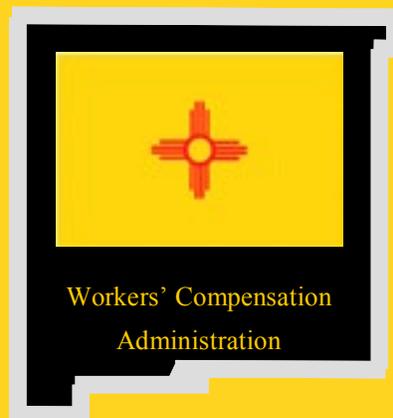


A Workbook for Injured Workers in New Mexico



New Mexico Workers' Compensation Administration

New Mexico Workers' Compensation Administration Workbook for Injured Workers



A guide to your rights and responsibilities
under the New Mexico
workers' compensation law

with workbook pages
for your use
to help you with your claim

2012 Edition

**This book is based upon the law and rules in effect in 2012.
Laws and rules can change by acts of the Legislature, rulemaking by the
Workers' Compensation Administration, or decisions of the higher courts of
New Mexico.**

**You can learn about current law affecting your case by contacting the
Workers' Compensation Administration.**

New Mexico Workers' Compensation Administration
PO Box 27198
Albuquerque, New Mexico 87125-7198

WCA - Vision:

**One team. One goal:
A better New Mexico
for
Workers and Employers.**

The WCA Mission:

**To assure the quick and efficient delivery
of indemnity and medical benefits to injured workers
at a reasonable cost to employers.**

MESSAGE FROM THE DIRECTOR

The Workers' Compensation Administration was created to assure the timely delivery of benefits to injured workers at a reasonable cost to employers. Workers' compensation is a system of insurance that protects workers and employers from some of the losses caused by on-the-job accidents and job-related illnesses.

At the Workers' Compensation Administration, a key objective is to educate workers and employers on best practices for on-the-job safety and accident prevention in order to promote workplace safety and reduce accidents and injuries. When accidents do occur a worker should receive medical care and benefits as appropriate.

This workbook is designed to provide workers with the basic information they need to help them in the event of a workplace injury. It explains the rights and obligations of the affected parties. I encourage both workers and employers to become familiar with the information in this workbook now in an effort to prevent costly injuries and disputes.

The vision of the Workers' Compensation Administration is to do its part to make New Mexico a better place for workers and employers. As always, the WCA staff stands ready to assist you with any questions or concerns you may have concerning the workers' compensation system.

Sincerely,



Darin A. Childers

Director,

NM Workers' Compensation Administration



INFORMACION EN ESPAÑOL

La Administración para la Compensación a los Trabajadores publica un manual en español para los trabajadores lesionados que se llama Un Manual para los Trabajadores Lesionados en Nuevo México. Usted puede pedir este folleto llamando a WCA en Albuquerque.

La Administración para la Compensación a los Trabajadores tiene unos empleados que se llaman ombudsmen que le pueden ayudar con información y responder a sus preguntas acerca de la compensación a los trabajadores. Algunos ombudsmen hablan español.

PUBLICATIONS OF THE NEW MEXICO WORKERS' COMPENSATION ADMINISTRATION AND CURRENT LAW

This Workbook is intended to be used by injured workers as a general guide to the law, and to help injured workers keep records of their own cases. This workbook can also be found on-line at the WCA website under Workers.

For more detailed information on specific legal issues, workers are referred to the Rules and Statutes link on the WCA website www.workerscomp.state.nm.us.

Laws can change at any time, due to acts of the Legislature or decisions of the higher courts. Before relying on this or any other publication, please make sure you have current information.

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Notice of Accident Forms You Can Use

What You Need To Know Now

What would you do if there were an accident — involving you or another

DO THIS TODAY

TODAY— after you read this page — go to the form on page 46 titled “General Information” and fill out the form.

At your workplace, wherever government posters are on the wall, you should find a workers’ compensation poster and some small forms called Notice of Accident forms. Find them now. If you can’t find them, ask your employer. Your employer is required by law to post them. There are two Notice of Accident forms on the last page of this book and they are also available online at the the WCA website.

Find out if your employer has standard pre-injury instructions on which medical facility to use for work-related accidents.

Emergency medical care:

- Know the locations of nearby emergency rooms or urgent care clinics.
- In a serious emergency, go to any emergency facility.
- Check with your employer before seeking any non-emergency medical care.

Notify your employer in writing:

Use the Notice of Accident forms to notify your employer in writing about your accident. Find them. If you can’t find them, ask your employer or go online to the WCA website.

After the emergency:

Start reading this book. This book has general information for you.

If you want more information or want to check the facts, you can:

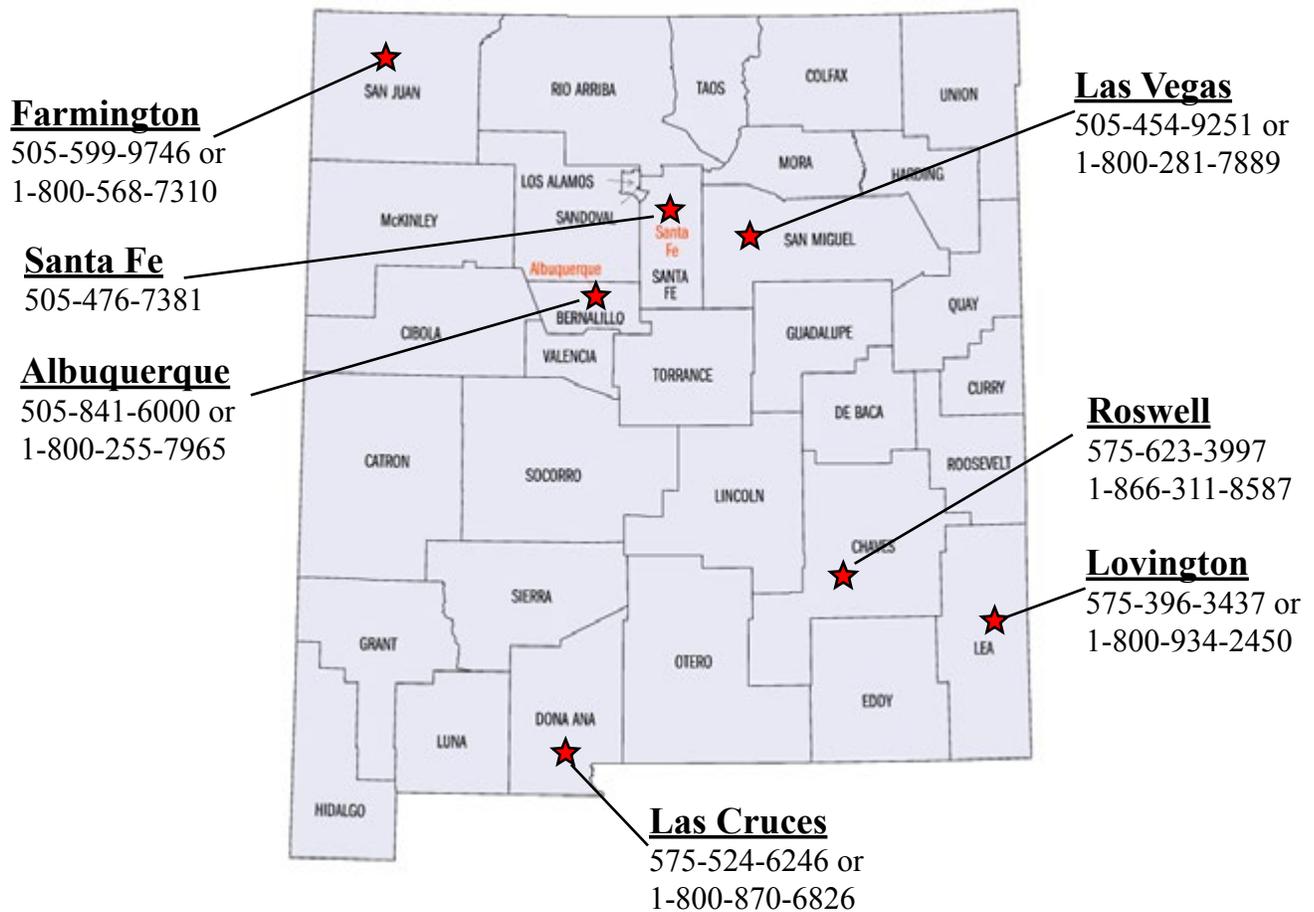
Talk to a person at the WCA called an ombudsman, who will speak with you about your case.

Learn how to protect your rights, receive the care and help you need, recover from your injury, and return to work.

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Workers' Compensation Administration

Where Can I Go For Help?



The Ombudsman Program

If you have any questions about your workers' compensation claim, call the Ombudsman Program at the Workers' Compensation Administration.

The ombudsmen at the WCA are specialists in the workers' compensation area. They give information to workers and employers and help resolve problems. Any person, except one represented by a lawyer, may contact an ombudsman. The service is free. Visit by telephone or go to the nearest WCA office. If you have retained an attorney to represent you, contact that attorney when you have questions.

Ombudsmen are at these WCA offices:

Albuquerque	Farmington
Las Cruces	Las Vegas
Lovington	Roswell
Santa Fe	

You can also send an e-mail message to the ombudsmen through the WCA website at:
www.workerscomp.state.nm.us

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Workers' Compensation Administration other services

Information and assistance

The Workers' Compensation Administration helps workers and employers (including businesses, nonprofits, government agencies), insurers and all others who need to understand the workers' compensation system. **These services are free of charge.**

- Publications
- Ombudsmen – personal advice and information to workers and all others
- Seminars, speaking to groups
- Internet web site
- Safety assistance for employers
- Annual Report statistics, cost information

Regulation

The Workers' Compensation Administration keeps the system fair by enforcing regulations and investigating charges of illegal activity.

- Ensuring that employers comply with the requirement for insurance coverage
- Regulating the cost of medical care
- Taking action against violations of the law by anyone (employer, insurer, worker, etc.)
- Investigating fraud, whether committed by workers, employers, or other parties
- Certifying and auditing self-insured employers, groups, and pools

Dispute Resolution

When a worker and the employer or insurer cannot agree on the worker's rights or benefits in a workers' compensation claim, they can come to the workers' compensation dispute resolution department to resolve their issue. Disputes are considered first in informal mediation conferences and often can be resolved quickly, out of court, at low cost.

Workers' Compensation Administration

Sources for more information

The Workers' Compensation Law, New Mexico Statutes Chapter 52

The workers' compensation law, titled simply "Workers' Compensation," is Chapter 52 of the New Mexico Statutes. It can be found in any library that contains a set of the New Mexico laws, including the University of New Mexico Law Library. It can be found on the Internet through a link from the WCA web site. It can be ordered as a book from the New Mexico Compilation Commission; call (505) 827-4821.

