

Workers Compensation Injury Form



1501 Hwy 18 Byp Ste B, Hot Springs, SD 57747

Patient Name: _____ Date: _____

1. Date of injury: _____ Location (city, state): _____
2. Name of Employer/Manager: _____ Contact information: _____
3. Did you file a claim and/or notify your employer in writing within 3 days of the accident? Y N
4. Describe the accident in your own words: _____

5. At the time of the accident where did you feel pain: _____
6. Did you go to the hospital? Y N
 - a. If yes where at: _____ When: _____
 - b. Did you go by ambulance? Y N
 - c. Were x-ray or other images taken? Y N
 - d. Have you lost any days of work? Y N
7. Other than emergency room personnel has anyone treated you for this injury? Y N
 - a. If yes, do you have written approval from employer or a written referral from person treating you for chiropractic care? Y N

Patient or parent Signature: _____ Date: _____

Witness: _____ Date: _____

According to the South Dakota Department of Labor and Regulation's website (11/2016) here are some of the benefits available to you after a work injury. Please sign below indicating you have read these and are willing to comply with any rules/regulations set out by the South Dakota Department of Labor and Regulation. The information below should in no way be considered legal advice. For specific information about your legal rights, you should consult your personal attorney. If you have a general question, contact South Dakota Department of Labor and Regulation, Division of Labor and Management, 123 W. Missouri Ave., Pierre, SD 57501, Phone: 605.773.3681

Doctors and Second Opinions

You have the right to choose your doctor, but you must notify your employer of your choice prior to treatment (or as soon as reasonably possible after treatment). Emergency room treatment does not count as your choice. If you want to change doctors, you must get written permission from your employer or the insurer. If you want a second opinion, you must pay for that yourself. Your employer and the insurer also have the right to a second opinion with the doctor of their choice at their expense.

Returning to Work

If your doctor says you can return to work for part-time or modified work and your employer can accommodate the restrictions, state law requires you to accept the employment. Refusing to accept light-duty work means risking the loss of some or all of your workers' compensation benefits. If you accept the modified or light-duty work and are earning less than what you were earning at the time of your injury, you may be entitled to temporary partial disability benefits. This benefit is calculated as half the difference between the average amount you earned before the injury and the average amount you earn or are able to earn after the injury.

Benefits Available

Your employer (via the insurance carrier) must furnish all necessary first aid, medical, surgical, rehabilitation and hospital services, including prosthetic devices, body aids and physical rehabilitation. Sometimes the expenses of travel, lodging and meals associated with a trip to receive medical treatment for a work-related injury may be reimbursed. If you lose wages because your doctor will not let you work while injured for at least seven consecutive calendar days, you are entitled to temporary total disability benefits. The benefit is computed at two-thirds of your average weekly wage (limiting overtime earnings to straight-time pay) up to a maximum of \$705 per week. The benefits continue until your doctor releases you to return to work in a full or partial capacity, or until the doctor determines that your condition is not going to improve any further.

Patient or parent Signature: _____ Date: _____

Witness: _____ Date: _____