

To Whom It May Concern,

Thank you for contacting me. I handle Alaska Workers' Compensation claims. I also handle U.S. Longshore and Harbor Workers' Compensation Act cases. Attached you will find an information form and a checklist of documents you will need to provide to me. There is a \$30.00 non-refundable processing cost that you will need to submit with the information you return. Please allow my office at least two weeks to review your file. After I have reviewed your file, I will write or call you regarding the merits of your claim. If you wish to expedite the review of your claim, please organize your medical records in chronological order. My office cannot assist or advise you until you provide all the necessary information and we have reviewed it.

Filing a Claim

Please bear in mind that, if yours is an Alaska workers' compensation case and you are not receiving workers' compensation benefits, you must file a claim within two years of your injury or last payment of compensation benefits. You have one year to file a claim for U.S. Longshore and Harbor Workers' compensation cases. Any death claim must be filed within one year of the date of death. There are some rare exceptions. Your rights may be lost if you do not act in time. If you have any questions, concerning your Alaska workers' compensation claim, you may contact the Workers' Compensation Division. If your injury is covered under the U.S. Longshore and Harbor Workers' Compensation Act, you should contact the Office of Workers' Compensation Programs. If you have questions concerning a personal injury case, employment, or disability related matters, you must contact other counsel. My office does not handle such cases and can offer no advice.

I strongly suggest you inform your doctor NOW of the potential for the insurer and/or the insurer's representative to contact him/her to discuss your injury, treatment, symptoms, disability, etc. Tell your physician that he/she is under zero legal obligation to meet in person, discuss over the phone, correspond through email or letters or any other method of communication with the insurer and/or its representative. You should request that, if your physician does decide to confer with the insurer and/or its representative despite your wishes for him/her not to, that your physician inform and invite you to attend. I have attached a letter concerning the treating physicians' rights in this regard. I recommend that you hand this letter to your physician in person, as well as, verbalize the same. You should also hand it to the privacy officer in charge of medical records for your doctor's office/

Nurse Case Managers

Your adjuster and/or insurer may assign a nurse case manager to assist with the medical treatment and care of your injury. The nurse case manager may want to be present with you during your doctor's appointments. I would like to clarify your rights as a patient. A nurse case manager may attend the appointments but does not have a right to be present during your doctor's appointments. You can request the nurse case manager stay in the waiting room for the duration of your appointment. The nurse case manager may also schedule an appointment between her/him and your physician. This would be scheduled at the discretion of your physician. You may advise your doctor that he/she does not have to agree to schedule such a meeting but if your doctor wants to meet with the nurse case manager, you should be invited to be present at this meeting.

If the nurse case manager meets with your physician, it should be at the employer's expense. It is not your responsibility to cover any expenses associated with the nurse case manager.

Representation and Attorney's Fees

Attorney's fees are never charged to the worker neither is a percentage of your potential recovery taken for attorney's fees. The Alaska Workers' Compensation Act and U.S. Longshore and Harbor Workers' Compensation Act provide for the award of reasonable attorney's fees and costs. These are to be paid by the employer or insurer in addition to the benefits awarded to the worker.

Concerning social security, personal injury, employment related and any other legal claims you would need to contact an attorney who handles such cases. These are separate from workers compensation and you should consult with other counsel. My office can offer no advice. This letter should also not be considered legal advice.

I look forward to receiving the information requested. **Please understand that at this time my office does not represent you and can take no action on your behalf.**

Sincerely,

MICHAEL J. JENSEN

MJJ/bdh

To: _____

The worker's compensation insurer and/or its representative may contact your office to schedule a legal conference with you. The insurer and/or its representative are not under legal obligation to inform me of this conference. The insurer and/or its representative may or may not provide you with all available information when seeking your opinion regarding my conditions.