The Rules of the Workers' Compensation Administration can be downloaded from the Workers' Compensation Administration web site. Rules are made by government agencies. They are additions to laws and provide details and definitions. For example, one section of the Rules of the Workers' Compensation Administration sets out specific requirements of parties in disputes.

Workers' Compensation Administration Annual Report contains statistics, trends, law changes; in-depth technical and analytic information including extensive charts.

Workers' Compensation Administration Internet website

www.workerscomp.state.nm.us

Most of the information sources listed here can be downloaded from the WCA web site including the Annual Report, Rules, and forms. Other information including new changes and developments can be found on the web site.

Workbook forms for your use

At the back of this book, you will find some blank forms. These forms are designed to help you record information and keep track of the progress of your workers' compensation claim. These forms are for your benefit and will be your private property. Nobody requires you to use these forms.

Checklist: a list of types of documents to remind you which papers you need to keep.

General Information: *Fill out this form the day you receive this book. Don't wait for an accident.* It is to give you useful information such as the contact phone number for your employer's insurer or self-insurance program.

I Had an Accident: Record the details of your accident so you will remember critical information.

Record of first medical treatment: Record information about your first medical visit including whether you or your employer chose the doctor.

Record of medical treatment: Use this form over and over (make copies) to record every medical visit and instructions to you from the doctor.

Claims representative information: Keep a record of your contacts and conversations with your claims representative, including notes of phone conversations.

Record of indemnity payments: Make a note every time you receive a check. Keep the check stub.

Basic legal information: Name and contact information of your attorney (if you have one) and notes of your meetings and conversations with your attorney.

Transportation expenses for medical treatment: If you have to travel for your medical care 15 miles or more one way, record your expenses so you can be paid by your claims representative.

Notes: Extra blank sections so you have as much space as you need to continue to make notes of your meetings, phone conversations, etc.

You will also find two Notice of Accident Forms at the back of the book. You can use them just the same as forms supplied by your employer.

You might need more copies of these blank forms.

- make more copies on any copying machine;
- find the blank form on the WCA web site, www.workerscompstate.nm.us if you can use the Internet; or
- call the Workers' Compensation Administration for more blank copies.

See page 43 for Workers' Compensation Administration phone numbers.

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What is Workers' Compensation?

Workers' compensation is a system of insurance that protects workers and employers from some of the losses caused by on-the-job accidents and job-related illnesses.

What workers' compensation provides:

- Payment for **medical care** resulting from a work-related injury.
- Payment of money directly to the worker if the worker is unable to work and earn a paycheck for more than seven days or if the worker continues working at lower pay. In almost all cases, these benefits are **temporary**. These payments will keep the injured worker and the worker's family minimally financially secure while the worker is unable to work, until the worker's medical condition becomes stable.
- Payments of money directly to the worker for an extended time or for life if the worker is permanently injured with specific, serious injuries.

Workers' compensation helps workers because ...

Your employer pays for your medical care if you are injured at work. Under New Mexico workers' compensation law, you are entitled to medical care for your work-related injury for the rest of your life if it is found you need it.

Depending on your injury, you may temporarily receive money paid directly to you if you lose wages because of the injury.

Workers' compensation is a "no fault" system. You will receive benefits quickly without any dispute over who or what caused your accident. Workers' compensation also protects an employee if that employee accidentally contributes to causing an injury to a fellow employee.

Under the workers' compensation system, both you and your employer have many reasons to work safely and avoid injuries. Your employer will save money by providing a safe workplace. You earn more money working for wages than from workers' compensation payments.

Workers' compensation helps employers because ...

The system provides an orderly process for employers to follow in case of a work-related accident, with professional claims specialists to provide guidance.

Employers benefit from the "exclusive remedy" protection of workers' compensation. "Exclusive remedy" means that when a worker is injured in an accident covered by workers' compensation, the worker cannot sue the employer in a regular court. Workers give up this right for a well-organized, timely system with predictable costs that allows their employers to stay in business and continue to provide jobs.

Workers' Compensation Insurance

State law requires most employers in New Mexico to have workers' compensation coverage. It is private insurance purchased by employers — not provided by the State of New Mexico (except for state employees). Employees do not pay for workers' compensation insurance. The Workers' Compensation Fee, paid quarterly by employers and employees, goes to the Workers' Compensation Administration to cover operational costs.

Coverage is required for:

- All employers who have three or more employees except for the variations listed below.
- All employers required to be licensed by the Construction Industries Division, regardless of the number of employees they have.

Coverage is not required for:

Domestic servants and real estate salespersons; however, employers may voluntarily choose to have coverage for these workers.

Federal government employees are covered by a separate federal workers' compensation system. Other workers covered by special federal programs are maritime workers and railroad workers employed in interstate commerce.

Native American tribes and pueblos may choose to cover employees of their own economic enterprises under their own law or may voluntarily use the New Mexico workers' compensation system.

Your employer's coverage may come from:

- an insurance company, or
- an approved "self-insurance" or group self-insurance program.

A "self-insurance" program is legal only if it is approved and certified by the Workers' Compensation Administration.

The best accident
is the one that never happens!
Safety First!

Independent contractors

What if your employer has told you that you are an independent contractor and not an employee?

If you are an independent contractor, you are not an employee and not covered by the insurance policy of another business. Independent contractors are responsible themselves for any losses they may experience.

Some employers may try to avoid paying premiums by claiming that their employees are independent contractors. If you were told you are an independent contractor, but you think you are an employee, you can call an ombudsman for help in understanding your rights.

Uninsured employers

Some employers go without insurance even though the law requires them to have it. They are breaking the law, and they are also putting their employees at risk.

To find out if your employer has insurance, go to the WCA website and go to the “*Proof of Coverage*” link. If you have the proper name of the business, you can find out if your employer has workers’ compensation coverage.

If you think your employer should have workers’ compensation and does not, call the Workers’ Compensation Administration Hotline, toll-free, at 1-866-WORKOMP or 1-866-967-5667.

Fund to cover workers employed by uninsured employers

Beginning in 2003, a new program has been covering workers injured on the job whose employers did not have workers’ compensation coverage.

This program applies only to workers injured in New Mexico whose employers should have had workers’ compensation insurance, according to the New Mexico workers’ compensation law.

If an injured worker receives benefits through this fund, the WCA will take legal action against the uninsured employer to collect all the costs paid to the worker, plus additional money allowed by law. The money recovered will go back into the fund for future injured workers.

If you have been injured at work and your employer did not have insurance, you might be eligible for this coverage. If you are eligible, your employer will have to reimburse the fund and pay penalties. Call an ombudsman for help.

In most cases, you must make a claim on the Uninsured Employer’s Fund within one year and 31 days from the date of the accident or disability. However, if the employer had made payments of any kind (for example, paying some of your medical bills) and then stopped, you have one year from the date of the last payment to make the claim.

Do's and Don'ts At Work

Here are some tips for things you should and should not do at work. These things all affect your safety. They also could affect your workers' compensation claim if you are injured.

Use safety devices

Whatever safety devices your employer provides — seat belts in cars, hard hats, gloves, goggles, safety protectors on machinery — use them.

Follow safety instructions

Ask questions and raise safety issues

If you have a concern about safety, tell your supervisor.

Don't be under the influence

If you get injured while drunk or using drugs at work, you could lose all right to benefits. Your employer has the right to have you tested for alcohol or drugs.

Don't work around others who are under the influence

If other workers are drunk or using drugs, stay away from them and tell someone in management.

Your employer can get free safety help from the WCA.

The WCA provides free safety information and free on-site safety checkups.

A safe workplace is the best workplace.

The WCA strongly encourages workers and employers to use the free safety services of the WCA so that accidents can be prevented.

See the publication Annual Safety Inspection to learn how to do your own safety check-up.

For more information, your employer may contact the WCA at any of the offices listed on page 43 or by e-mail through our website at: www.workerscomp.state.nm.us.

PART 1 - Workers' Compensation Claims Basics

If You Have An Accident

First things first – emergency medical care

If you have an on-the-job accident and need emergency care, go to the nearest emergency room or urgent care center, or call 911.

If your injury is not really an emergency, check with your employer first.

After the emergency treatment, check with your employer about which medical facility to use for follow-up treatment. Some emergency doctors give instructions to patients about which doctor to see for follow-up medical care. Do not go to that doctor unless you have checked with your employer.

Non-emergency medical care

If you do not have an emergency, before you go to a doctor, find out whether your employer wants you to go to a specific medical facility or to go to a doctor you select. Your employer may have provided you with written instructions on this issue. Be clear about whether you or your employer selected your health care provider.

Notify your employer

You must notify your employer or supervisor about your accident. Fill out a Notice of Accident form within 15 days after your accident or sooner if you can. Sign and date the form. Ask your employer or supervisor to sign and date the form, also. The supervisor should keep a copy and give a signed and dated copy to you.

Where to get a Notice of Accident form

- Look for Notice of Accident forms posted where you work where other information for employees is posted.
- There are two blank forms in the back of this book.
- You can get a copy by contacting the Workers' Compensation Administration. Telephone 1-866-WORKOMP (1-866-967-5667) or any of the other phone numbers in this book; or download copies from the WCA website at:
www.workerscomp.state.nm.us.

Your employer should never try to talk you out of submitting a Notice of Accident Form. Your employer should never refuse to sign the form or tell supervisors to refuse to sign the form.

*If you have any problem reporting the accident, you can **contact the Ombudsman program** at the Workers' Compensation Administration.*

If your employer would like help understanding the requirements of the law, your employer can:

- *call the ombudsman program,*
- *get the publication, A Guidebook for Employers in New Mexico, in print or on the WCA web site.*

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Start keeping records NOW!

You will need to provide accurate information about your workers' compensation case. Start gathering and keeping that information now.

Look at the blank forms in the back of this book, starting on page 45. These forms help you keep records. Start to write notes, using the forms. Save all the papers you receive from your claims representative and health care provider.

Keep copies of all:

- receipts,
- papers and notes,
- check stubs,
- medical records, bills, and forms,
- correspondence associated with your case,
- letters and notes.

Write down and save:

- names, telephone numbers and addresses of anyone who witnessed your accident or has helped you with your workers' compensation claim or medical treatment;
- all dates when you missed work, had treatment, or were dealing with your claim;
- costs associated with transportation for medical appointments;
- notes on telephone conversations about your case.

Your payroll records

Workers' compensation benefits are based on how much money you were earning at the time of your accident and for the 26 weeks before your accident.

If your pay has been the same for all 26 weeks, you may have all the information you need. But if your pay varied from week to week, due to raises, overtime, or other reasons, you may need to ask your employer to help you obtain this information. If you changed job titles with the same employer during the last 26 weeks, your pay from the previous job is also considered.

Should you sign this form?

You will probably be asked to sign several different forms such as medical information release forms, health care provider change forms, and others. Some of the forms are explained in this book. You do not have to sign any form waiving your rights under the Workers' Compensation Act.

If you think someone is pressuring you to sign a form, and you have a question about whether to sign it, contact an ombudsman at the WCA before signing the form.

