A Guide to

Workers’ Compensation

in Wyoming

wyomingworkforce.org/wc
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CHAPTER 1

Having a work-related injury is stressful, and our goal at the Wyoming Department of Workforce Services is to make the workers’ compensation process as smooth as possible. We will provide quality service to help you achieve the best medical recovery possible from your work injury and help you return to work.

You have received this handbook because you have filed an injury report with the Division of Workers’ Compensation. This handbook is intended to be an additional resource when you have questions about the workers’ compensation process. This information is not meant to be used as a legal source of reference.

This handbook contains several forms:

• Release of information form;
• Reimbursement voucher; and
• Temporary total disability application

These forms and additional information can be found at the Workers’ Compensation website at wyomingworkforce.org/wc.

Getting Started: Injury Report Processing

Complete an Injury Report and send it to Workers’ Compensation

An injury report notifies Workers’ Compensation that you have had a work injury. Remember, filing an injury report is not a claim for benefits. Medical bills, reimbursement requests and all claims for benefits must be applied for separately using the appropriate forms.

The injury report will be processed within three to five days of receipt. Your claims analyst will review the injury report. They will also contact the employer, the health care provider and you during this process. As a result of this review, your claims analyst can decide to open the claim, deny the claim or ask for additional information before making a final decision.

Provide any additional information

If more information is needed to make a final determination, you will receive a letter which identifies what information is needed. You will be asked to submit the additional information requested to Workers’ Compensation in writing by the due date (usually 15 days) specified in the letter.

Medical records not received on time may result in the claim being denied. If you are unable to get the records within the time frame, please communicate this to your claims analyst.

Phone and Website information

Workers’ Compensation’s interactive voice response system is available to injured workers to obtain case and billing information. This system can be accessed at any time by calling 1-800-870-8883 or (307) 777-7441 in Cheyenne. To speak directly with an operator, press “0.”

Providers, Injured Workers and Employers Resources System (PIERS)

PIERS, a web-based system, offers customers the ability to retrieve claim and billing information online. Access PIERS at https://piers.wyo.gov/ or by calling the PIERS call center at (307) 777-6982.
CHAPTER 1

THE CLAIMS PROCESS

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DON’T FORGET

Benefit Payments Workers’ Compensation offers automatic deposit (Electronic Fund Transfer). Your claims analyst can discuss this payment option with you. Early next year, we will offer a debit card option.

KNOW THE BASICS

• Claim Number You have received a letter with your claim number. This number is important for identifying the correct claim. This letter also includes the name and phone number of your claims analyst. Workers’ Compensation will make every effort to return calls within 24 h. When writing Workers’ Compensation, be sure to include your claim number in every letter.
• Point of Contact Your claims analyst identified in the letter is your point of contact. Your claims analyst is here to guide you through the workers’ compensation process, offer benefits depending on individual needs and help you return to work. You are encouraged to contact your claims analyst with any questions concerning your case and/or to obtain additional forms.
• Treating Doctor You have the right to choose a primary health care provider (doctor of medicine, chiropractic or osteopathy, optometrist, podiatrist, psychologist or advanced practitioner of nursing).
• Medical and Pharmacy Billing To ensure medical and pharmacy bills are paid as quickly as possible, give the claim number to every health care provider who treats your work-related injury and to every pharmacy where prescriptions are filled for your work-related injury. Tell the providers they must include the claim number on all medical reports and bills they send to Workers’ Compensation. If you receive a billing statement or an invoice from a health care provider for services related to the work injury, you should contact your claims analyst for assistance.
• Change of Address/Phone Number If your mailing address, physical address or telephone number changes, notify your claims analyst so records can be updated. If address changes are not updated, benefit checks and/or other documents could be mailed to the wrong location.
• Release of Information If you want Workers’ Compensation to discuss your claim with anyone other than you or your employer, please submit the completed “Release of Information Form” provided in this handbook.
• Medical Release Update your claims analyst when a health care provider discharges you from treatment, releases you to return to work in any capacity, or upon returning to work in either a full-time or part-time capacity whether it is with the employer at the time of injury, or with a new employer.
• Keeping records You should keep copies of all papers and documents pertaining to your workers’ compensation claim.
• “Final Determination” letters Workers’ Compensation is required to make final determinations on every claim, bill and/or application received. Depending on what Workers’ Compensation has received, the final determination letter notifies you, the employer, the health care provider and/or a vendor of a decision.
II  MEDICAL TREATMENT, TRAVEL AND PRESCRIPTION BENEFITS

