

Average Weekly Wage	Forms		Waiting Period
<p>The preferred method of calculating the average weekly wage is to divide the employee's earnings during the employment in which he/she was working at the time of injury during the 52 weeks immediately preceding the injury by 52. NCGS 97-2(5). If the employee lost more than seven consecutive calendar days at one or more times during that 52-week period, then the earnings for the remainder of the 52 weeks are divided by the number of weeks remaining after the time so lost has been deducted. Other methods may be employed if the above calculation does not produce a fair result. Wages are calculated based on a seven day work week.</p>	<p style="text-align: center;">FORM 28</p> <p>Filed when an employee returns to full-time unrestricted duty.</p>	<p style="text-align: center;">FORM 28T</p> <p>Filed when the employee's return to work is restricted, either in the form of limited number of hours or limitation of actual work duties</p> <p style="text-align: center;"><i>Trial Return to Work Period:</i> Nine (9) months.</p>	<p>The Employee must lose time from work for 22 days before recovering benefits for the first seven (7) calendar days.</p>
Compensation Rate	Terminating an Employee		Mileage Reimbursement
<p>An employee's compensation rate is calculated as two-thirds of the employee's average weekly wage and is paid weekly. Minimum weekly rate is \$30.00. The maximum weekly rates are set annually:</p> <p style="margin-left: 20px;"> <u>2018 - \$992.00</u> <u>2019 - \$1,028.00</u> <u>2020 - \$1,066.00</u> <u>2021 - \$1,102.00</u> <u>2022 - \$1,184.00</u> <u>2023 - \$1,254.00</u> </p>	<p>What is the Exposure for Terminating an Employee Who Has Been Injured?</p> <p>No employer may discharge an employee because the employee has instituted a workers' compensation proceeding in good faith. An employer in violation of this provision may be liable in a civil action for "reasonable damages." NCGS 95-240. However, it is not a violation to take unfavorable action against such employee if the same unfavorable action would have been taken in the absence of the workers' compensation claim. NCGS 95-241.</p>		<p>Mileage for medical treatment in workers' compensation cases of 20 miles or more round trip is paid at the rate periodically set by the IRS.</p>
Disability	Medical Treatment		
<p>If total disability resulting from a compensable injury exceeds seven days, the injured employee is entitled to his/her compensation rate, not to exceed the maximum rate, until the employee returns to work or is no longer totally disabled. Payment of total wage loss is limited to 500 weeks of disability payments under NCGS 97-29 or 97-30. Extension may be requested after 425 weeks of disability.</p> <p>If the incapacity for work due to injury is partial, the employer shall pay the employee two-thirds of the difference between the employee's average weekly wage before the injury and the employee's post-injury gross weekly wage, not to exceed the maximum weekly rate. Payment of partial wage loss is limited to 500 weeks of disability payments under NCGS 97-30 or 97-29.</p>	<p>The employer is required to provide "medical compensation," which includes medical, surgical, hospital, nursing and rehabilitative services, and medicines, sick travel and other treatment including medical and surgical supplies, as may reasonably be required to effect a cure, give relief or lessen the period of disability. Aside from chiropractic care, which is limited to 30 visits without prior written authorization, there are no limitations on the length or frequency of treatment covered by the statutory definition of medical compensation, unless a prior award by the Industrial Commission has been entered, in which case there may be limits on the time frame. The right to medical compensation terminates two years after the employer's last payment of medical or disability compensation unless the Industrial Commission approves or orders additional medical compensation.</p> <p>An employer has the right to direct treatment under NCGS 97-25. However, the employee may request in writing a second opinion on treatment, and may seek approval by the Industrial Commission, if the employer cannot agree upon a physician within 14 days. The employee also has the right to obtain a second opinion on a permanent partial impairment rating with a doctor solely of his/her choosing, but any other opinions rendered by said physician must be disregarded by the Commission.</p> <p>Refusal of an employee to accept any medical, hospital, surgical, vocational or other treatment when ordered by the Industrial Commission may bar employee from further compensation, and no compensation shall be paid during the period of suspension, unless the Industrial Commission orders that the circumstances justify the refusal. Permission to suspend disability payments must be requested via a Form 24 application.</p>		

Medical Information	Schedule of Permanent Partial Disability	Payment of Medical Charges																														