Whenever you sign a form

Ask for a copy of the form you sign. Put it with your records in your Workers' Compensation Claim File.

When you send or submit a document or form

Keep records of the forms and documents you send. Before you send a form or document, make a copy and keep it. If you are close to a WCA office, you can go there and ask an ombudsman for help making copies.

Is your injury covered?

Workers' compensation usually covers injuries that result from accidents at work. It does not cover every injury or illness. Here is a guide:

Injury at work during normal working hours	Covered
Injury at work during other hours	Usually covered
Injury while commuting between your home and work	Usually not covered
Injury while traveling for work purposes	Usually covered
Injury at work but not work-related	Usually not covered
Injury caused by injured worker using drugs or alcohol	Not covered or "covered with penalties"
Injury outside work that affects your ability to do the job	Not covered
Horseplay while disregarding employer safety rules or instructions	Not covered

To be covered by workers' compensation, the injury must have a direct connection to the work. A doctor must verify the direct connection.

Occupational diseases and injuries that develop over time may be covered if a doctor determines that the injury or disease was job-related.

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Getting started with a claim

If your injury results in any indemnity payments to you, your employer must notify the insurance company or self-insurance program and the WCA. Medical payments exceeding \$300 must be reported to the WCA.

The employer or insurer will file a report with the WCA called an **Employer's First Report of Injury or Illness**, or E1 report. This is usually filed electronically. The employer is required to give you a copy. If you do not receive a copy from the employer or insurer, ask for one.

You will be contacted by someone from the insurance company or self-insurance program. This person will be responsible for paying the bills related to your claim and will also provide direction to you during your claim. This person might be an insurance adjuster, a staff member of the self-insurance program, or a staff member of a separate organization called a third party administrator. These types of individuals are all referred to as claims representatives.

A claims representative:

- verifies that a workers' compensation covered accident has occurred;
- reviews bills and records from the health care provider and pays the bills;
- determines how much you are owed in indemnity benefits and sends checks to you for those benefits.

If you do not hear from a claims representative within ten working days after the accident, call the phone number on your employer's poster or ask your employer how to reach the claims representative so you can check on your claim.

You should not pay any medical bills for your work-related injury, not even a co-payment, unless your claim is in dispute. When your claim is in dispute, you may have to make other arrangements for payment, such as using a regular health plan. If the dispute is resolved in your favor, you or your health insurance company will be reimbursed for medical payments you made. If there are any problems, you or your health care provider may call an ombudsman.

Give the claims representative correct information about yourself, including your mailing address. If you change your mailing address later, tell your employer and the claims representative.

If you are entitled to indemnity benefits, you will receive them by check from the insurer or self-insurance program. The first check should be mailed within 14 days after you have missed more than seven days of work.

If your employer offers to pay the bills himself

Some employers think that they can pay your medical bills or monetary` benefits themselves and not report your injury to the insurer or self-insurance program. This is illegal and could cause serious problems later. If your employer does this, call the WCA and speak to an ombudsman.

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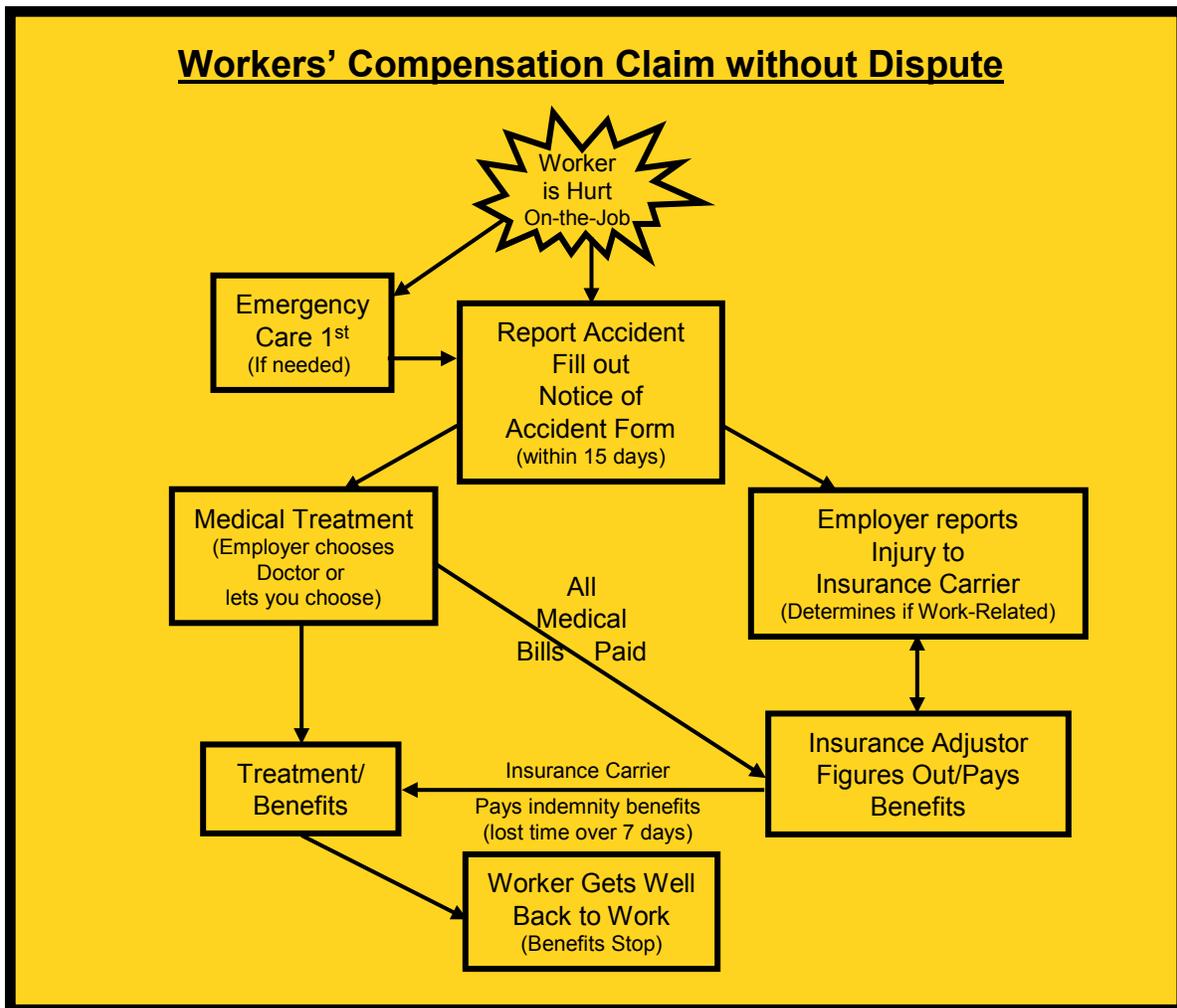
If you have other health insurance

If you were injured in a work-related accident, your medical expenses are covered by workers' compensation insurance and not by group health insurance. The employer should never advise you to file a claim with your group health insurance when an injury is clearly a workers' compensation issue. If you have problems, contact an ombudsman.

If your employer or claims representative denies your claim

Your employer is required by law to report your claim to the insurance company or self-insurance program. If your employer refuses, call an ombudsman.

The claims representative could investigate your claim, decide that your claim is not legitimate, deny your claim completely and refuse to provide any workers' compensation benefits. If that happens, and you think the claims representative is wrong, call an ombudsman. You may need to hire an attorney to provide legal representation.



Medical Care

Your responsibilities

One of the major goals of workers' compensation is to help you return to work quickly and safely. You have a right to reasonable and necessary medical care for your work-related injury as long as you need it.

You have a responsibility to:

- seek treatment only for job-related injuries or illnesses;
- be truthful in your claims for medical care;
- use only authorized health care providers;
- faithfully follow doctors' instructions;
- take prescribed medications as directed;
- do everything in your power to get well as soon as possible and return to gainful employment.

Workers' compensation pays only for treatment of your on-the-job injury. It will not pay for other health care.

You have rights in workers' compensation related to your medical care. It is important for you to learn these rights. If you think you will need medical care for your injury for more than two months, call an ombudsman at the WCA.

The job of the health care provider (HCP) or doctor in workers' compensation

In a workers' compensation case, the health care provider does more than provide medical treatment. The health care provider makes decisions that affect your claim and your benefits.

The first important decision is to certify that your injury is the result of a work-related accident. If the doctor does not certify that your injury is work-related, your claim could be denied.

The HCP makes other important decisions about your workers' compensation claim.

- The HCP makes decisions about when you are able to return to work and about any work restrictions you should have, temporarily or permanently, based on your injury.
- The HCP decides when you have reached the point called Maximum Medical Improvement (MMI).
- When you have reached MMI, the HCP provides a rating of your physical impairment. This rating influences how much money you will receive in benefits after MMI.

Because the health care provider plays such an important role in each case, the choice of HCP is very important.

Keeping records of your medical care

Use the forms in the back of this book to help you keep records and make notes of every visit to the doctor.

One form is titled "Record of First Medical Treatment" (page 48). Use this form to make notes of your first visit to the doctor. This is a place to note whether you or your employer selected the HCP.

The second form is called "Record of Medical Visit." You will find one form on page 49. You will probably need more copies of this form. BEFORE you write on the form, make some copies or call an ombudsman to send you some copies.

Use the forms to make notes of your medical visits right after each visit so you have a good record of everything the doctor told you. You can also use the forms to write questions to ask the doctor at your next visit.

Selection of health care provider

Before you were ever injured, did your employer give out an instruction (such as a flyer posted in your building), telling employees to:

- go to a certain doctor or medical facility if injured at work; or
- go to their own doctor if injured at work?

Or, after your accident, did your employer tell you to:

- go to a certain doctor or medical facility; or
- go to your own doctor?

Your employer has the right to select the HCP who will treat your injury first or to allow you to select the first HCP.

Under the Rules of the WCA, an employer must give instructions in writing to workers about this selection. If the employer did not give you an instruction in writing either in advance, or right after your accident, telling you to make the first selection, it is presumed that the employer made the first decision.

If you think you have not been given clear instructions in writing, you can call an ombudsman.

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If you are choosing the HCP, choose a doctor who has the right kind of qualifications to treat the injury you have. Otherwise, the claims representative could claim your choice was not reasonable and require you to go to a different doctor.

Medical release form — *should you sign this form?*

You will probably be asked to sign a medical release form. A medical release form allows the doctor to share information from your medical records with the claims representative.

For purposes of processing your workers' compensation claim, there is one medical release form you must sign if asked. It is the official medical release of the New Mexico Workers' Compensation Administration. There is a copy of this form in the back of this book on page 56, so you can see what the form looks like.

You may be asked to sign other forms, including forms that allow the claims representative and the doctor to have conversations outside of your presence. It is your decision whether or not to sign these forms.

If you think someone is pressuring you to sign any other form, and you have questions, call an ombudsman.

