

SC Workers' Compensation Commission

October 21, 2013

QUICK TIPS

FORM 14B, INFORMAL CONFERENCES

& REDUCING FINES

Form 14-B

1. Required for informal conferences.
2. Has been revised to have a box for the treating physician to check if the claimant has any hardware (see attached).
3. The treating physician has to sign the Form 14B.
4. You can provide a Form 14B from other doctors in the case, but we require the treating physician to complete a Form 14B.
5. Make sure the Form 14B is completed with the MMI date, impairment rating and if there is hardware and if the claimant will need future medical or not.
6. Have a copy of the 14B for the claimant.

Informal Conferences

1. Be early, if at all possible.
2. Talk to the claimant prior to meeting with the mediator.
3. Have all necessary forms needed (ie, Form 20, Form 14B, Form 16A, operative report, all narrative reports etc).
4. Make sure you have the medical reports from all doctors.
5. Ensure that the Form 14-B is signed by treating physician.
6. The mediator will advise the claimant of his rights to have an attorney and to have a Formal Hearing.
7. Ensure all medicals, compensation and mileage has been paid.

8. Ask the claimant if he/she had a second job
9. Be prepared to make a fair offer to the claimant.
10. If the mediator thinks the offer is not fair, and the carrier cannot change the offer, the case will be set for a hearing.

How to reduce fines

1. Communicate with the Commission.
2. Use eCase
3. Send two copies of every form that you file with the Commission.
4. If you send a lot of forms to the Commission send a bulk of forms in one envelope, separate the originals and the copies, with a self-addressed stamped envelope.
5. When you file the Form 19, if you do not have a form in your file with our date stamp on the form, send the form(s) with the Form 19.
6. Make sure all forms are legible and complete.
7. Always put the WCC file number and the carrier code number on the form in the upper right corner.
8. Communicate with the Commission.

State of South Carolina

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Workers' Compensation Commission
Advisory Notice

September 18, 2013

Revisions to Form 14B and Form 16A

The Commission approved changes to the Form 14B (Physician's Statement) and the Form 16A (Agreement for Permanent Disability/Disfigurement).

The following language was added to the 14B to reflect the need for future medical care and treatment:

Claimant possesses retained hardware causally related to this injury.

The following language was added to the Form 16A to note if the claimant is entitled to lifetime replacement, repair and maintenance of causally related medical hardware pursuant to 42-15-60(C):

Claimant is entitled to lifetime replacement, repair and maintenance of causally related medical hardware pursuant to 42-15-60(C).

The revised forms are available on the Commission's [website](#).

If you have any questions regarding this notice or the proper filing of form or documents with the Commission, please contact Virginia Crocker, Judicial Director, vcrocker@wcc.sc.gov.



Physician's Statement

Claimant's Name: _____
Physician's Name: _____
Practice/Clinic: _____
Preparer's Name: _____
Phone: _____

Employer's Name: _____
Insurance Carrier: _____
SCWCC File No: _____

The undersigned physician has been authorized by the Employer/Carrier to treat this Claimant for his or her injury by accident pursuant to §§42-15-60, 42-1-172 or 42-11-10.

Date of Injury or Illness: _____

Date of first office visit: _____ Date of last visit: _____

Diagnosis or nature of injury or illness: _____

Body part(s) injured: _____ Body part(s) affected: _____

Date of Maximum Medical Improvement: _____

Based on the **AMA Guidelines**, the claimant has sustained a _____% medical impairment to _____ injured body part(s) and a _____% medical impairment to _____ other affected body part(s).

_____ The claimant is **able to return to work** without restriction.

_____ The claimant is **able to return to work with the following restrictions:**

_____ The claimant is **unable to return to work** at his or her current employment.

_____ Claimant **possesses retained hardware** casually related to this injury.

As of the date I last saw this patient, it is **my professional medical opinion** the claimant:

_____ **will not** need future medical care related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not).

_____ **will** need future medical care and treatment related to his or her work related injury or illness based on a reasonable degree of medical certainty (more likely than not) and that medical care and treatment including medication is as follows:

Treating Physician

Date



Claimant's Name: _____ Employer's Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Home Phone: () - _____ Work Phone: () - _____ Carrier: _____
 Preparer's Name: _____ Preparer's Phone #: () - _____

This form is only applicable to injuries by accident occurring on or after July 1, 2007 pursuant to Title 42-15-60 (A) as amended. The execution of this document is an agreement between the parties relating to a Workers' Compensation claim under §§42-1-160, 42-1-172 or 42-11-10.

Date of Injury or Illness _____

The above parties agree to pay and accept compensation based on the following facts:

A compensable Injury Illness Repetitive Trauma occurred on: _____ (month/day/year).

The injury was to _____ body part(s) injured and also the injury affected _____ other body part(s).

