

Workers' Compensation Division Worker Journey

If a worker believes their injury or illness is related to their job, they have a right to file a claim.



Form 801

The worker should ask their employer for [Form 801, "Report of Job Injury or Illness"](#) and complete the worker portion. The worker gives the form back to the employer to send to the employer's insurer.



Medical care

Workers have the right to choose who their medical provider is. If a worker is later enrolled in a managed care organization (MCO), they can choose their provider with some limitations.



Claim acceptance or denial

Claim will be accepted (disabling or non-disabling) or denied. If the claim is denied, the worker has the right to appeal and have an administrative law judge review the decision. [Learn how to appeal.](#)

1 Claim initiation

Worker receives medical care for an injury (827)

Worker reports new injury or illness claim to employer (801)

2 Claim status

Insurer makes a decision



Right to file a claim

If the employer does not have workers' compensation insurance coverage, the worker still has a right to file a claim and receive medical and other benefits while WCD investigates.



Workers have the right to contact the insurer:

- To request a new or omitted medical condition
- To request interpreter services
- To request reimbursement for travel, mileage, and meal allowance due to required medical appointments



Disputes

Workers can submit requests to WCD to review issues:

- Medical services or fees
- MCO decisions
- Changing doctors
- Treatment refusal
- Being billed directly for services
- Timely payment of benefits
- Independent medical examination location



Worker-requested medical examination

If the insurer denies a worker's claim based on an independent medical examination and the worker's physician disagrees, the worker can [request a separate impartial examination.](#)



Respond promptly

Workers should respond promptly to requests for information from their insurer and WCD.

Medical treatment

3 Claim acceptance

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Independent medical examination

Claim decision is made 60 days after employer knows of injury



Return-to-work assistance

Employer-at-Injury Program helps with employer costs when an injured worker returns to modified duty while the claim is open. [The program](#) covers wage subsidies, worksite modification, and other return-to-work purchases.



Appeal a closed claim

If a worker disagrees with claim closure or aspects of the Notice of Closure, they may request that the division review it. This is called a [Request for Reconsideration.](#)



Preferred Worker Program

If a worker has permanent work restrictions due to the work injury and cannot return to their job at injury, they may be eligible for benefits from the [Preferred Worker Program.](#)

Re-employment assistance

Employer-at-Injury Program

Medically stationary

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4 Claim closure

Preferred worker program

Vocational assistance program



What is "medically stationary"?

Medically stationary means that a worker's medical status is not expected to improve, either from more medical treatment or with time.



Vocational disputes

Workers can request WCD to review issues related to:

- Vocational assistance eligibility
- Vocational training
- Vocational direct employment services

Workers can contact

Benefit Consultation Unit
at 503-947-7840

or

Ombuds for Oregon Workers
at 800-927-1271 or 503-378-3351.

Need help
or have
questions?