If your doctor has any questions about this, you can show this book to your doctor or ask your doctor to call an ombudsman.

What if you don't like the treatment you are receiving?

If you are going to a doctor selected by the employer, and you do not like the treatment, you have a right to change to a different doctor after going to the first doctor for at least 60 days. You do not have to make a change. If you agree with the treatment you are receiving, you can continue to see this doctor for the rest of your claim.

If you are going to a doctor selected by you, the claims representative has a right to require you to change to a different doctor after 60 days.

It is also possible to change health care providers at a different time by following a legal procedure. Go to the section titled "Changing health care providers" on page 30.

Change of health care provider — *should you sign this form?*

If anyone who represents your insurer or self-insurance program asks you to sign a form or document about changing to a different health care provider, do not sign that form until you have understood your rights. You should sign a Notice of Change Of Health Care Provider form only when you are seeking to change from a health care provider chosen by your insurer or self-insurance program to one chosen by you. Call an ombudsman if you have any questions.

Out-of-state health care providers

It may be most practical for you to use a HCP who is outside New Mexico. Before you do, contact an ombudsman. Special approval by the Workers' Compensation Administration Director is sometimes needed.

Caregivers

Caregivers (such as home health aides) may receive payment from workers' compensation for non-professional health care services. Get approval in advance from your claims representative.

Travel benefits for medical care

If you must travel 15 miles or more one way from home or work for health care, the expense of travel is part of your workers' compensation claim. Contact an ombudsman for current mileage rates.

Travel benefits include:

- the ticket cost for bus, train or airplane travel; or
- a mileage rate for miles that you drive in your own car; and
- the costs of staying away from home overnight, if necessary, which includes the actual reasonable costs of a hotel or motel room; and
- meals or a "per diem" amount to cover those costs. Contact an ombudsman for current mileage and per diem rates.

Claiming this payment is easier and more accurate if you keep careful travel records. At the back of this book on page 53 there is a blank form to help you.

Work out details with your claims representative before you spend any money on travel for health care. Some companies have contracts with specific hotels and motels where they would want you to stay.

**It takes everyone working together
to make New Mexico a safer place to work.**

Indemnity Benefits

Money benefits

When you are recovering from your injury and cannot earn wages, workers' compensation provides regular payments based on a portion of your average wage. These money benefits are called indemnity payments. After you have reached maximum medical improvement (MMI), you may be eligible for additional, smaller payments.

When do you get a check?

The first check should be mailed within 14 days after you have missed more than seven days of work due to your injury. After that, usually you will receive checks every two weeks.

The checks will probably come with forms or other paperwork. Every time you get a check, write the date and the amount on the form entitled "Record of Indemnity Benefits" on page 51.

If you do not get a check in a reasonable amount of time, call an ombudsman.

How much money will you receive?

The amount of money you receive depends on your injury, how long it takes to recover, and how much money you were earning before your injury.

Workers' compensation is designed to provide TEMPORARY help for you while you recover and get ready to go back to work. Even if you have to go back to work at a different job at lower pay, you will ALWAYS get more money by working than by staying out of work. Your goal should be to get well as soon as reasonably possible and return to gainful employment.

If you are able to go back to work, but you refuse jobs that are offered to you, you could lose all your benefits.

What about taxes and deductions?

Indemnity payments are not paychecks.

Indemnity payments will not be reported to the IRS as income to you. They will not be counted on the W-2 form you receive from your employer. You will not receive a 1099 form for these payments.

There may be reasons why you need to know exactly how much money you received in indemnity payments. Use the form on page 51 to keep track of every payment.

Indemnity payments are paid by your employer's insurance company or self-insurance program. They are not payments from the state (unless you are a New Mexico state employee).

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If you don't lose any work time or pay

If you are able to keep on working and don't lose any pay, and you have reached MMI with a permanent disability rating, you might qualify for permanent partial disability benefits.

If you don't lose any work time but your wages are reduced

If your injury prevents you from doing your old job, and you continue working at a different job with lower pay, you might qualify for temporary partial disability benefits until you reach MMI based on the difference between your old wage and the new wage.

Temporary Total Disability Benefits (TTD)

You are entitled to receive temporary total disability benefits if you lose more than seven days work under doctor's instruction because of an injury. The seven days do not have to be consecutive.

On the eighth day out of work, you are eligible for temporary total disability benefits. Specific guidelines in the law determine how much you will receive for these benefits.

For most workers the amount of the TTD is two-thirds of their average weekly wage. The average is based on gross wages you earned from the employment in which you were injured during the 26 weeks before the accident. If you have not worked for the employer for at least 26 weeks, gross wages for the actual number of weeks worked will be considered to calculate your average weekly wage. Wages from a second or part time job are also included.

The average can include your regular pay plus overtime, reported tips or other cash, and some non-cash benefits such as meals or living quarters.

For workers who earn higher than average wages, there is a limit set by the state. This limit (sometimes called a "cap") is based on the average wage for all New Mexico workers in the year you were injured. You can find the cap for your year from an ombudsman or from the WCA website, www.workerscomp.state.nm.us.

The amount of weekly temporary total disability benefit is also called your compensation rate or comp rate.

The first seven days

If you are able to return to work soon, you will not receive any benefits for the first seven days you were out of work.

If you are out of work for more than 28 days on the doctor's instructions, you are entitled to a TTD benefit payment for those first seven days. Keep good records so you can tell whether you received this payment. (Make notes of all your benefit checks on the form "Record of Indemnity Benefits" on page 51.) If you have not received it, remind your claims representative. If your claims representative does not send you that check, you can call an ombudsman.

Maximum Medical Improvement (MMI)

Maximum medical improvement or MMI is a time after your injury when your doctor decides that:

- you are fully recovered from your injury, or
- medical treatment has contributed to your recovery as much as it can.

When you reach MMI, your temporary disability indemnity payments will stop.

For most workers, when you reach MMI, it is time to go back to work if you are not already back at work. Your benefits will either stop or be reduced depending on your degree of recovery at MMI.

Your doctor makes the decision about MMI. Ask your doctor to tell you when you are getting close to MMI. Your situation will change, so make sure you stay informed so that you are prepared.

If the doctor says you have reached MMI but you disagree, you can call an ombudsman as you may have other options available to you.

Returning to work before maximum medical improvement

You can return to work at any time if your doctor approves. Your doctor might give you restrictions so that you do not complicate your injury or hurt yourself again. There is more information about returning to work in the WCA pamphlet ***Stay at Work/Return to Work Program Guide***.

If you recover completely

If you reach maximum medical improvement, and the doctor says you are fully recovered without any residual impairment, you won't receive any more indemnity payments.

If the doctor says you are fully recovered from your injury, or that you have reached MMI, but you disagree, you can call an ombudsman.

Permanent Partial Disability Benefits (PPD)

Whole body impairments

If you reach MMI, and you have a permanent impairment to your back, neck, chest, shoulders, abdomen, or hip, this is called whole body impairment. You can receive permanent partial disability benefits or PPD. The amount is almost always less than TTD benefits.

A "whole body" impairment is a physical problem or limitation that is expected to continue for the rest of your life. The doctor will rate your impairment according to a reference book published by the American Medical Association called the AMA Guide, and assign a number called an "impairment rating." The impairment rating is a percentage. The impairment rating will be used to determine how much money you will receive.

If you go back to work at the same pay as before, you will receive PPD benefits based on your impairment rating.

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If you go back to work at lower pay, or if you are not able to return to work, then you are entitled to a larger benefit based on your impairment rating and several other factors. This is called the PPD formula.

Scheduled Injury Benefits

If your permanent injury is to a finger, hand, arm, foot, leg, eye, or ear, it is called a Scheduled Injury. Payment for scheduled injuries is calculated differently from TTD or PPD.

Permanent Total Disability Benefits (PTD)

Some workers may receive permanent total disability benefits, which they will continue to receive for the rest of their lives. The amount of the benefit is the full compensation rate. A worker qualifies for PTD only if:

- the worker has lost, or lost the use of, both hands, both feet, both arms, both legs, both eyes, or any two of them; or
- the worker's injury was a brain injury which (without being combined with any other condition or injury) caused an impairment rated at 30 percent or more according to the AMA Guides.

A worker who qualifies for permanent total disability and who owns property in New Mexico may apply to their local County Assessor for a special exemption from property valuation increases. The worker must first obtain a certificate from the Workers' Compensation Administration and must also qualify as low-income. Call an Ombudsman for the procedure.

When a worker dies

If a worker dies within two years as a result of an on-the-job accident, workers' compensation covers:

- all the medical care up to the time of death;
- survivor benefits to dependent family members; and
- an allowance for funeral expense.

Indemnity Pay is Tax-Free

You do not have to pay income tax on any indemnity benefits you receive.

Your indemnity paycheck is not like a regular paycheck from your employer.

No tax deductions are taken out of the check you receive.

(see U.S. Internal Revenue Service Publication 525)

Indemnity Benefits for Certain Conditions

Mental impairment

Primary mental impairment is the worker's loss of ability to function mentally or emotionally at a normal level, due to a severe and unusual event — not ordinary workplace stresses. A worker who has a primary mental impairment may receive benefits calculated as a number of weeks of TTD. Primary mental impairment may occur when there is no physical injury.

Secondary mental impairment is the worker's loss of ability to function mentally or emotionally at a normal level, as a result of a physical injury. If you are physically injured and also suffer a mental impairment, the benefits for mental impairment may be in addition to other benefits you receive.

Ordinary emotional stress associated with work is not covered. Mental problems not connected to work are not covered. A mental impairment claim requires a diagnosis of mental illness from a doctor.

Facial disfigurement indemnity is an extra payment for serious and permanent disfigurement to the face or head.

Hernia is covered only if it meets certain conditions. You may have to prove the hernia is work-related resulting from a sudden, severe strain or force at work. To be entitled to compensation for hernia, you must prove that you did not have a hernia prior to the date of the alleged injury. Therefore, if you think your current employment will put you at risk for developing a hernia, have a physical exam now before a hernia exists so that you will be able to verify when the hernia develops, should it develop.

If you disagree with the amount of benefits you are receiving

The amount of indemnity benefits under workers' compensation is always less than the pay you were receiving before. Some workers are surprised by this and think they are entitled to more money.

The claims representative is required to pay you according to the law, and not more.

To learn more about the benefits provisions of the law, you can ask the ombudsman to explain the benefit provision to you, and if you think your benefits are incorrect, you can try to have them corrected.

PART 2 - Longer or Complicated Claims

Going Back To Work

Make the most of the situation

Being out of work because of an injury is a difficult time. It is in your best interest to get well as soon as you can so that you can return to work. If you stay away from your job a long time, it is less likely that you will be able to return to that job. The money you receive in workers' compensation weekly benefits will be less than your wages. There are things you should do while you recover to make the most of the situation.