The authorized treating physician has released the Claimant from his or her care and has found maximum medical improvement on _____ (month/day/year) with an impairment rating of _____.

Average weekly wage _____ Compensation rate _____

By agreement of the parties, the following award has been referred to the Commission for approval:

_____ Percentage loss of use to: _____ (body part(s) injured).	_____ weeks
_____ Percentage loss of use to: _____ (body part(s) affected).	_____ weeks
_____ Percentage loss of use to: whole person	_____ weeks
_____ Disfigurement to: _____	_____ weeks
_____ Wage Loss: \$ _____ amount	_____ weeks
_____ Total and Permanent Disability: _____	_____ weeks
_____ Other: _____	_____ weeks

Estimated award (number of weeks times compensation rate) \$ _____

The estimated award is subject to verification by the Commission

Additionally, the Employer's Representative agrees to pay and the Claimant accepts the following medical care and treatment as recommended by the authorized treating physician pursuant to the attached physician's statement, **Form 14B**

Additional medical ordered: _____ Yes _____ No
 See attached 14B physician's statement dated: _____

_____ Claimant is entitled to lifetime replacement, repair; and maintenance of casually related medical hardware pursuant to 42-15-60(C).

This agreement is binding on approval by the Commission. A claim for additional compensation based on a worsening of the Claimant's condition **must be filed no later than one (1) year from the date of the last payment of compensation.** Only medical care specifically detailed herein will be paid under this agreement. If a dispute arises with regard to continued medical treatment, either party may request a hearing before the Commission pursuant to 42-15-60(B) 3 and (C).

_____ Claimant's Signature	_____ Date Agreement Signed	_____ Attorney/Witness/Translator
_____ Employer's Representative	_____ Attorney for Carrier	_____ Email
_____ Deputy Commissioner	_____ Date agreement approved	_____ Jurisdictional Commissioner

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Workers' Compensation Commission

Advisory Notice

August 15, 2013

Settlement Conferences

Parties involved in a settlement conference before a Commissioner are advised that if the Commissioner finds the settlement agreement not to be fairly made and in accordance with the provisions of the Act the matter will be set for a hearing (Regulation 67-801 C).

Further, the Commission requires the submission of a Form 14B and reports of the authorized treating physician for injuries arising after July 1, 2007. The Form 14B must be signed by the authorized treating physician (Regulation 67-802 A (1) (a)). Other medical records and Form 14Bs completed by physicians other than the authorized treating physician may be submitted.

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Workers' Compensation Commission

REGULATORY PROCEDURES ADVISORY

January 25, 2012

FORM 14B (PHYSICIAN'S STATEMENT)

This is a Commission Advisory clarifying the requirements for filing a Form 14B (Physician's Statement).

Background

The Commission created Form 14B (Physician's Statement) as a result of an amendment to Section §42-15-60 of the SC Code of Laws in 2007. The language in this Section was amended to add paragraph (B) (1), which states:

When a claim is settled on the commission's Agreement for Permanent Disability/Disfigurement Compensation form, the employer is not required to provide further medical treatment or medical modalities after one year from the date of full payment of the settlement unless the form specifically provides otherwise.

Applicability

For injuries occurring on or after July 1, 2007 which require future medical care and treatment, settlements on the Commission's Form 16A (Agreement for Permanent Disability/Disfigurement) must be accompanied by a Form 14B. The Form 14B must indicate whether or not future medical care and treatment will be required. (SC WCC Regulations R67-802 and R67-803)

Requirements

The Commission's Form 14B (Physician's Statement) is required when a matter is to be resolved at an informal conference or when a Form 16A (Agreement for Permanent Disability/Disfigurement) is submitted to the Commission for approval. The Form 14B is required for the record to reflect the need for future medical care and treatment. If, in the course of evaluation and treatment, the treating physician makes a determination of any restrictions on the claimant, the need for future medical care and treatment, and an impairment rating due to the injury, the treating physician is required to provide the impairment rating on Form 14B.

***SC Workers' Compensation Commission
Regulatory Procedures Advisory
January 25, 2012***

The Form 14B is to be used by authorized treating physician to render an opinion with regard to these issues.

The Jurisdictional Commissioner requires either a Form 14B or a physician's narrative report when considering Final Agreement and Release documents where the Claimant is not represented by Counsel. The 14B or the narrative report must indicate the impairment rating, restrictions on the Claimant, and the need for future medical care and treatment in order to properly consider the agreement.

Form 14B or a narrative report from the treating physician is required for proper filing by the Defense to request stop payment of compensation citing the Claimant has reached maximum medical improvement.

A Form 14B is not required as documentation for the filing of a Form 21 (Employer's Request for Hearing).

If you have any questions regarding this notice or the proper filing of form or documents with the Commission, please contact Virginia Crocker, Judicial Director, (803) 737-5739 or vcrocker@wcc.sc.gov.