



**willson jones
carter & baxley**

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11440 Carmel Commons Blvd.
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4601 Six Forks Road
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Raleigh, NC 27609
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www.wjcbllaw.com



NORTH CAROLINA WORKERS' COMPENSATION

WEEKS ALLOWED FOR SCHEDULED MEMBERS (§97-31)

BODILY LOSS	MAXIMUM WEEKS
Thumb	75
Finger - Index (1st)	45
Finger - Middle (2nd)	40
Finger - Ring (3rd)	25
Finger - Little (4th).....	20
Toe - Great.....	35
Toe - Other.....	10
Hand	200
Arm	240
Foot	144
Leg	200
Eye	120
Back	300*

** Loss of 75% or more of the back is Total Industrial Disability and compensated for 100% loss*

MAXIMUM COMPENSATION RATE

Year	Comp Rate
2012	\$862.00
2013	\$884.00
2014	\$904.00
2015	\$920.00
2016	\$944.00
2017	\$978.00
2018	\$992.00
2019	\$1,028.00
2020	\$1,066.00
2021	\$1,102.00
2022	\$1,184.00

NC MILEAGE RATES

2016	54 cents per mile
2017	53.5 cents per mile
2018	54.5 cents per mile
2019	58 cents per mile
2020	57.5 cents per mile
2021	56 cents per mile
2022 (January 1-June 30)	58.5 cents per mile
2022 (July 1-December 31)	62.5 cents per mile

NC INDUSTRIAL COMMISSION

403 N. Salisbury St., Raleigh, NC 27603
Mail: 27699

PHONE (919) 807-2501 AND FAX (919) 715-0282

Claims Administration(919) 807-2506
(including Ltr of Rep and IC File No. requests)

Dockets Director(919) 807-2606
(including hearing requests)

Executive Secretary(919) 807-2575

Medical Fees(919) 807-2503

Information Specialist/.(919) 807-2501
General Questions

Accident Report (Form 19) now available for e-file at
<http://www.ic.nc.gov/EDIFORM19.HTML>

ATTORNEY CONTACT INFORMATION

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NORTH CAROLINA WORKERS' COMPENSATION

IMPORTANT INFORMATION

TIME PERIODS

- Waiting Period (§97-28)..... 7 days
 Time After Which Waiting Period is Recoverable (§97-28).. 21 days
 Employer's First Report of Injury (§97-92) 5 days
 from knowledge of injury if absence of more than
 1 day or medicals exceeding \$4,000.
 Admit or Deny Employee's 30 days
 Right to Compensation (Rule 601) from notice from IC
 Payment Without Prejudice (§97-18)
 Payments may continue for 90 days from date Employer
 has written or actual notice of injury/death (may apply
 for 30-day extension). Must file form to deny before
 expiration of 90-day period / extension or waive right
 to contest compensability of, and liability for, the claim.
 Time for Filing of Form 33R..... 45 days*
 Time for Selection of Mediator..... 55 days*
 Time for Mediation of Claim..... 120 days*
 * from filing of Employee's Form 33

STATUTE OF LIMITATIONS

- FILE INITIAL CLAIM - INJURY BY ACCIDENT (§97-24)..... 2 years
 FILE INITIAL CLAIM - OCCUPATIONAL DISEASE (§97-58)..... 2 years
 from diagnosis by competent medical authority
 CHANGE OF CONDITION (§97-47)..... 2 years

BENEFITS

AVERAGE WEEKLY WAGE (AWW)

Compute wages for 1 year prior to injury, then divide by 52. Omit any period of time during which employee missed more than 7 consecutive calendar days. If employee worked less than 1 year, divide wages by number of weeks actually worked. (§97-2(5))

TEMPORARY TOTAL DISABILITY (TTD)

If disability exceeds 7 days, benefits of 66-2/3% of AWW not to exceed the maximum compensation rate for the year in which the injury occurred. (§97-29)