- Follow your doctor's instructions closely. Work hard at physical therapy or whatever else the doctor asks you to do.
- Check into training and education opportunities NOW — as soon as you think you may not be able to do the same work you did before your injury. You might be able to use this recovery period to go to school and get ready for a different job. There are many choices available, including programs for workers who did not finish high school. Some of these programs are free. Contact your local public school, community college, or New Mexico Department of Workforce Solutions office. Workers' compensation does not pay for job training, vocational rehabilitation, or any other schooling.
- Going to school will not cause you to lose benefits.
- You may be able to earn more money than before because of your new skills.

There is more information about long-term injuries and returning to work in Booklets B2 and B3.

Returning to work

When you are ready to go back to work, even on a limited basis, contact your employer.

Your old employer has to offer to rehire you when:

- the HCP who has been treating you certifies that you can do your old job or a similar or modified job,
- at your previous or lower wages; and
- your employer is hiring for the same or a similar job; and
- you apply for the job.

If you ask for a job under these conditions and your old employer refuses to hire you, call an ombudsman.

The decision about what you are able to do and what you should not do at work is up to your health care provider.

Work with your employer to determine what jobs you can do with your medical restrictions. If your employer offers you any job that your doctor says you can do, and you don't accept it, you could lose benefits.

Keep your employer and claims representative informed about your progress.

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Lump Sum Settlements

The Workers' Compensation Act allows a worker and the employer to resolve a claim for injury as long as all parties are in full agreement of the appropriateness of the resolution with a lump sum payment and the settlement is approved by a workers' compensation judge. A recent legislative change permits disputed claims to be settled by the agreement of all parties, in a manner that provides certain benefits to the worker while allowing the insurance company to close out the claim at a predictable cost.

Joint Petition for Lump Sum Settlement

A recent legislative change expands the provisions under which a claim can be paid out in a lump sum to the worker under the Act. Claims that can be settled by mutual agreement avoid the time and cost of litigation. It provides finality and self-determination to workers while still under the jurisdiction of the Workers' Compensation Administration.

Under New Mexico law, you are entitled to future medical care related to this injury for the rest of your life if you need it. The law generally does not allow you to give up this right for money except under a stipulated joint settlement. If someone offers you money and asks you to sign a document giving up your right to future medical care, call an ombudsman to understand your rights and responsibilities.

Return to Work Lump Sums

If you are entitled to indemnity benefits after going back to work, you can get all of your future indemnity paid in a Return to Work lump sum payment. You must have been back at work for at least six months and be earning at least 80 percent of your previous pay. The lump sum probably ends your right to any more indemnity pay.

Consider Lump Sums for Return to Work carefully

If you accept a lump sum for Return to Work, you will still be entitled to medical care, but you may not be entitled to any more indemnity benefits if your injury causes health problems in the future. Your indemnity claim MAY be closed. Before you accept a lump sum, you should discuss it with a doctor who knows your medical history, and talk to someone, like an ombudsman, who is familiar with workers' compensation.

Partial Lump Sum for Debt

Under certain conditions you can apply for a partial lump sum to pay any debt that accumulated since your injury because you couldn't work. A partial lump sum may occur only after you reach MMI, and it does not close your claim.

You will have to prove the existence of your debts to the judge. Take to court the documents you have that show the debt such as notices from creditors. If you do not have a lawyer, call an ombudsman to help you prepare for the hearing.

Applying for a lump sum

If you would like a lump sum payment, talk to your claims representative and an ombudsman. Some claims representatives will help you prepare for the hearing.

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Changing Health Care Providers

When you started receiving medical care for your injury, either your employer chose the doctor or you chose the doctor (see page 20). This is called first selection.

If your employer chose first, you have a right to change doctors after you have been going to the employer's doctor for at least 60 days of treatment.

In most cases, the doctor you select will then be your doctor for the rest of your workers' compensation case, as long as that takes.

You have to fill out some legal forms. If the claims representative disagrees with your selection, there might be a court hearing with a workers' compensation judge to decide the issue.

If you chose first, your claims representative has a right after 60 days to require you to change to a different doctor. If you receive any legal papers about this, and you don't understand, contact an ombudsman right away because you have only three days to respond or you will have to switch to the new doctor until a judge reviews your objection.

The process is called **second selection of health care provider**.

Changing health care provider at another time

Either you or the claims representative could request a change of health care provider at any time.

At a time when there is no automatic right to change, you or the claims representative may request a change of health care provider if either believes that the health care provider is not providing reasonable medical care to the worker for his or her work-related injuries.

The legal process is different from second selection.

Call an ombudsman to find out your rights.

Change of Provider By Agreement

**A change of health care provider may be made at any time if the parties agree.
The agreement should be documented.**

Other Issues In Medical Care

Communication with your health care provider

Your doctor is responsible for deciding when you will be able to go back to work, what restrictions you might have, when you reach maximum medical improvement, and other important matters. Your doctor may be aware of possible long-term effects of your injury or condition.

Ask your doctor to discuss these matters with you, especially as you get to the end of your treatment, and to tell you what you can do for yourself to stay healthy.

Communication between the health care provider and other parties

Your claims representative and employer are also interested in your doctor's decisions because these decisions affect the cost of your claim and your future at work.

Your claims representative has the right to receive written reports from your doctor. You have a right to get copies of those reports if you wish.

Your employer or your claims representative may want to talk to your doctor to help arrange for you to go back to work, to discuss the cause of the accident, the nature of your impairment, further medical care, referrals to specialists, and other topics. You have a right to participate in any of these conferences between your doctor and your employer or claims representative.

Independent Medical Examination (IME):

An Independent Medical Examination (IME) is a medical examination by another doctor who has not treated you. Some IMEs are performed by a group of doctors including different specialists.

The purpose of an IME is not to treat you but to get an evaluation and medical opinion. Either you or your claims representative may request an IME. If you refuse to go to an IME set in accordance with the Workers' Compensation Act, you can lose your benefits. To be set in accordance with the Workers' Compensation Act, the IME must be by agreement of both parties or by order of the WCA.

If you have any questions about going to an IME set up by the claims representative, contact an ombudsman.

Case management

A case manager is someone who coordinates the health care services provided to an injured or disabled worker. Usually it is a nurse.

Generally, case managers are used only when the injury is quite serious.

A case manager can be quite helpful in your recovery. To understand the role of a case manager if you have been assigned one, you should learn about your rights. Call an ombudsman.

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Disagreements and Disputes

If you disagree with your employer, health care provider or claims representative about your workers' compensation claim, there are different things you can do.

- You can try to get the problem worked out yourself.
- You can call an ombudsman. An ombudsman may be able to talk to the other parties to resolve your problem.
- You can file a complaint in workers' compensation court and go to a mediation conference.
- You can hire a lawyer to file the complaint and represent your interests.
- If your mediation does not solve the problem, you can go on to a full trial in workers' compensation court in front of a workers' compensation judge. At that point, you probably will need a lawyer.

Either party can appeal the final decision of the workers' compensation judge. The appeal is filed outside the WCA at the New Mexico Court of Appeals.

Using an Ombudsman

You can call an ombudsman just to ask questions, and you do not have to give your name.

If you want help contacting your claims representative to work out your disagreement, you will have to tell the ombudsman who you are.

An ombudsman does not take sides for you or against you. An ombudsman cannot give you legal advice, represent you, or act as an advocate. If you decide to file a formal complaint with the Workers' Compensation Administration court, and you do not have a lawyer, the ombudsman can tell you what forms to use and can explain the procedures so you know what to expect.

Hiring a lawyer

You may hire a lawyer for your workers' compensation claim. Most lawyers will talk to you the first time without charging you a fee.

When you have a lawyer, the ombudsmen are not allowed to talk to you. Your claims representative will also be unable to talk to you directly. If your claims representative calls you, instruct the representative to talk to your lawyer and not you directly.

Do not pay your lawyer a fee in advance. Your lawyer should ask you only for expenses like copying costs. If your lawyer asks you for any money in advance except for expenses, call an ombudsman. *Call an ombudsman to learn about your rights BEFORE you hire a lawyer.*

If you receive help from a non-lawyer

You may also receive help from someone who is not a lawyer, such as a union representative or relative. A non-lawyer may not act as your legal representative, and you should not pay this person. If you do, this person could be charged with the unauthorized practice of law and be penalized.

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Workers' Compensation Disputes - The Mediation Process

Filing a complaint

A disagreement with your employer's insurance company or self-insurance program may result in a dispute, and you may need to file a complaint with the WCA. It is a type of lawsuit.

When you file a complaint and do not have a lawyer, an ombudsman can help you but cannot act as your legal representative or as your advocate. Complaints are filed with the WCA Clerk of the Court.

You must take the Form Letter to Health Care Provider to your doctor. Have the doctor fill it out and return it to the WCA Court Clerk before your mediation conference. This Form Letter will be provided to you by the Court Clerk when you file a complaint. Your insurer or self-insurance program will pay the bill for having it filled out.

Getting ready for a mediation conference

When you file a complaint, the WCA will schedule your case for a mediation conference. This is an attempt to solve your dispute without a formal trial. The mediation will be scheduled as soon as possible, probably three to seven weeks from the time you file the complaint.

All the information you have collected during your case will be very helpful to you in preparing for a mediation.

If you plan to go to mediation without a lawyer, spend some time preparing. Learn as much as you can about the law affecting your case. That way, you will have a better idea of what might be a reasonable or fair resolution of your case.

Prepare the following documents to take with you:

- **copies of all unpaid medical bills you have relating to your case;**
- **copies of all medical records you have relating to your case;**
- **copies of any witness statements that you may have;**
- **evidence of wages, tips or benefits that will figure into your compensation rate;**
- **Form Letter to Health Care Provider.**

If you cannot speak English well and need help with translation or interpretation, notify the Workers' Compensation Administration at the time you file your complaint. An interpreter will be provided by your insurer or self-insurance program.