Medical Treatment
You have the right to choose your treating health care provider. We encourage you to receive your medical care in Wyoming whenever possible. If you choose an out-of-state provider, you may be billed for charges in excess of the Wyoming fee schedule.

Workers’ Compensation will pay for medical treatment if it is:
• directly related to the injury, or the condition is caused by the work injury;
• reasonable, necessary and appropriate treatment for the injury; and
• for a particular one-time medical test to rule out if a treatment is related to the work injury.

Failure to attend any medical appointment could result in a suspension of your benefits. Health care providers may also bill you for a no-show appointment.

If medical benefits are denied, you will be mailed a Final Determination Letter which explains the reason(s) why the benefit was not approved.

If you move out of the State of Wyoming, it is your responsibility to find a health care provider that will accept you as a patient and will bill the Wyoming Department of Workforce Services’ Workers’ Compensation. Your claims analyst may assist you in locating out-of-state health care providers.

Time Limits to Medical Benefits
There is no maximum time limit on medical treatment as long as your health care provider can document how your treatment is related to the work injury, and that it is reasonable and necessary.

Changing Doctors
Once you choose a health care provider to treat your work-related injury, you must notify your claims analyst before you change health care providers. You may have your current health care provider refer you to another health care provider (usually a specialist) or you can ask your claims analyst for a Notice of Change of Health Care Provider form. When completing the form, you must explain why you want to change your health care provider. Workers’ Compensation will notify both your prior and new health care providers of the change. You cannot continue treatment with your prior health care provider after you submit a change request form.

Traveling to See a Doctor
You may be eligible to receive travel reimbursement. Workers’ Compensation will only pay mileage reimbursement to the closest available health care provider for travel that is 10 miles or more, one way to treat your work-related injury. Reimbursement for travel is based on city-to-city or address-to-address map mileage for distances of 10 miles or greater one way.

Workers’ Compensation will only reimburse for travel expenses for travel to the closest available medical provider needed to treat your work-related injury. Travel of less than 10 miles one way will not be reimbursed. Reimbursements will be paid at General Services Administration per diem rates. Those rates can be found at gsa.gov/perdiem. A Reimbursement Voucher form can be found at the end of this handbook.

Reimbursement requests must be filed with Workers’ Compensation as soon as possible, but no later than one year from date of service. Additional Reimbursement Voucher forms can be obtained from your claims analyst, at any Workers’ Compensation field office, or online at wyomingworkforce.org/wc.

Original receipts for meals and lodging must be attached to the voucher form. Verification of medical appointments is required in order to consider reimbursement for payment.

Anyone accompanying you is responsible for his or her own expenses. Expenses may be reimbursed if that assistance is medically necessary and documented by your health care provider.

Car rental expenses will not be reimbursed under any circumstances.

If you paid for your first visit for medical care and/or a prescription(s) related to the work injury, you may submit a reimbursement for review. The original medical bill or pharmacy bill is required to review reimbursement for payment. Copays are not reimbursable. All other medical care and prescription(s) must be billed directly to Workers’ Compensation.
Preauthorization of Surgery
Workers’ Compensation does not require preauthorization for surgery. Your health care provider will decide if they require preauthorization for their business. A list of treatments and services for preauthorization is posted on Workers’ Compensation’s website. You or your treating health care provider may contact your claims analyst or visit wyomingworkforce.org/wc for more information.