<p>N. C. G. S. 97-25.6:</p> <ol style="list-style-type: none"> Any employer or insurer paying medical compensation to a provider rendering treatment may obtain records of treatment without authorization of, or notice to, the Employee. An employer or insurer in a denied claim or in a claim that has not yet been accepted or denied may, with written notice to the employee, obtain directly from a medical provider medical records restricted to a current injury or condition for which the employee is claiming compensation. This request does not require the authorization of the employee but does require that the employee receive notice of the request. Upon written request from the employer or insurer, the employee or their attorney shall provide medical records or reports in their possession restricted to conditions related to the injury or illness for which the employee is seeking compensation. An employer or insurer may, without authorization from the employee but with contemporaneous notice, write to an authorized health care provider with questions to obtain relevant medical information not available in the employee's medical records. With prior notice to the employee, who may participate, the employer or insurer may communicate orally with the health care provider to obtain relevant medical information not available in the employee's medical records. An employer or insurer may, after 10 business day notice and review by the employee, provide additional information to the health care provider not available in the employee's medical records unless the employee objects and seeks a protective order. Responses by the health care provider must be provided to the employee within 10 business days. Responses by the health care provider must be provided to the employee within 10 business days. 	<p>Under NCGS 97-31 an employee is entitled to the corresponding number of weeks of compensation for total loss of use of the following members or vision in an eye. If the employee has a partial loss of use of a member or vision in an eye, then that percentage of loss should be multiplied by the corresponding number of weeks to determine the amount of compensation for permanent partial impairment.</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>HAND</td><td>200 weeks</td></tr> <tr><td>ARM</td><td>240 weeks</td></tr> <tr><td>FOOT</td><td>144 weeks</td></tr> <tr><td>LEG</td><td>200 weeks</td></tr> <tr><td>BACK</td><td>300 weeks</td></tr> <tr><td>EYE</td><td>120 weeks</td></tr> <tr><td>HEARING-ONE EAR</td><td>70 weeks</td></tr> <tr><td>HEARING-BOTH EARS</td><td>150 weeks</td></tr> <tr><td>THUMB</td><td>75 weeks</td></tr> <tr><td>FIRST FINGER (Index)</td><td>45 weeks</td></tr> <tr><td>SECOND FINGER (Middle)</td><td>40 weeks</td></tr> <tr><td>THIRD FINGER (Ring)</td><td>25 weeks</td></tr> <tr><td>FOURTH FINGER (Little)</td><td>20 weeks</td></tr> <tr><td>GREAT TOE</td><td>35 weeks</td></tr> <tr><td>OTHER TOES</td><td>10 weeks</td></tr> </table> <p>In case of permanent injury or total or partial loss of any important organ or in cases involving serious facial disfigurement, the Industrial Commission may award compensation not to exceed \$20,000, per organ.</p> <p>In case of serious bodily disfigurement (other than facial) for which no compensation is payable under any other subdivision of this section, the Industrial Commission may award proper and equitable compensation not to exceed \$10,000. The determination of whether disfigurement is "serious" turns on whether it will affect the employee's future earning capacity.</p> <p>North Carolina does not recognize a rating for disability of the "whole person." However, the loss of both hands, both arms, both feet, both legs, both eyes, or any two thereof shall constitute total and permanent disability. NCGS 97-31(17).</p>	HAND	200 weeks	ARM	240 weeks	FOOT	144 weeks	LEG	200 weeks	BACK	300 weeks	EYE	120 weeks	HEARING-ONE EAR	70 weeks	HEARING-BOTH EARS	150 weeks	THUMB	75 weeks	FIRST FINGER (Index)	45 weeks	SECOND FINGER (Middle)	40 weeks	THIRD FINGER (Ring)	25 weeks	FOURTH FINGER (Little)	20 weeks	GREAT TOE	35 weeks	OTHER TOES	10 weeks	<p>Within 30 days of the receipt of any statement for medical services, the employer/insurer must pay the statement, submit the statement to the Industrial Commission for approval, or send the provider written objections to the statement. 04 NCAC 10J .0101(f)</p>
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		<p><u>\$400.00 – Approval of Settlement Agreement:</u> Must be sent to the Industrial Commission with settlement agreement. Check must include Industrial Commission Claim Number; name of plaintiff and statement "payment for approval of settlement agreement" on the check.</p> <p>Fees are no longer charged for the filing of a Form 24, Form 21/26/26A or 3rd Party Distribution Order.</p>																														
		Industrial Commission Contact Information																														
		<p style="text-align: center;">http://www.ic.nc.gov</p> <p style="text-align: center;">Claims Department: 919-807-2502</p> <p style="text-align: center;">Statistics Department: 919-807-2506</p> <p style="text-align: center;">Docket: Department: 919-807-2504</p> <p style="text-align: center;">Medical Fee Department: 919-807-2503</p> <p style="text-align: center;">Nurses Section: 919-807-2616</p> <p style="text-align: center;">Executive Secretary: 919-807-2575</p>																														