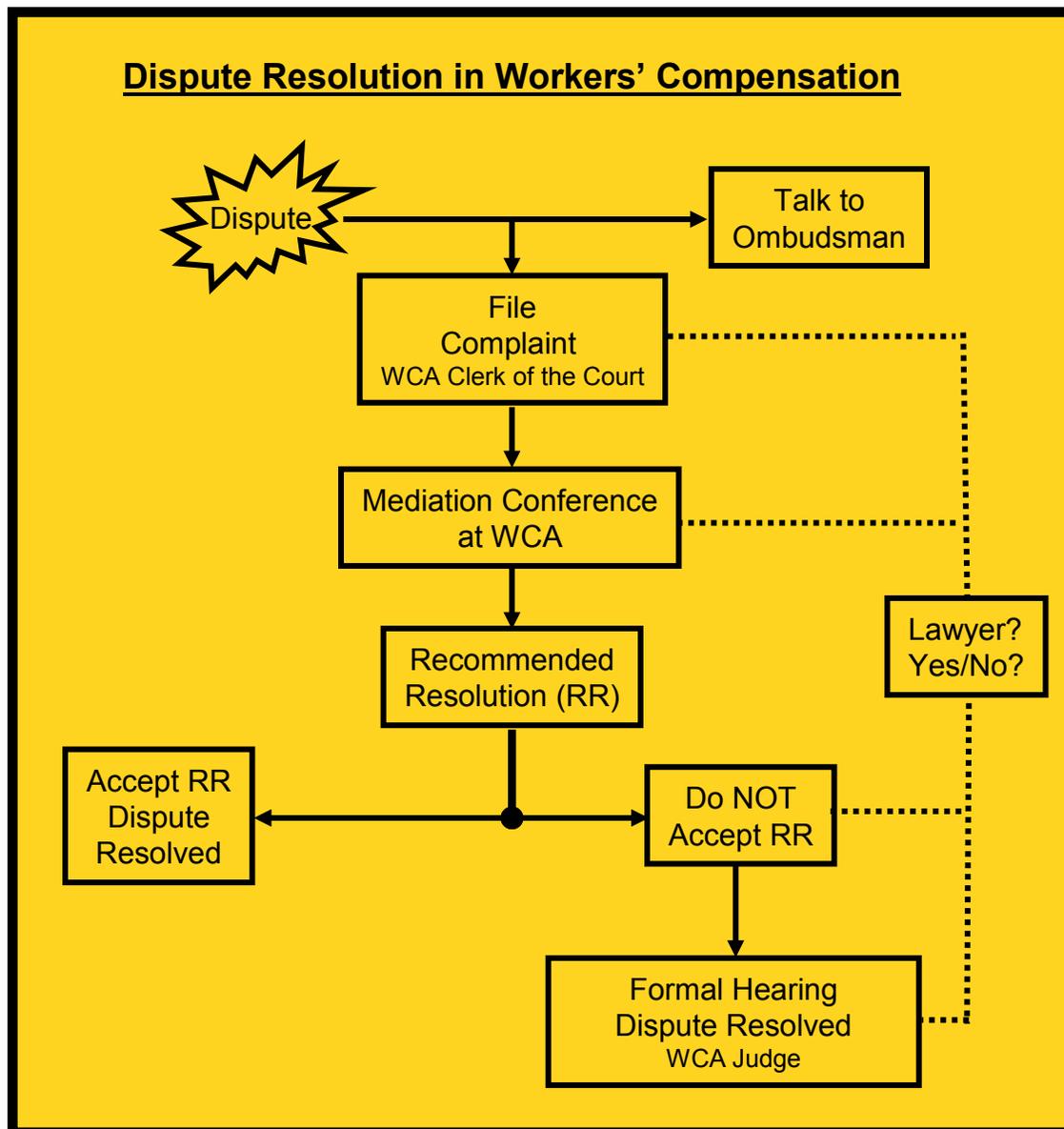
The mediation conference is a meeting where you and the other parties try to agree on how to resolve your case. An experienced professional mediator from the WCA is in charge.

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If you and the other parties agree on a solution to your dispute, the mediator will write down the agreement and mail it to all parties as a “recommended resolution.” If you don’t agree, the mediator will make a recommendation on a possible solution, and that will be the “recommended resolution.”

If no party objects to the recommended resolution, it will become a binding court order settling your case. If you disagree with the recommended resolution and don’t want to accept it, you must send your rejection back to the WCA within 30 days. You will then be scheduled for a formal trial.

Any time before your trial, you can get together with the claims representative and come to an agreement so the trial is not needed, but you don’t have to.



Bad Actions and Penalties

At the beginning of this book, it was stated that there are certain things you should not do, such as ignoring safety devices, going to work under the influence of drugs or alcohol, and so on.

In this section you will learn how bad actions by you or by your employer or any other party in your claim can affect your claim.

The workers' compensation law requires that all parties behave honestly and fairly. Any dishonest or unfair behavior could be cause for a penalty.

If you have committed a bad action, you could lose benefits or suffer other penalties. If another party committed a bad action, you could be entitled to extra benefits, or that person could suffer other penalties.

This section is not a complete list of all the things you should not do or that other parties should not do. There are many types of action that could be considered a bad or improper action and that could be cause for a penalty.

Drug or alcohol use

When you had your accident, were you under the influence of illegal drugs or alcohol?

- If you were, and that was the cause of your accident, your claim could be denied completely and you would get nothing, not even medical care.
- If you were, and a drug or alcohol test proves it, but it was not the cause of your accident, the penalty is that you could lose 10 percent of your indemnity pay. You would still get medical care.

Your employer may have policies or rules that would require you to take drug or alcohol tests after an accident.

Safety devices

A safety device might be a seatbelt in a car, personal items such as hard hats, goggles, or gloves, guards or shields on machinery, or anything else that is provided to help make you safe.

- If your employer provided a safety device, and you did not use it, you could lose 10 percent of your indemnity pay. You would still get medical care.
- If your employer should have provided a safety device but did not provide one, then you could be entitled to a 10 percent increase in your indemnity pay. Tell your claims representative or an ombudsman about this.

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Filing a false claim is a crime

It is a crime to fake an injury, to falsely claim to have been an employee, or to claim workers' compensation benefits for an injury that did not occur at work. You could be prosecuted and sent to prison or ordered to pay a fine.

If your employer or claims representative suspects that you have filed a false claim, they can investigate. The claims representative can stop paying benefits and stop paying for medical care. If they do this and your claim was not false, you might have to go to workers' compensation court to prove it.

Your employer or claims representative can tell the WCA about what they suspect. The WCA can investigate this charge and can work with a district attorney to have you charged with a crime.

Hurting yourself on purpose

If you injured yourself on purpose to collect money, your claim can be denied. You may be prosecuted if you committed fraud by lying about the cause of the injury.

Your claim can be dismissed and your benefits can stop if:

- after you have started receiving benefits, you hurt yourself on purpose so that you will not recover;
- you do things that harm your health or are unsafe;
- you refuse reasonable medical or surgical treatment.

Other reasons to stop paying benefits

Your benefits can be stopped if you refuse to go to a periodic medical examination or an independent medical examination.

The claims representative can file a complaint with the WCA to ask a judge for a legal decision to stop your benefits or the representative can terminate benefits should you fail to fulfill your obligations under the Workers' Compensation Act. If the claims representative stops paying benefits, and you believe you were not doing anything wrong, you may have to file a complaint to start benefits again. You must file the complaint within one year from the time you received notice that your benefits were ended.

Other than continuing treatment by your current health care provider, the claims representative is not allowed to require you to go to periodic exams by the health care provider the employer / insurance company previously selected, more frequently than every six months without an order from a Workers' Compensation Judge. To require more might be considered a form of harassment and unfair claims processing.

Bad actions by employers, insurers and others

Retaliation

If your employer fires you just because you filed a claim for workers' compensation, that is called retaliation. The WCA can fine your employer up to \$5000 (paid to the state, not to you) and require him to give you your job back if he has committed an act of retaliation.

Bad Faith and Unfair Claims Processing

“Bad faith” could be any action done with “fraud, malice, oppression or willful or reckless disregard of the rights of any party.” Examples are:

- giving you dishonest information about your rights;
- deliberately refusing to pay benefits with no good reason;
- telling you that you have to sign papers that by law do not need to be signed;
- making it hard for you to pick up your workers' compensation check;
- unreasonably communicating with the doctor in any way that might disrupt treatment;
- pressuring you not to hire a lawyer.

These actions can also be called unfair claims processing practices.

Employers or insurers who act in bad faith may have to pay a fine to the state or extra benefits to you. Workers' compensation judges or the Director of the WCA may impose civil penalties for these bad activities.

If you think someone has acted in bad faith against you, call an ombudsman. They can provide information about the WCA's policies and procedures regarding bad faith.

Investigations of bad conduct

The WCA Enforcement Bureau investigates charges of bad faith, fraud, and other illegal or improper activities. Most investigations are based on reports from private citizens like you.

Someone can request an investigation against you if they believe you are acting in “bad faith” or committing fraud. The WCA enforcement staff accepts confidential reports from anyone. The staff evaluates all reports and determines whether to take any action.

Private investigators

Insurance companies and self-insurance programs sometimes hire investigators. These are private investigators.

The WCA cannot stop a private investigator from investigating you, but the law does not allow private investigators to violate your rights. If you think a private investigator is violating your rights, the WCA wants to know. Call an ombudsman.

GLOSSARY - definitions of words

Adjuster

A person who “adjusts” claims while working for an insurance company, a self-insurance program, or a third party administrator. An adjuster makes decisions about benefit payments and authorizes writing the checks. He/she is one type of claims representative.

AMA Guides

A book published by the American Medical Association for health care providers, describing how to rate the impairments of injured workers. The AMA Guides is the official standard for rating workers’ compensation injuries in New Mexico.

Bad Faith

Unreasonable, intentional or malicious denial or refusal to pay a claim without any reasonable basis. Also, intentional conduct in the handling of a claim by any person, including the worker, that amounts to fraud, malice, oppression or willful or reckless disregard of the rights of any party.

Benefit

Any payment to an injured worker or in behalf of an injured or deceased worker for compensation, medical treatment, legal expenses, funeral or travel costs resulting from a work-related injury, illness or death.

Burden of proof

In legal disputes, when one side has a right to something and the other side challenges it, the side making the challenge has the burden of proof. That side has to show the judge why it should win the dispute or the other side will win.

Claim

A legal demand from the worker to the employer for workers’ compensation benefits.

Claims Representative

A person from an insurance company, self-insurance program, or third party administrator who works on the worker’s claim. This person is the worker’s contact person for matters concerning the worker’s claim, benefits, payments and other matters.

Compensation

Payments to an injured or ill worker for lost work time due to a job-related injury or illness.

Complaint

A legal document filed in a workers' compensation dispute; it is a special type of lawsuit handled through the Workers' Compensation Administration.

Dependents

Children or other family members who qualify to receive workers' compensation benefits in case of death.

Disability rating

A percentage value for an injured worker that includes the impairment rating and, if appropriate, factors for age, education, training, and the change in the worker's physical ability. A disability rating is used to determine PPD benefits for an injured worker who cannot return to work or who has returned to work at a lesser wage than before the injury.

Employer's First Report of Injury (E-1)

The form that an insurer or self-insurance program is required to file with the WCA to provide a record of a worker's compensation claim. Most E-1 forms are filed electronically without use of paper. The employer or insurer is required to provide the worker with a copy of the E-1.

Exclusive remedy

A legal term that means workers injured on the job are not allowed to sue their employers in the regular court system when their injury is covered by the workers' compensation system.

Ex parte communication

Talking privately to someone when you are not legally allowed to talk to that person privately, because there are other parties who should be informed of this conversation. This may include judges, doctors, etc.

Form Letter to Health Care Provider

A letter containing questions that must be answered by the health care provider in every disputed case. The form letter is provided to the complaining party by the Court Clerk of the Workers' Compensation Administration. It should be returned, completed, to the Court Clerk before the mediation conference.

