

# OTHER WISCONSIN WORKER'S COMPENSATION RESOURCES

NOVEMBER 2021



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**Worker's Compensation**

Wisconsin Department of Workforce Development  
 Division of Worker's Compensation  
 Dispute Resolution Staff and Areas of Expertise

November 2021

**Lisa Halsey – Section Chief**  
[Lisa.halsey@dwd.wisconsin.gov](mailto:Lisa.halsey@dwd.wisconsin.gov)

**To contact any of the DRS Specialists, please call**  
**608-266-1340**  
 or  
**608-261-8472**

Jasmine Decorah <a href="mailto:jasminer.decorah@dwd.wisconsin.gov">jasminer.decorah@dwd.wisconsin.gov</a>	Advances, Delays, Alternative Dispute Resolution
Cherie Goetz <a href="mailto:cherie.goetz@dwd.wisconsin.gov">cherie.goetz@dwd.wisconsin.gov</a>	Supplemental and Death Benefits, Alternative Dispute Resolution
Faith Howe <a href="mailto:faith.howe@dwd.wisconsin.gov">faith.howe@dwd.wisconsin.gov</a>	Advances, Delays, Alternative Dispute Resolution
Chelsea Newby <a href="mailto:chelseal.newby@dwd.wisconsin.gov">chelseal.newby@dwd.wisconsin.gov</a>	Vocational Rehabilitation, Loss of Earning Capacity (LOEC), Training
Phil Roberts <a href="mailto:philip.roberts@dwd.wisconsin.gov">philip.roberts@dwd.wisconsin.gov</a>	Advances
Frank Salvi <a href="mailto:frank.salvi@dwd.wisconsin.gov">frank.salvi@dwd.wisconsin.gov</a>	Supplemental and Death Benefits, Vocational Rehabilitation, Tie Breakers, Alternative Dispute Resolution
Gail Wickman <a href="mailto:gails.wickman@dwd.wisconsin.gov">gails.wickman@dwd.wisconsin.gov</a>	Advances
Karee Williams <a href="mailto:karee.williams@dwd.wisconsin.gov">karee.williams@dwd.wisconsin.gov</a>	Delays, Alternative Dispute Resolution, Loss of Earning Capacity (LOEC)
Kati Zieroth <a href="mailto:kati.zieroth@dwd.wisconsin.gov">kati.zieroth@dwd.wisconsin.gov</a>	Hearing Loss, Vision Loss

<b>In Training</b>
Lacy Houston <a href="mailto:lacy.houston@dwd.wisconsin.gov">lacy.houston@dwd.wisconsin.gov</a>
Jeanie Millard <a href="mailto:jeanie.millard@dwd.wisconsin.gov">jeanie.millard@dwd.wisconsin.gov</a>
Hsien-Kai Tan <a href="mailto:hsienkai.tan@dwd.wisconsin.gov">hsienkai.tan@dwd.wisconsin.gov</a>

## IMPORTANT WCD CONTACT INFORMATION

**MAILING ADDRESS: P.O. Box 7901, Madison, WI 53707-7901**  
**PHYSICAL ADDRESS: 201 E. Washington Ave., Room C100, Madison, WI 53707**  
**MAIN LINE: 608-266-1340**  
**IMAGING SERVER FAX: 608-260-2503**  
**Main Fax: 608-267-0394**  
**IT Help Desk: 608-266-7252**

Bureau of Insurance Programs	608-266-3046
Dispute Resolution Section (DRS)	608-261-8472
Copy Work	608-266-3280

### **Bureau of Claims Management Supervisors**

Rod Gennrich, Claims Services	608-405-4123
Lisa Halsey, Dispute Resolution Section	608-266-5570
Records Management	608-261-0382

### **Computations**

(Social Security Offsets, Present Value)

AAA-HAP	Nancy Wright
HAQ-PAQ	Karen Knapton
PAR-Z	Karen Baumgartner

### **Alternative Dispute Resolution**

Jasmine Decorah
Cherie Goetz
Faith Howe
Frank Salvi
Karee Williams

### **Health Cost Disputes**

A-F	Kayla Van Valkenberg
G-L	Mary Pitassi
M-S	Holly Hampton
T-Z	Lori LeMahieu
FAX	608-260-3143

### **Wage**

(Please note: if claim is in litigation, staff cannot directly address the correct AWW without a request from the ALJ hearing the case.)