Prescriptions
If your condition requires prescriptions as part of your work-injury treatment, you can go to your local pharmacy. You will need to tell the pharmacist your claim number. Workers’ Compensation has contracted with a pharmacy benefit management company which allows your pharmacist to fill your prescription and bill Workers’ Compensation directly. Some pharmacies do not use this process and may ask you to pay for your prescription. If you pay for your first prescription, you may send the receipt and reimbursement voucher to Workers’ Compensation for review.

DON’T FORGET

Medical Billing Reminders
• Remember to give your claim number to every medical provider that sees you for your work-related injury or condition. Tell the provider to write your claim number in your medical chart for future reference regarding your work injury. Medical bills cannot be processed for payment without a claim number.
• All injury-related medical bills must be sent directly to Workers’ Compensation by the medical provider. Medical documents must accompany every bill for each date of service appearing on the bill.
• All medical bills are reviewed and, if appropriate, paid by a fee schedule adopted by Workers’ Compensation. Health care providers who provide service within the State of Wyoming cannot bill you for charges in excess of the fee schedule.
III INDEMNITY BENEFITS

Temporary Total Disability Benefits
You may qualify for Temporary Total Disability benefits if you are certified by a physician as unable to return to work, and you lose wages because of your work-related injury or condition.

Temporary Total Disability payments will be equal to one of the following based on your actual monthly earnings:
• Two-thirds of your actual monthly gross wage; or,
• Thirty percent of the statewide average monthly wage, whichever is greater, and will not exceed either 100 percent of your actual monthly earnings or the statewide average monthly wage for the quarter you were injured.

Your Responsibilities
At a minimum, you must keep in contact with your claims analyst to discuss your progress on medical recovery and return to work. You must also be involved in your active treatment program and attend all appointments. If you are released for regular or modified work, you must contact your claims analyst immediately. Your claims analyst is required to contact you at least once per month to get an update on your status and to address your needs.

You should continue to communicate with your employer. Your employer will be able to help you return to regular or modified work, and can also include discussions about work accommodations.

Temporary Total Disability benefits will be paid twice a month. You will receive payment on or about mid-month, and again on or about the end of the month. Temporary Total Disability benefits will continue as long as you remain temporarily totally disabled and unable to work. Temporary Total Disability will not exceed an accumulated total of 24 months for the life of the claim, unless there are medically documented extraordinary circumstances.

Temporary Total Disability benefits will end when any of the following occurs:
• You are released or returned to work in any capacity; or
• A health care provider determines that you have an ascertainable loss (Permanent Partial Impairment due to your work-related injury).

Your claims analyst will maintain monthly contact with you during your recovery to discuss your medical treatment along with your plans to return to work. If your claims analyst cannot reach you by telephone or mail, Temporary Total Disability benefits may be stopped until he or she can contact you.

If you receive Temporary Total Disability checks after you return to work, notify your Claims Analyst immediately. If Temporary Total Disability benefits are overpaid, you will be required to reimburse Workers’ Compensation.

Temporary Total Disability Incentive
If all your medical care is received entirely in the State of Wyoming, your monthly benefits may increase by 3 percent. The Temporary Total Disability incentive will end without notice if medical treatments are received outside the State of Wyoming. Initial treatment at the time of your injury is not included in this requirement. Contact your claims analyst with any questions.

Return to Work - Light Duty Temporary Partial Disability
You must notify Workers’ Compensation immediately when you return to any type of work. This includes light-duty/modified work, self-employment, temporary or part-time work of any kind.

If your treating health care provider releases you to return to light-duty or modified-duty work, you must notify your employer and your claims analyst immediately.
If your employer offers you light duty/modified work, you may qualify for Temporary Partial Disability benefits. Contact your claims analyst for more information about Temporary Partial Disability benefits.

Studies show that when people return to regular or light-duty work they heal faster. Other benefits of returning to work can include staying active, controlling pain, feeling productive, earning wages and social contact with your co-workers and employer.