Health Care Provider (HCP)

A person or organization that provides health care services. By law, the health care provider may be in any person licensed in New Mexico in one of these professions: medical doctors, optometrists, chiropractors, dentists, podiatrists, osteopathic physicians, physician assistants, certified nurse practitioners, physical therapists, occupational therapists, acupuncture practitioners, psychologists and certified nurse-midwives.

Hearing

A formal meeting where both sides involved in a workers' compensation dispute present their cases to a workers' compensation judge for resolution.

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Impairment

Injury-caused mental or bodily damage that is expected to be permanent.

Impairment rating

A percentage number used to “rate” the permanent impairment of an injured worker. An impairment rating can only be given by the authorized health care provider or an independent medical examiner and must be based on a reference book called the AMA Guides.

Indemnity Payment

A payment to the injured or ill worker or dependents to compensate for wage loss, functional impairment, or death.

Lump Sum Payment

A single workers’ compensation indemnity payment in place of future installment payments.

Maximum Medical Improvement (MMI)

The date after which further recovery from or lasting improvement to an injury can no longer be reasonably anticipated as a result of further medical treatment, based upon reasonable medical probability as determined by a health care provider.

Medical benefits

Payment by the insurer to a health care provider for an injured worker’s medical care.

Mediation

An informal meeting involving both sides of a workers’ compensation dispute with a WCA mediator to try to resolve the dispute.

Mediator

A dispute resolution specialist from the WCA who meets with the disputing parties, out of court, to try to reach an agreement.

Mental impairment

A mental condition that was the result of the accident or injury.

Mileage Rate

An amount of money paid for every mile approved for travel to get to medical treatment that is required by the worker’s compensation claim; paid only if the worker has to travel 15 miles or more each way.

Modified work

Work that has been changed to allow an injured worker to do it.

No-fault

A concept in the law that says the claim will be covered no matter who caused the accident.

Notice of Accident

A written statement from the worker to the employer, informing the employer that the worker has had a work-related accident. Employers are required to post the WCA Notice of Accident forms for their employees to use.

Occupational Disease

A disease that is caused or partly caused by the specific job a worker does.

Occupational Injury

An injury that happens on the job.

Party

The worker or the employer and insurer or self-insurance program. Each is a “party” in a dispute over a claim.

Per Diem

An amount of money to cover daily cost of living when the worker is away from home for medical treatment related to the injury.

Permanent partial disability (PPD)

A category of indemnity benefit, payable when a worker has a permanent physical impairment after reaching maximum medical improvement. The amount of benefits is determined by the worker’s physical impairment, as rated by the AMA Guides, and, if the worker returns to work at a lesser wage or is unable to return to work, by a formula based on the worker’s age, education and residual physical capacity.

Permanent total disability (PTD)

A category of indemnity benefit, payable when a worker has been left with the permanent and total loss or loss of use of both hands or both arms or both feet or both legs or both eyes or any two of them, or a disabling brain injury.

Physical capacity (PC)

A rating of an injured worker’s ability to perform physical tasks compared to the physical tasks the worker usually performed in his work before any injury. Also sometimes called “residual physical capacity.”

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Pre-existing Condition

A physical condition that the worker had before the work-related accident.

Pro Se

A person representing himself in a legal proceeding without any representation from a lawyer.

Repetitive motion injury

An injury caused by doing the same physical motion repeatedly over a long time.

Retaliation

Harmful action by one person against another to “repay” perceived wrongdoing.

Rules

Additional requirements related to laws. Rules are made by government agencies and add details and definitions to laws.

Temporary total disability

Indemnity payments made to the worker based on the inability of the worker, by reason of accidental injury arising out of and in the course of his employment, to perform his duties, up to the date of maximum medical improvement.

Third party administrator (TPA)

A representative hired by an insurance company or self-insurance program to handle workers’ compensation claims.

**NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION**

STATE HEADQUARTERS - ALBUQUERQUE

Mailing Address: Workers' Compensation Administration
PO Box 27198
Albuquerque, NM 87125-7198
Location: 2410 Centre Avenue SE 87106
(near Yale-Gibson intersection)

In-state toll-free phone: 1-800-255-7965

Local phone 505-841-6000

REGIONAL OFFICES Call the nearest regional office to reach the Ombudsman and Safety programs, and for forms and publications.

Northwestern regional office at Farmington:

3535 East 30th Street, Farmington, NM 87401
Telephone: 505-599-9746
In-state toll-free phone: 1-800-568-7310

Southwestern regional office at Las Cruces:

1120 Commerce Dr., Suite B-1, Las Cruces, NM 88011
Telephone: 575-524-6246
In-state toll-free phone: 1-800-870-6826

Northeastern regional office at Las Vegas:

32 NM 65, Las Vegas, NM 87701
Telephone: 505-454-9251
In-state toll-free phone: 1-800-281-7889

Southeastern regional office at Lovington:

100 West Central, Lovington, NM 88260
Telephone: 575-396-3437
In-state toll-free phone: 1-800-934-2450

Roswell Office:

Penn Plaza Bldg., 400 Pennsylvania Ave., Suite 425, Roswell, NM 88201
Telephone: 575-623-3997
In-state toll-free phone: 1-866-311-8587

Santa Fe Office:

810 West San Mateo, Suite A-2, Santa Fe, NM 87505
Telephone: 505-476-7381

Internet web site address: <http://www.workerscomp.state.nm.us>

**HELP & HOTLINE:
1-866-WORKOMP / 1-866-967-5667**

Workbook Forms for You to Use

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- 52 Basic legal information
- 53 Transportation expenses worksheet
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Need Help? Call an Ombudsman!

Albuquerque: 505-841-6000 or
toll free: 1-800-255-7965

Farmington: 505-599-9746 or
toll free: 1-800-568-7310

Las Cruces: 575-524-6246 or
toll free: 1-800-870-6826

Las Vegas: 505-454-9251 or
toll free: 1-800-281-7889

Lovington: 575-396-3437 or
toll free: 1-800-934-2450

Roswell: 575-623-3997 or
toll free: 1-866-311-8587

Santa Fe: 505-476-7381

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Checklist

This form is to assist you to keep track of your records. It is extremely important that you keep all documents, medical records, insurance forms and correspondence, copies of any forms or documents filed with the WCA, and any other record that concerns your case. **KEEP EVERYTHING!**

- General information form
- I had an accident form
- Copy of Notice of Accident Form
- Copies of 26 weeks of pay vouchers
- Copies of any non-monetary wages received from the employer (lodging, fuel, etc.)
- Copy of each check received from the insurance company (TTD, PPD)

Medical Treatment

- Record of First medical treatment form
- Record of medical treatment form (and extra copies) for each visit to the doctor
- Copies of all medical records
- Copies of all instructions from the doctor
- Copies of any medical bills sent to you
- Copies of prescriptions

Travel Expenses

- Mileage
- Public transportation costs – tickets, receipts, itineraries
- Hotel receipts

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.

General Information

Fill this form out NOW so it will be ready if you need it.

This form will help you keep important information you will need if you are injured on-the-job.
(Make copies of this form for co-workers and friends)

Name: _____

My employer's name: _____

Employer's address: _____

City: _____ State: _____ Zip Code: _____

Employer's Phone Number: _____

Fax Number: _____

Supervisor's Name: _____

Phone Number: _____

Employer is Insured by:

Insurance company's name: _____

Phone Number: _____ **Fax Number:** _____

Employer's instructions for work-related medical care:

Nearest Emergency Room: _____

(Note: In an emergency I may go to the nearest emergency room if it is closer than the one named here.)

Non-emergency medical care located at: _____

New Mexico Workers' Compensation Administration Workbook for Injured Workers.

If you need help, call the HELPLINE at: 1-866-967-5667.

I had an accident

Date of accident: _____

Time: _____

Location (give an exact description): _____

Describe the accident (what happened): _____

Describe the injury (what part of the body was injured and how):

Witnesses (who was present at the accident) : _____

I used a Notice of Accident Form Yes ___ No ___

The date I filled out the Notice of Accident Form: _____

I gave a copy of the Notice of Accident Form to: _____

If you did not fill out a Notice of Accident Form, does your employer have Notice of Accident Forms at your workplace?

GO FIND ONE AND FILL IT OUT!

**MY SIGNED COPY OF THE NOTICE OF ACCIDENT FORM –
PLACE IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

New Mexico Workers' Compensation Administration Workbook for Injured Workers.

If you need help, call the HELPLINE at: 1-866-967-5667.

Record of first medical treatment

Keeping records of all of your medical treatment is absolutely necessary. If you should have a disagreement with your medical treatment, the insurance company or your employer, you will need them. Fill out this form as soon as possible.

Check one: This was emergency treatment ___ This was not emergency treatment ___

Name of Doctor: _____

Name of Hospital or Clinic: _____

Date and time of treatment: _____

Check one: I went to a doctor I chose: ____. My employer told me to go to this doctor: ____.
It was an emergency and this was the nearest available doctor: ____.

Driving to the hospital or clinic: (If you drove 15 miles or more one way or used public transportation, you will be entitled to payment for mileage or cost of transportation, so keep this record.)

I drove from: home _____ I drove from what location: _____
work _____
other _____ How many miles: _____

I didn't drive myself, I used other transportation: _____
(taxi, bus, etc.)

Write down the medication prescribed by the doctor:

Instructions from the doctor. What I have been told to do:

Next appointment: Date _____ **Time** _____

Location: _____ **Doctor:** _____

If this was emergency medical care, and you have received instructions from your employer about which doctor to use, follow your employer's instructions.

ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.

Record of medical treatment

Use this form **after** your first medical treatment for **each visit** you make to the doctor or health care professional. *Make copies of this form BEFORE you fill this out.*

Name of Doctor: _____

Name of Hospital or Clinic: _____

Date and time of treatment: _____

Check one:

I went to a doctor I chose: _____ The claims representative
told me to go to this doctor: _____
My employer told me to go to this doctor: _____ This appointment was a referral -
from one doctor to another doctor: _____

This is a change of doctor: Yes /No

I selected the new doctor: _____ My employer selected the new doctor: _____
My claims representative selected the new doctor: _____

Driving to the hospital or clinic: Fill out the Transportation Expenses Form.

Write down the medication prescribed by the doctor:

Instructions from the doctor. What I have been told to do:

Next appointment: Date _____ **Time** _____

Location: _____ **Doctor:** _____

**ALL PAPERS FROM THE DOCTOR'S APPOINTMENT ARE TO BE
PLACED IN YOUR WORKERS' COMPENSATION CLAIM FILE.**

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.

Record of Indemnity Benefits

This form is to help you keep a record of all your indemnity benefit payments. After 28 days of being out of work, you are entitled to benefit payment for the first 7 days you were not at work.

Date of Check	Check #	Date of Benefit from:	Date of Benefit to:	Amount
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	\$ _____

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.

Transportation Expenses for Medical Treatment

To get reimbursed for travel to medical appointments, write dates of visits and costs:

Date	Doctor	Departed from:	Arrived at:	Mileage	Costs
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____
_ / _ / _	_____	_____	_____	_____	\$ _____

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.