TEMPORARY PARTIAL DISABILITY (TPD)

66-2/3% of the difference between the AWW before the injury and the amount able to earn after the injury up to 500 weeks, with credit for any weeks of TTD paid. (§97-30)

TOTAL DISABILITY

Post-6/24/11: Total Disability limited to 500 weeks, except in certain, statutorily prescribed circumstances. (§97-29)

DEATH BENEFITS

66-2/3% of the AWW of 500 weeks is paid to the employee's dependants within 6 years of the accident or 2 years of the final determination of disability, whichever is later. Benefits are extended beyond 500 weeks in cases of (1) dependent widows or widowers who were physically or mentally disabled on the date of death and (2) dependent minors until the age of 18. Burial expenses of \$10,000 are also allowed (§97-38). Rule 409 sets forth procedures for death claims.

COMMUNICATING WITH MEDICAL PROVIDERS

COMMUNICATION WITH MEDICAL PROVIDERS

Written Communications: An employer may communicate with the employee's authorized health care provider in writing, without express authorization, to obtain specified types of relevant medical information not available in the employee's medical records. Requires contemporaneous written notice to employee. Provider's response must be provided to employee within 10 business days. (§97-25.6(c)(2))

Oral Communications: An employer may communicate with an employee's authorized health care provider in certain circumstances. Requires prior notice to employee of purpose and an opportunity to participate. Summary of communication must be provided to employee within 10 business days if employee did not participate. (§97-25.6(c)(3))

Additional Information Submitted by Employer: An employer may submit additional relevant medical information not already contained in the employee's medical records to the employee's authorized health care provider and may communicate in writing with the health care provider, subject to notice, objection and IC review procedures. (§97-25.6(d))

COMMONLY USED NCIC FORMS (Not an exhaustive list)

FORM	TITLE OF FORM	WHEN USED	WHO RECEIVES
Form 18 Form 19	Notice of Accident Employer's Report of Injury	Sent to Claimant with Form 19 Medicals exceeding \$4,000 or more than 1 day lost time	Employee/Attorney NCIC
Form 22 Form 24	Employee's Wage Statement Application to Terminate Benefits	To calculate benefits owed Plaintiff non-compliance with medical/vocational or Refusal to return to work	Employee/Attorney NCIC; Employee/Attorney
Form 26A Form 28 Form 28T Form 28B	Employee's Right to PPD Return to Work Report Trial Return to Work Report Report of Compensation Paid	Plaintiff assigned PPD rating after MMI Plaintiff returns to work without restrictions Plaintiff returns to work with restrictions Final disability payments (including PPD) paid- No clincher agreement used	NCIC; Employee/Attorney NCIC; Employee/Attorney NCIC; Employee/Attorney NCIC; Employee/Attorney
Form 28C Form 33 Form 33R Form 60	Report of Compensation Paid-Clincher Request That Claim Be Assigned for Hearing Response to Request for Hearing Employer's Admission of Right to Compensation	Final payment issued pursuant to clincher agreement Requesting IC hearing on any issue To answer Form 33; Must be filed within 45 days When claim is accepted-Must be filed within 30 days of notice of claim to avoid penalty	NCIC; Employee/Attorney NCIC; Employee/Attorney NCIC; Employee/Attorney NCIC; Employee/Attorney
Form 61	Denial of Worker's Compensation Claim	When claim is denied-Must be filed within 30 days of notice of claim to avoid penalty	NCIC; Employee/Attorney
Form 62	Reinstatement or Modification of Compensation	When employee taken out of work after return or Change in benefits owed for disability	NCIC; Employee/Attorney
Form 63	Notice of Payment Without Prejudice	Unable to admit or deny claim within 30 days of notice of claim/Medical only claims	NCIC; Employee/Attorney
Form 90	Report of Earnings	To verify plaintiff not earning income-can be used once every six months	Employee/Attorney