**Employer Objection to Your Reported Work Injury/Interim Benefits**

If Workers’ Compensation approves your injury report, your employer has the right to agree with the Final Determination letter, or can object and request a hearing. If your employer objects to the approval of compensability and requests a hearing, you may request an interim Temporary Total Disability benefit while this issue is in hearing. Contact your claims analyst for more information. An interim Temporary Total Disability benefit cannot exceed three months. Only one interim Temporary Total Disability benefit may be awarded for your current work injury.

**Unemployment Information**

If Temporary Total Disability benefits have ended and you are not immediately returning to full-time work, you may file a claim for unemployment benefits. To preserve wage credits earned before your injury, an unemployment claim must be filed within 60 calendar days of a Temporary Total Disability determination, and within 36 months of the injury.

Contact the Wyoming Department of Workforce Service’ Unemployment Insurance Division at (307) 473-3789, or wyomingworkforce.org, for more information regarding benefits or to file a claim. You must be able to work to qualify for unemployment benefits and you cannot receive Temporary Total Disability at the same time as unemployment benefits.

**Permanent Partial Impairment Benefit**

Permanent Partial Impairment is a monetary benefit that compensates you for loss of physical function due to your work injury. This is not a settlement. You may continue to receive medical benefits while receiving this benefit.

You may qualify for this benefit if your work injury results in a permanent loss of physical function. A licensed physician will determine what percentage, if any, of permanent impairment you have sustained. If your treating physician does not perform impairment ratings, you will be referred to another physician qualified to do impairment ratings (see Independent Medical Examination in Chapter 4).

All Permanent Partial Impairments must be completed according to the most recent edition of the Guides to the Evaluation of Permanent Impairment by the American Medical Association. This is a requirement of Wyoming law. If your impairment rating is performed by a physician outside of Wyoming, that physician must use the same edition of the American Medical Association guidelines in order for Workers’ Compensation to accept the rating.

When Workers’ Compensation receives your impairment rating report, it will be reviewed by medical personnel and calculated as required by law. If you have received a previous Permanent Partial Impairment Award for the same body part, that amount will be deducted from the new award. Your claims analyst will send you a Final Determination Letter notifying you how much your Permanent Partial Impairment Award will be. You can either agree with the award or request a second opinion. You must notify Workers’ Compensation of your decision by using the response page of the Final Determination Letter. Your claims analyst will process the first award offered, even if you requested a second opinion. After a second opinion is obtained, Workers’ Compensation will consider both ratings, and offer an award.

Permanent Partial Impairment Benefits are paid redundant at the end of each month, until the award is paid out. The Permanent Partial Impairment Award cannot be paid in a lump sum.

When you can’t work or return to your job, your claims analyst will discuss the Vocational Rehabilitation and Permanent Partial Disability benefits with you. You can choose only one benefit. The purpose of these benefits is to support you while you return to work within your work restrictions. You are encouraged to work with the local workforce center to help with your return to work efforts.

**Vocational Rehabilitation Benefits**

Vocational Rehabilitation benefits are available for injured workers to retrain into occupations that match the permanent work restrictions caused by a work injury. Your work history, and training you had three years before your work injury, will be evaluated to determine if you can return to work at any job. Vocational Rehabilitation benefits may include formal education program, on-the-job training, vocational counseling, job placement services and/or accommodation with your previous job. The goal is to help you seek and obtain gainful employment.
Permanent Partial Disability Benefits are calculated based on age at the time of injury, number of occupations, education and career plans. If you qualify for the Permanent Partial Disability Award, your claims analyst will send you a Final Determination Letter notifying you how much your Permanent Partial Disability Award will be and what your payment will be each month. Permanent Partial Disability Benefits are paid monthly at the end of each month, until the award is paid out.

Permanent Partial Disability can, at times, be paid in a lump sum. To be eligible for a lump sum payment, you must submit a written application and a statement explaining your exceptional need. All Permanent Partial Disability Benefits paid in a lump sum will be discounted based on the interest that would have been earned. Lump sum payments are paid for the full award or balance of the award only, no partial awards will be paid. The award of any lump sum payment will affect the date you may be eligible for additional benefits.