A-Z	Keith Kinion
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WCRB Insurance Coverage Look Up:  
Child Support Lien Docket:

<https://www.wcrb.org/coverage-lookup/>  
<https://liendocket.wisconsin.gov/>

**Required Reports to Be Filed with Division of Worker's Compensation  
(Event Table)**

For complete text of provisions, see Wisconsin Administrative Code DWD 80.02

<b>DUE</b>	<b>REPORT/FORM</b>	<b>CODE REQUIREMENT</b>
1 day	WKC-12, First Report of Injury	DWD 80.02(1) An employer shall within one day after the death of an employee due to a compensable injury, report the death to the department and the employer's insurance carrier.
14 days	WKC-12, First Report of Injury	DWD 80.02(2)(a) A first report of injury... on or before the 14th day after an accident or the beginning of a disability from occupational disease.
30 days	WKC-13, Supplemental Report	DWD 80.02(2)(b) A supplementary report, with information required by form WKC-13 on or before the 30th day following the day on which the injury occurred. (First payment & wage info)
30 days	WKC13A, Wage Info	DWD 80.02(2)(c) The wage information required by form WKC-13A if the wage is less than the maximum wage.
30 days	Part-time employee's restriction statement, if applicable	DWD 80.02(2)(d) A signed statement from the employee to verify that the employee restricts his/her availability on the labor market to part-time employment and is not actively employed elsewhere.
30 days from event	WKC-13, Supplemental Report. (Accompanied by WKC-16, Final Medical, at end of healing when more than 3 weeks of temporary disability, any PPD or surgery as a result of injury).	DWD 80.02(2)(e) A WKC13 report within 30 days after each of the following events, with a copy to the employee <ul style="list-style-type: none"> <li>• Payment type is changed to PPD from TTD or salary continuation in lieu of compensation</li> <li>• TTD benefits or salary continuation in lieu of compensation are reinstated</li> <li>• TPD is paid including information 30 days from event required by form WKC-7359-1-E</li> <li>• Final payment of compensation is made or salary continuation in lieu of compensation ended</li> </ul>
At time of event	WKC-13, Supplemental Report	DWD 80.02(2)(f) Due when submitting stipulation or compromise at time of hearing

## Notice Requirements

For complete text of provisions, see Wisconsin Administrative Code DWD 80

<b>DUE</b>	<b>SEND TO</b>	<b>CODE</b>
7 days	DWD Employee	DWD 80.02(2)(g)1 Written notice of <b>Suspension</b>  When payments are stopped for any reason. If any payments are stopped for a reason other than an employee's return to work, the notice shall explain why payments were suspended and shall advise the employee what to do to reinstate payments.
7 days	DWD Employee	DWD 80.02(2)(g)2 Written notice of <b>Denial</b>  When a decision is made to deny liability for payment of compensation <u>after a concession of liability is made</u> , giving the reason for the denial and advising the employee of the right to a hearing before the Division.
7 days	DWD	DWD 80.02(2)(g)3 Written notice of <b>Amputation</b> requiring artificial member or appliance.
14 days	Employee	DWD 80.02(2m)(a)1 Written notice of <b>Denial</b>  Notice to advise that liability for payment of compensation is being denied, with the specific reason for the denial and advising employee of the right to a hearing.
14 days	Employee	DWD 80.02(2m)(a)2 Written notice of <b>Investigation</b>  Notice to advise that claim is not being paid because it is still under investigation. The notice shall specify if additional medical or other information is needed to complete the investigation and shall advise the employee of the right to a hearing.
30 days	DWD	DWD 80.02(2)(i) Final Receipt on <b>Safety Violation</b>  If increased compensation is due, a final receipt within 30 days of the final payment to the employee.
13 weeks	DWD	DWD 80.42 Notice of <b>disability beyond 13 weeks</b>  Notice to advise that disability is to extend beyond 13 weeks. Notice should include a copy of a current practitioner's report.