Notes

Note current status and things that need to be done such as legal and medical status, need more information or test results, return visit suggested date; recommended benefits to file for, see a social worker, seek counseling, etc.

PLEASE PRINT

Date _____ Who is writing note: _____

What is next? When? _____

Date _____ Who is writing note: _____

What is next? When? _____

Date _____ Who is writing note: _____

What is next? When? _____

New Mexico Workers' Compensation Administration Workbook for Injured Workers.
If you need help, call the HELPLINE at: 1-866-967-5667.

Sample Workers' Compensation Administration Legal Forms

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56	Medical Release Form (HIPAA Complaint)
58	Notice of Change of Health Care Provider
59	Health Care Provider Disagreement Form
60	Notice of Accident Form

WORKER'S AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH
INFORMATION FOR WORKERS' COMPENSATION PURPOSES (HIPAA COMPLIANT)

6. I understand that after this information is disclosed, the recipient may continue to use it pursuant to my prior authorization, regardless of my subsequent revocation of this authorization. I further understand that different protections may be available pursuant to state and federal law.
7. I understand that information to be released pursuant to a work-related/occupational injury or illness/workers' compensation claim may also be released to WCA and its current medical cost containment contractor or their duly authorized agents.
8. I hereby expressly waive any regulations and/or rules of ethics that might otherwise prevent any hospital, health care provider or other person who has treated me or examined me in a professional capacity from releasing such records.
9. A photostatic or other copy of this Release, which contains my signature, shall be considered as effective and valid as the original, and shall be honored by those to whom it is sent or provided for a period of six (6) months from the date it was signed.
10. This Release does not authorize any personal or telephonic conferences or correspondence directly between any health care provider and a representative of my employer, its attorney or insurance carrier to discuss my case and is solely for the release of medical documentation as set forth herein. Brief communication for the limited purpose of obtaining medical records is permitted.
11. I understand I am entitled to a copy of this authorization and to any records provided hereunder. I am requesting a copy of this authorization _____ Yes _____ NO - If Yes, I have received a copy _____ (initial).

I understand this authorization will expire within six (6) months of the date I signed it, unless I revoke it earlier, pursuant to Paragraph 5.

Signature of Employee: _____ Date _____

Personal Representative Section:

If a personal representative executes this form, that representative warrants that he or she has authorization to sign this form on the basis of (print detailed basis for representation):

Signature of Personal Representative: _____ Date: _____
11.4.4 NMAC Rev. 2007

**NOTICE OF CHANGE OF HEALTH CARE PROVIDER
UNDER AUTOMATIC RIGHT OF SECOND SELECTION
NEW MEXICO WORKERS' COMPENSATION LAW**

This notice is sent by one party in a New Mexico workers' compensation case to the other party in the case. The party sending the notice claims to have the automatic right to change health care provider, under Section 52-1-49 of the Workers' Compensation Law or Section 52-3-15 of the Occupational Disease Disablement Law of New Mexico.

The party sending this notice hereby notifies the other party that the health care provider whose services are covered under the workers' compensation claim will be changed, effective 10 days after the date this form is postmarked or delivered to the other party. The party receiving this notice may object to the change, by filing a Health Care Provider Disagreement Form" with the court of the New Mexico Workers' Compensation Administration. If the form is not filed **within 3 days**, this change is binding upon the party who received the notice. If a Health Care Provider Disagreement Form is filed at a later date, the change specified in this notice remains in effect until decision of the court.

The party sending this notice is: _____

This notice is sent to: _____

Workers Name: _____ Employer's Name: _____

Worker's Address: _____ Employer's Address: _____

Worker's Telephone Number: () - _____ Employer's Telephone Number: () - _____

Insurance Company: _____ Claims Representative: _____

Address: _____ Telephone Number: () - _____

Worker's Attorney, if any: _____ Employer's Attorney, if any: _____

Address: _____ Address: _____

Date of Accident: _____ County of Accident: _____

Type of injury: _____

Name of doctor/provider now providing treatment: _____

Address of doctor: _____ Telephone Number: () - _____

Name of new doctor/provider:
(Must be licensed in New Mexico): _____ Telephone Number: () - _____

Address of new doctor: _____

Signature of person sending this notice: _____ Date: _____

TO THE PERSON RECEIVING THIS NOTICE: Your rights may be affected by your failure to respond to this notice. If you need assistance and are not represented by an attorney, contact an Ombudsman of the Workers' Compensation Administration, at one of the following telephone numbers:

Albuquerque: (505) 841-6000 or 1 (800) 255-7965

Las Cruces: (505) 524-6246 or 1 (800) 870-6826

Farmington: (505) 599-9746 or 1 (800) 568-7310

Las Vegas: (505) 454-9251 or 1 (800) 281-7889

Lovington: (505) 396-3437 or 1 (800) 934-2450

WORKER: If you have received this notice, you are required to change from your current doctor to the new doctor named above in 10 days, unless you respond to this notice within 3 days.

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____, WCA No.: _____
Worker,
v. _____, and
_____,
Employer/Insurer.

HEALTH CARE PROVIDER DISAGREEMENT FORM

OBJECTION TO NOTICE OF CHANGE

The Notice of Change was completed by: _____ Worker _____ Employer on the _____, 20____. The Notice of Change is objected to by the _____ Worker _____ Employer. A health care provider hearing is requested on this Objection to Notice of Change because: _____

Signature of filing party

- | | |
|---|--|
| <p>1. Worker's Name: _____
SSN: _____
Date of Accident: _____
Mailing Address: _____
City/State/Zip: _____
Phone Number: (____) _____</p> | <p>2. Worker's Rep: _____
Address: _____
City/State/Zip: _____
Phone Number: (____) _____
Fax Number: (____) _____</p> |
| <p>3. Employer: _____
Address: _____
City/State/Zip: _____
Phone Number: (____) _____
Fax Number: (____) _____</p> | <p>4. Insurer: _____
Address: _____
City/State/Zip: _____
Phone Number: (____) _____
Fax Number: (____) _____</p> |
| <p>5. Employer's Rep.: _____
Address: _____
City/State/Zip: _____
Phone Number: (____) _____
Fax Number: (____) _____</p> | |

[This form must be filed with the Clerk of the Workers' Compensation Administration]

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20_____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.

Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

To be completed by Employer: <i>Completado por el empleador:</i> If Yes, Employer has right to change health care provider after 60 days. <i>En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i> WORKER MUST INITIAL _____	Worker will choose health care provider. Yes ___ No ___ <i>Trabajador elegir proveedor de atención médica.</i> If No, Worker has the right to change health care provider after 60 days. <i>En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i> INICIALES DEL TRABAJADOR
--	---

Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1 (4/12) Employer/employee: Each keep one copy. **---SEE BACK OF THIS FORM---**
Empleador/empleado: Retener una copia. **---VER AL REVERSO DE ESTA FORMA---**

NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20_____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.

Employee's social security number: _____ Where did the accident occur? _____
Número de seguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

To be completed by Employer: <i>Completado por el empleador:</i> If Yes, Employer has right to change health care provider after 60 days. <i>En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i> WORKER MUST INITIAL _____	Worker will choose health care provider. Yes ___ No ___ <i>Trabajador elegir proveedor de atención médica.</i> If No, Worker has the right to change health care provider after 60 days. <i>En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i> INICIALES DEL TRABAJADOR
--	---

Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

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PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1 (4/12) Employer/employee: Each keep one copy. **---SEE BACK OF THIS FORM---**
Empleador/empleado: Retener una copia. **---VER AL REVERSO DE ESTA FORMA---**

Worker --

For emergency medical care, go to any emergency medical facility.

Workers and Employers with questions about workers' compensation may contact an Ombudsman at any New Mexico Workers' Compensation Administration office for information and assistance. The offices are open Monday through Friday, 8 a.m. to 5 p.m., except holidays.

Trabajador

Para emergencias médicas vaya a cualquier clinica / hospital.

Trabajadores y empleadores con preguntas acerca de la compensación de los trabajadores pueden comunicarse con un asesor ("ombudsman") a cualquier oficina de la Administración de la Compensación de los Trabajadores para información y asistencia. Las oficinas están abiertas desde las ocho de la mañana hasta las cinco de la tarde de lunes a viernes, con la excepción de días festivos.

Statewide Helpline -- Linea de Asistencia
1-866-WORKOMP / 1-866-967-5667
toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

Albuquerque: 841-6000 - 1 (800) 255-7965
Farmington: 599-9746 - 1 (800) 568-7310
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Las Vegas: 454-9251 - 1 (800) 281-7889
Lovington: 396-3437 - 1 (800) 934-2450
Roswell: 623-3997 - 1(866) 311-8587

Santa Fe: 476-7381
TDD for the deaf: (505) 841-6043
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Worker --

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Trabajador

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toll free -- llamada sin costo de larga distancia
New Mexico Workers' Compensation Administration
PO Box 27198, Albuquerque, NM 87125

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NOTICE OF ACCIDENT OR OCCUPATIONAL DISEASE DISABLEMENT NOTIFICACION DE ACCIDENTE O ENFERMEDAD DE OFICIO

In accordance with New Mexico law, Section 52-1-29, Section 52-3-19 and Section 52-1-49, NMSA 1978; NMAC 11.4.4.11
Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, Sección 52-3-19 y Sección 52-1-49, NMSA 1978; NMAC 11.4.4.11

I, _____, was involved in an on-the-job accident or was disabled
Yo, (name of employee/nombre del empleado) me lastimé en un accidente en el trabajo o fui incapacitado

by an occupational disease at approximately _____, on _____, 20_____.
por enfermedad de oficio aproximadamente (time/a la(s) hora(s)) el (date/fecha) del 20_____.

Employee's social security number: _____ Where did the accident occur? _____
Número de suguro social del empleado: ¿Dónde ocurrió el accidente?

What happened? _____
¿Qué ocurrió?

To be completed by Employer: <i>Completado por el empleador:</i> If Yes, Employer has right to change health care provider after 60 days. <i>En caso afirmativo, el empleador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i> WORKER MUST INITIAL _____	Worker will choose health care provider. Yes ___ No ___ <i>Trabajador elegir proveedor de atención médica.</i> If No, Worker has the right to change health care provider after 60 days. <i>En caso que no elige, el trabajador tiene derecho a cambiar de proveedor de atención médica después de 60 días.</i> INICIALES DEL TRABAJADOR
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Signed: _____ Signed/Notice Received: _____
Firma: (employee/empleado) Firma/Notificación recibida: (employer or representative/empleador o representante)
Date/Fecha: _____ Date/Fecha: _____

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
PREVIOUS NOA FORMS ARE STILL VALID FOR USE

Form NOA-1 (4/12) Employer/employee: Each keep one copy. ---SEE BACK OF THIS FORM---
Empleador/empleado: Retener una copia. ---VER AL REVERSO DE ESTA FORMA--

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