Contact your claims analyst for more information about Permanent Partial Disability benefits.

Permanent Total Disability Benefits
When you can’t return to any type of work, you may qualify for Permanent Total Disability benefits if your work-related injury permanently prevents you from being able to do any gainful or meaningful work. To qualify for this benefit:

- An application for Permanent Total Disability benefits must be submitted;
- A licensed physician must certify that you are permanently and totally disabled on a form provided by Workers’ Compensation; and
- You will receive a Final Determination Letter stating if you are eligible for the award. If eligible, the letter will provide the total amount of the award and the calculated monthly benefit.

Permanent Total Disability Benefits are paid monthly at the end of each month, until the award is paid for 80 months.

Permanent Total Disability Benefits can be paid in a lump sum. For a lump sum payment, you must submit a written application which includes a statement explaining your exceptional need. Permanent Total Disability Benefits paid in a lump sum will be discounted based on the interest that would have been earned. Lump sum payments are paid for the full award or balance of the award only, no partial awards will be paid. Contact your claims analyst for more information and the application for lump sum payment. The award of any lump sum...
sum payment will affect the date you may be eligible for additional benefits.

Permanent Total Disability Benefits are not lifetime benefits. If you are still unable to work at any gainful work after 80 months, you may apply for extended benefits on a yearly basis. Prior benefit awards may reduce the amount of this benefit.

The child(ren) of an injured worker awarded Permanent Total Disability Benefits may qualify for unmarried minor child(ren) benefits.

**Extended Benefits**

If you are unable to work at any gainful employment after the Permanent Total Benefits pay out at 80 months, you may apply for extended benefits. You need to complete a yearly application stating you cannot work due to your work injury and work restrictions. Workers’ Compensation requires you to seek employment or retraining prior to applying for extended benefits.

**Unmarried Minor Child(ren) Benefits**

If you qualify for Permanent Total Disability, or if there is a work-related fatality, benefits are available for any unmarried minor child(ren). This benefit must be applied for on behalf of each child, the surviving spouse, or by the guardian of the surviving child(ren).

Workers’ Compensation must receive an official birth certificate to establish legal responsibility for each child applying for the benefit. If unmarried minor child(ren)’s benefits exceed $5,000 per year, a guardian and conservator for your estate must be established. In order for Workers’ Compensation to pay child(ren)’s benefits, a copy of the court order establishing a guardian and conservator must be submitted. All benefits will be payable according to the terms of the court order. You may wish to consult an attorney regarding this requirement.

Your Claims Analyst will send a Final Determination letter that specifies the total amount of the award, and the monthly payment to be issued each month for each child.

Unmarried minor child(ren)’s benefits are payable to age 21, or age 25 if the child(ren) is enrolled in post-secondary education. If the unmarried minor child(ren) is physically or mentally incapacitated, benefits are payable until the child(ren) dies or is qualified for and receiving benefits under the Medicaid home and community based waiver program. Benefit payments are issued at the end of each month. Benefit amounts may be adjusted annually. A child cannot receive a lump sum award for these benefits. Contact your claims analyst for more information.

**Death Benefits/Burial Expenses**

In the event of a death as a result of a work-related injury, benefits may be payable to a spouse, unmarried minor child(ren), and/or dependent parent(s). Death benefits may also include burial and other related expenses. An application for benefits must be submitted to Workers’ Compensation.

A spouse receives benefits for 100 months. The amount of the award is based on a percentage of wages at the time of death compared to the statewide average wage. If there is no spouse, the unmarried minor child(ren) will receive a portion of the spouse benefits in addition to their monthly benefit. If there are no dependents and the claim is compensable, it will be opened for payment of funeral and medical expenses.

The burial expenses of the deceased worker shall be paid in an amount not to exceed $5,000, with an additional amount of $5,000 to cover other related expenses, unless other arrangements exist between the employer and worker under agreement. Contact your claims analyst for more information.

