



COMMONWEALTH OF VIRGINIA
WORKERS' COMPENSATION COMMISSION
333 E FRANKLIN ST, RICHMOND, VA 23219
1-877-664-2566
www.workcomp.virginia.gov

**30-Day Order
Claim Filed**

Date of this notice: September 01, 2022

name of IW & employer

Insurance Carrier

Jurisdiction Claim No.

Date of Injury August 07, 2022

To Employer/Insurer:

On August 26, 2022, the Claimant filed a claim for benefits with regard to this injury. The Employer/Insurer must respond to the pending claim seeking **wage loss benefits**. **The injured worker is advised that the Commission requires copies of the unpaid medical bills claimed along with medical documentation to support the charges in question.** The Employer should confirm with its insurance carrier or claims administrator that they will respond to this order on their behalf.

Pursuant to Va. Code § 65.2-601.2, the Employer/Insurer is **ORDERED** to complete and return the attached Order Response Form to the Virginia Workers' Compensation Commission at the address listed above and directly to the Injured Worker at his/her address of record within 30 days.

The Employer/Insurer is also reminded that in accordance with Rule 4.2, copies of all medical records in their possession should be provided to the other party and all medical records relating to the claim should be filed with the Virginia Workers' Compensation Commission immediately.

This is a required report pursuant to Va. Code § 65.2-902. Failure to comply may result in the imposition of sanctions. For immediate processing, please use our WebFile portal to manage records and take care of key transactions - webfile.workcomp.virginia.gov. Responses may be faxed to 804-823-6956.

To Injured Worker:

The Injured Worker is reminded that in accordance with Rule 4.2, copies of all medical records in his/her possession should be provided to the other party and all medical records relating to the claim should be filed with the Virginia Workers' Compensation Commission immediately.

The Injured Worker should contact the Commission toll-free at 877-664-2566 with any questions or concerns regarding this matter. Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds Department at 833-448-1681, or email at ombuds@workcomp.virginia.gov. We cannot give legal advice, but all conversations will be kept confidential.



COMMONWEALTH OF VIRGINIA
 WORKERS' COMPENSATION COMMISSION
 333 E FRANKLIN ST, RICHMOND, VA 23219
 1-877-664-2566
 www.workcomp.virginia.gov

**Order Response Form
 Claim Filed**

Date of this notice: September 01, 2022

Name of IW & Employer:

Insurance Carrier

Jurisdiction Claim No.

Date of Injury August 07, 2022

To Employer/Insurer:

This form must be completed, signed and returned to the Commission and directly to the injured worker within 30 days from the date of this Order. Please make this form the cover page when responding to the 30-day Order.

Claim is accepted as compensable:

- Agreement forms signed by all parties are attached hereto.
- Agreement forms were/will be mailed to the Injured Worker or his/her Attorney on _____.
- Agree to a medical award for injuries to the following body parts: _____

(This award may not address all injuries alleged. Interested parties may request a hearing to address the scope of the injuries claimed.)

Claim is being investigated:

- Specific additional information needed to make a decision: _____

Claim is denied:

- Agreement forms will **NOT** be mailed to the Injured Worker/Injured Worker's Attorney. This claim will be docketed for a hearing. In accordance with Rule 4.2, you must file all medical records in your possession relating to this claim.

Reason for denial: _____

 Print Name of Individual
 Completing Form

 Employer/Insurer Name

 Phone Number

Date this form was sent to Commission with copy to the Injured Worker/Injured Worker's attorney: _____