I would like to clarify your rights as my treating physician regarding any currently scheduled or future scheduled conferences with the insurer or its representative. Pursuant to the Supreme Court's decision in *Langdon v. Champion* 745 P.2d 1371 (Alaska 1987), "treating physicians are free to confer ex parte with defense counsel, they cannot be compelled to do so." *Id.* at 1372. Simply speaking, any conferences with the insurer and/or its representative are solely at YOUR discretion. You are not obligated to agree to any such conferences. **However, if you do decide to confer with the insurer and/or its representative, it is requested, again at your discretion, that you invite me as your patient's to attend.**

If you have any questions, please do not hesitate to contact me.

Sincerely,

Sign Name

Print Name

Date

Law Offices Of Michael J. Jensen

Important! Please Read The Attached Information
Complete This Form And Return It With The Requested Documents

Name _____

Date of Injury _____

Your Mailing Address _____

City of Injury _____

S.S.N. _____

Home/Cell Phone No.: _____

Occupation: _____

Message No.: _____

Date of Birth: _____

Email: _____

Number of Children: _____

Married: Y _____ N _____

Employer at time of injury: _____

Workers' comp. insurer: _____

Date of Hire: _____ Rate of Pay: _____

Avg. hours worked per week: _____

Date(s) you have been off work: _____ From _____ through _____

Type of Injury or Illness: _____

Name & address of your treating physicians: (PLEASE PROVIDE ALL MEDICAL RECORDS-if possible organize records in chronological order)

Were you evaluated by a physician picked by the insurance carrier or adjuster?: ___ No ___ Yes
If yes, please provide a copy of the (IME) report(s)

Earnings for the year before, as well as, \$ _____ Year _____
the year of injury: (Please provide W-2's or pay stubs) \$ _____ Year _____

Did you provide written notice to employer (Report of Injury)? ___ No If yes, attach copy

Did you request Vocational Rehabilitation Benefits? ___ No If yes, attach copy

Did your employer pay into a pension plan? No ___ Yes ___ If yes, amount/mo _____

Do you have non workers compensation health insurance coverage: ___ No ___ Yes

If yes, attach copies of any medical expenses paid by your health insurance carrier.

What benefits, if any, have been denied? _____

Date of last benefits payment? _____ (Attach any Controversion Notices)

Have you ever been convicted of a crime(s)? ___ No ___ Yes

If you have been convicted of a crime(s) please list the crime(s) and date(s) of conviction:

Who referred you? _____

Are you a member of a social media site? ___ No ___ Yes

If so, please list the site(s) and verify if settings are set on private: _____

IMPORTANT

Below is a list of items we need in order to review your claim. Please submit these items with this information sheet. Our office cannot request any of this information on your behalf. Obtaining the requested information is SOLELY YOUR responsibility.

1. **\$30.00 processing fee.**
2. **A copy of your Alaska Workers' Compensation Board file.** You are entitled to one copy of this file and can obtain it by calling:

In Anchorage	(907) 269-4980
In Juneau	(907) 465-2790
In Fairbanks	(907) 451-2889
3. **Copies of all your medical reports regarding this claim.** These are often the most important documents you can send to allow this office to properly evaluate your claim. You can request these from your doctors or the adjuster handling your claim. Do not send copies of MRI, CT or x-ray films. Only the reports should be provided.
4. **A copy of your Report Of Injury.** If you did not file a Report Of Injury, please indicate on the questionnaire. This will also be included in your Workers' Compensation file.
5. **A copy of your request for Vocational Rehabilitation Benefits.** If you did not request vocational rehabilitation benefits, please indicate on questionnaire. This should also be included in your Workers' Compensation file.
6. **Copies of your tax returns and W-2 forms for the year before your injury, as well as, any pay stubs** documenting your earnings for the fifty-two weeks before your date of injury. If you are unable to provide a tax return or W-2, you can obtain an earning statement from the Alaska Department of Labor, the Social Security Administration or the IRS.
7. **Copies of any correspondence from/with the adjuster including recorded statements.**

Remember, your information may not be reviewed until all of the required information has been received by our office. Any incomplete files may automatically be returned after 30 days. Our office does not accept electronic copies of your file. All files must be submitted in paper form. If you wish to expedite review of your claim, please organize the medical records in chronological order.