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**Injured and want a job?**

*Your local workforce center can help! Visit yours today!*

[wyomingworkforce.org/contact]
CHAPTER 4

Request for Hearing/Appeals Process
If you disagree with any Final Determination letter, you must send a written objection and request for hearing to Workers’ Compensation. A response page is included with each Final Determination letter for your use in submitting an objection and request for hearing. Please make sure your name, claim number, date, and reason why you are requesting a hearing is included.

Your request for hearing must be received by Workers’ Compensation on or before the due date specified in the letter. If your response is not received in time, the decision is final and not subject to further review.

If your request for hearing is filed by the response date, you may choose an attorney, or the Attorney General’s Office may assist you in obtaining an attorney. Once you have an attorney, all communication with Workers’ Compensation regarding the issue at hearing should be made through your attorney. You are not responsible for payment of your attorney fees and/or court costs for a timely-requested hearing.

Independent Medical Examinations/Functional Capacity Evaluation
An Independent Medical Evaluation is a medical examination performed by a health care provider other than your current health care provider. The health care provider performing the examination will not provide medical care. You should continue to see your treating health care provider.

An Independent Medical Examination can be requested by Workers’ Compensation or by the employer. An Independent Medical Examination can be used for the following:
• As a second opinion for treatment, or to clarify your treatment plan;
• To assist your health care provider when current treatment is not helping in your recovery;
• To help understand what your current condition is;
• To help determine if you are ready to return to work, and what restrictions you might have; and/or
• This may include a Permanent Partial Impairment rating.

A Functional Capacity Evaluation may be requested to document your work restrictions before an Independent Medical Examination or Permanent Partial Impairment appointment.

You will receive a letter for any Independent Medical Examination appointment(s) scheduled by Workers’ Compensation. The letter will confirm your Independent Medical Examination appointment time, address, and health care provider. Your claims analyst will contact you prior to an appointment being scheduled to verify any scheduling conflicts.

Failure to attend any medical examination scheduled by Workers’ Compensation could result in a suspension of your benefits. Health care providers may also bill you for a no show appointment.

You may qualify for travel reimbursement to attend an Independent Medical Examination and/or Functional Capacity Evaluation. Contact your claims analyst for more information.
V RESOURCES

Customer Advocacy
A Workers’ Compensation customer service representative is available if you need more information about Workers’ Compensation programs, benefits or general questions. Contact a customer service representative at (307) 777-5476, or via email at DWS-AskMeWC@wyo.gov.

Statute, Rules and Regulations Website
The Wyoming Workers’ Compensation Act is at Title 27, Chapter 14 of the Wyoming Statutes (W.S. § 27-14-101 through W.S. § 27-14-805) and is available at legisweb.state.wy.us/statutes/titles/Title27/T27CH14.htm.

The Act and the rules, regulations and fee schedules of the Wyoming Department of Workforce Services’ Workers’ Compensation is available at soswy.state.wy.us/Rules/Rule_Search_Main.asp.

In the Search Form, please make the following selections:
Agency: Workforce Services, Department of
Program: Workers’ Compensation Division
Rule Type: (All Rule Types)

Leave all other fields blank then click on the Search button.

Fraud
Workers’ Compensation has an active Special Investigation Unit. Referrals can be made by anyone who suspects fraudulent activities. You may contact the Fraud Unit at wyomingworkforce.org/contact/Pages/report-a-fraud.aspx.

According to the Wyoming Workers’ Compensation Act, anyone who knowingly makes or allows any misrepresentation or false statement to be made for the purpose of receiving payments under the Act, is guilty of a misdemeanor, or felony, punishable by a fine, imprisonment or both. Wyoming Statute § 27-14-510.

Have you considered Vocational Rehabilitation?
The Wyoming Department of Workforce Services is committed to helping people with disabilities establish and reach vocational goals that help them become productive working citizens.

