiliated with any insurer. For information regarding denial of benefits, you may contact the NAIW at 1000 E. William Street, Suite 213, Carson City, NV 89701, (775) 687-4076, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

Appeal to Appeals Officer If you disagree with the Hearing Officer decision, you may appeal to the Department of Administration, Appeals Officer. You must file your appeal within 30 days from the date of the Hearing Officer decision.

Judicial Review If you disagree with a decision of an Appeals Officer, you may file a petition for judicial review with the District Court. You must do so *within* 30 days of the Appeal Officer's decision. An attorney may represent you at your own expense or you may contact the NAIW for possible representation.

If you have any questions concerning the law as it may apply to you, contact your attorney, insurer or third-party administrator listed below:

Insurer/Administrator: Associated Risk Management

Contact Person: Examiner

Address: PO Box 4930 Carson City, NV 89702-4930

Phone Number: (775) 883-4440 (800) 935-0640