**Wisconsin Worker's Compensation Division**  
**Selected Worker's Compensation Forms**  
(For Complete List, see <https://dwd.wisconsin.gov/wc/about-us/formsorder.htm>)

**November 2021**

Form Number	Form Description
<a href="#">WKC-3-E</a> (R. 4/19)	Medical Treatment Statement – To list charges from medical providers, or for medicine and supplies. (To be submitted with WKC-7)
<a href="#">WKC-7</a> (R. 12/20)	Hearing Application – To be filed with the Department by a party requesting resolution of a dispute
<a href="#">WKC-7 Instructions</a>	Instructions for completing Hearing Application (Form WKC-7) Spanish WKC-7 instructions – <a href="#">Instrucciones Para Llenar La Solicitud de Audiencia Adjunta (Formulario WKC-7)</a>
<a href="#">WKC-7-B</a> (R. 6/17)	Compromise Review Application
<a href="#">WKC-12-E</a> (R. 6/17)	Employer's First Report of Injury or Disease – Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
<a href="#">WKC-13-E</a> (R. 6/17)	Supplementary Report on Accidents and Industrial Diseases – Supplemental report to be filed by the insurer or self-insured employer when payments are started, stopped, suspended, or changed. Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
<a href="#">WKC-13A-E</a> (R. 11/20)	Wage Information Supplement – To be filed with the Department by the insurer or self-insured employer when wage used is less than the maximum compensation rate. Word document, protected from modification and enabled for form fill (includes tabbed fields for form completion)
<a href="#">WKC-16-E</a> (R. 6/17)	Medical Report on Industrial Injury – To be filed by the insurer or self-insured employer when temporary disability exceeds 3 weeks or permanent disability results
<a href="#">WKC-16-A-E</a> (R. 6/17)	Physician's Report on Eye Injuries
<a href="#">WKC-16-B-E</a> (R. 6/17)	Physician's Report on Accident or Industrial Disease in Lieu of Testimony (To be submitted with WKC-7 – Hearing Application)
<a href="#">WKC-19-DHA-E</a> (R. 5/18)	DHA Admission to Service and Answer to Application – To be filed with the Department by the respondent insurer or employer and served on the party filing the Hearing Application. Must be filed with the Department within 20 days after service of the application.
<a href="#">WKC-136-E</a> (R. 1/21)	Advance or Lump Sum Request
<a href="#">WKC-170-E</a> (R. 6/17)	Third Party Proceeds Distribution Agreement – To be filed with the Department by the insurance carrier for approval of distribution

Form Number	Form Description
WKC-176 (R. 6/17)	Compromise Agreement – To be filed with the Department by the parties for approval of compensation resolving a dispute
WKC-7359-E (R. 6/17)	Temporary Partial Disability Worksheet
WKC-9351-E (N. 5/14)	Health Service Fee Database Certification Application – To be completed by a database company to obtain certification as a health service fee database used for resolving reasonableness of fee disputes
WKC-9380-E (R. 6/19)	Necessity of Treatment Dispute Resolution Request
WKC-9488-E (R. 6/17)	Voluntary and Informed Consent for Disclosure of Health Care Information – Electronic format which may be completed on-line and printed for signatures (Available in English, Hmong, and Spanish)
WKC-9498 (R. 6/19)	Reasonableness of Fee Dispute Resolution Request
WKC-10146 (R. 6/17)	Notification of Vocational Services
WKC-10369 (R. 6/17)	Private Vocational Rehabilitation Services Quarterly Report
WKC-12698 (R. 7/20)	Self-Restriction to Part-Time Work
WKC-17001 (N. 7/11)	Notice of Potential Eligibility to Receive Vocational Rehabilitation Services
WKC-17843-E (R. 8/17)	Fax Cover Sheet – To be used when submitting documents on non-litigated claims
WKC-17876-E (R. 7/18)	Annual Report of Permanent Total Disability Payments Made

## Links to Important Documents

Name	Link to Electronic Version	Hard copy sold through <a href="#">Document Sales</a> (800) 362-7253
Wisconsin Worker's Compensation Act (R. 05/2021)	<a href="#">WKC-1-P *</a> Adobe PDF Format	Specify Item # 403D \$5.10 each plus tax and shipping
How to Evaluate Permanent Disability (R. 8/2012)	<a href="#">WKC-7761-P</a> Adobe PDF Format	Up to 100 free; then \$5.00 per 100
Maximum Wage and Rate Chart (R. 12/2020)	<a href="#">WKC-9572-P</a> Adobe PDF Format	
Historical Wage/Rate Information	<a href="#">Wage History</a> Excel Spreadsheet format	

- **The online version of the Wisconsin Worker's Compensation Act is regularly updated.**