For more information, visit wyomingworkforce.org
Workers' Compensation Benefits Process
This flow chart is a general overview of what takes place after submitting an injury report.
RELEASE OF INFORMATION

Please sign and return this form only if you would like to designate any other person (i.e. spouse, mother, father, brother, family member, etc.) to inquire about the status of your claim, or to give information about your claim to the Wyoming Workers' Compensation Division. Thank you.

Claim Number ________________________________

Last 4 digits of SSN ________________________________

I, ____________________________, give my permission for my ____________________________,
(name of injured worker) (state relationship)
_________ ____________________________, to give and receive information regarding my Workers’
(name)

Compensation claim. I give permission for the Division to speak to the above person on issues
concerning my claim.

______________________________
(signature of injured worker)

______________________________
(date)
### REIMBURSEMENT VOUCHER

- **NOTICE:** Incomplete forms will be returned unpaid.

**Claim Number (REQUIRED):**

**Date of Injury:**

**Name:**

**Phone Number:**

**Physical Address:**

**City:**

**State:**

**Zip:**

- **Check here if new address:**

**Mailing Address:**

**City:**

**State:**

**Zip:**

In order to obtain medical care, I traveled from my home to the location of my health care provider. Under penalty of prosecution for false statement, I certify that the information I provide on this form is true and correct. (Wyoming Statutes § 27-14-511)

**Signature:**

**Date:**

**Mileage is typically paid city to city map mileage with the exception of rural address to address.**

**Reimbursements with dates of service over one year will be denied.**

*Please attach verification of your trip (copy of doctor’s bill or note from doctor verifying date and time of appointment). Medical bills will be reimbursed for the FIRST VISIT only. You must have the provider bill the Division directly for all subsequent bills.*

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<th>From City and/or Address (enter complete address)</th>
<th>To City and/or Address (10 miles one way) (enter complete address)</th>
<th>Date</th>
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**Other Related Expenses (non-prescription supplies, over the counter, burial expenses not covered in funeral, hotel/motel, etc.):**

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<th>Service/Expense:</th>
<th>Amount Submitted:</th>
<th>Date:</th>
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If you are seeking reimbursement for a prescription item, please complete the section below:

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<tr>
<th>Name of Pharmacy/Drug/Expense:</th>
<th>Amount Submitted:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**ATTENTION CLAIMANT:**

Sign, date and mail all originals to:

Workers’ Compensation Division

1510 East Pershing Boulevard, South Wing

Cheyenne, WY 82002

Keep a copy of this document for your records

**NOTE:** TRAVEL WILL ONLY BE REIMBURSED TO THE CLOSEST AVAILABLE HEALTH CARE PROVIDER.

W. S. § 27-14-401(D)

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**We Bridge Human and Economic Development for Wyoming’s Future.**
WYOMING WORKERS’ COMPENSATION DIVISION
P.O. Box 20207, Cheyenne, WY 82003-7005
1-307-777-7441 Fax: 1-307-777-6552

CLAIM NUMBER:

EMPLOYEE’S APPLICATION FOR TEMPORARY TOTAL DISABILITY BENEFITS

Please return the completed form to the address or fax shown above. Incomplete applications may result in a denial of benefits.

NAME (PRINT): ___________________________ DATE OF BIRTH: ___________ SOCIAL SECURITY #: ___________________ DATE OF INJURY: ___________

ADDRESS: ___________________________ CHECK IF NEW ☐ CITY, STATE, ZIP: ___________________________ PHONE NUMBER: ___________________ EMAIL ADDRESS: ___________________________

1. ARE YOU WORKING OR HAVE YOU WORKED MODIFIED OR FULL DUTY SINCE THE DATE OF YOUR INJURY? YES ☐ NO ☐ INITIALS: ___________

2. PER §27-14-404(2)(w), YOU ARE INELIGIBLE FOR TEMPORARY TOTAL DISABILITY BENEFITS IF YOU ARE RECEIVING UNEMPLOYMENT BENEFITS. ANY ATTEMPT TO OBTAIN TEMPORARY TOTAL DISABILITY BENEFITS WHILE RECEIVING UNEMPLOYMENT COMPENSATION MAY RESULT IN CRIMINAL PROSECUTION. ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION? YES ☐ NO ☐ INITIALS: ___________

3. ARE YOU REQUIRED TO MAKE CHILD SUPPORT PAYMENTS BY COURT ORDER? YES ☐ NO ☐ INITIALS: ___________

By signing below, I hereby make application and claim for temporary total disability benefits. I understand the Division will rely on current medical opinion and current medical literature to determine my eligibility for these benefits.

I agree to notify the Division and my health care provider(s) immediately if I return to any work after applying for this benefit.

Under penalty of prosecution under §27-14-510(a) for misrepresentation or false statement, I swear that the information given by me herein is true and correct. I authorize the Division to obtain from any source and release to other agencies, insurers or employers, any medical, employment or payroll information needed to determine eligibility under the Workers’ Compensation Act. A copy of this release has the effect of the original.

EMPLOYEE SIGNATURE: ___________________________ DATE: ___________

HEALTH CARE PROVIDER’S CERTIFICATION OF TEMPORARY TOTAL DISABILITY

THIS CERTIFICATION FULFILLS THE REQUIREMENT UNDER WS §27-14-404 AND §27-14-501(b) FOR TTD BENEFITS. THE HEALTH CARE PROVIDER SHALL EXAMINE THE INJURED EMPLOYEE AND FILE THIS WRITTEN REPORT WITH THE WYOMING WORKERS’ COMPENSATION DIVISION.

HEALTH CARE PROVIDER NAME: PLEASE TYPE OR PRINT ___________________________

ADDRESS: ___________________________

PHONE #: ___________________________

WRITTEN DIAGNOSIS: ___________________________

DO YOU BELIEVE THIS CONDITION IS WORK RELATED? YES ☐ NO ☐ UNABLE TO DETERMINE ☐ DATE OF LAST EXAM BY THE CERTIFYING HEALTH CARE PROVIDER: ___________”

DATE OF NEXT APPOINTMENT: ___________

IS SURGERY ANTICIPATED? YES ☐ NO ☐ DATE: ___________

DATE EMPLOYEE WILL BE ABLE TO RETURN TO FULL DUTY WORK:

CAN THE CLAIMANT BE RETURNED TO MODIFIED OR LIGHT DUTY WORK AT THIS TIME? YES ☐ NO ☐

IF YES, PLEASE IDENTIFY THE CLAIMANT’S CURRENT PHYSICAL RESTRICTIONS:

LIMIT LIFTING TO: LBS.

LIMIT CARRYING TO: LBS.

LIMIT PUSHING/PULLING TO: LBS.

LIMIT STANDING/WALKING TO: HRS.

LIMIT DRIVING TO: HRS.

CAN BEND: YES ☐ NO ☐

CAN CRAWL: YES ☐ NO ☐

OTHER: ___________”

§27-14-102(a)(III) “Ascertaintial loss” means that point in time in which it is apparent that permanent physical impairment has resulted from a compensable injury, the extent of the physical impairment due to the injury can be determined and the physical impairment will not substantially improve or deteriorate because of the injury.

BASID ON MY EXAMINATIONS, CONDUCT AND STATEMENTS OF THE EMPLOYEE, I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE PATIENT WITHIN THE LAST SIXTY (60) DAYS AND THAT THE ABOVE PATIENT IS TEMPORARILY DISABLED FROM RETURNING TO ANY GAINFUL EMPLOYMENT EXCEPT AS SET FORTH ABOVE. THE EXPECTED DURATION OF TEMPORARY TOTAL DISABILITY IS:

FROM: ___________ THROUGH: ___________”

SIGNATURE OF HEALTH CARE PROVIDER: ___________________________ DATE: ___________

FOR OFFICE USE ONLY
Wyoming Department of Workforce Services
Division of Workers’ Compensation
1510 E. Pershing Blvd., South Wing
Cheyenne, WY 82002

wyomingworkforce.org/wc