

OTHER WISCONSIN WORKER'S COMPENSATION RESOURCES

NOVEMBER 2020



Worker's Compensation

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

November 2020

Lisa Halsey – Section Chief
Lisa.halsey@dwd.wisconsin.gov

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

LaVerne Buchanan Laverne.buchanan@dwd.wisconsin.gov	Delays, Alternative Dispute Resolution
Jasmine Decorah Jasmine.decorah@dwd.wisconsin.gov	Advances
Cherie Goetz Cherie.goetz@dwd.wisconsin.gov	Supplemental and Death Benefits, Alternative Dispute Resolution
Faith Howe Faith.howe@dwd.wisconsin.gov	Advances
Chelsea Newby Chelsea.newby@dwd.wisconsin.gov	Delays, Vocational Rehabilitation, Loss of Earning Capacity (LOEC, Vision Loss, Training
Phil Roberts Philip.roberts@dwd.wisconsin.gov	Advances, Hearing Loss
Frank Salvi Frank.salvi@dwd.wisconsin.gov	Supplemental and Death Benefits, Vocational Rehabilitation, Tie Breakers, Alternative Dispute Resolution
Gail Wickman Gails.wickman@dwd.wisconsin.gov	PPD Estimates
Karee Williams Karee.williams@dwd.wisconsin.gov	Delays, Alternative Dispute Resolution, Loss of Earning Capacity (LOEC)

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	608-266-5523
Lisa Halsey, DRS	608-266-5570
Lynn Brower, 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

LaVerne Buchanan
Cherie Goetz
Frank Salvi
Karee Williams

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-F (8-11 am, MWF)	Danielle Corona
G-Z	Keith Kinion

Health Cost Disputes

AAA-DIM	Lori LeMahieu
DIN-JLZ	Kayla Van Valkenberg
JMA-MUK	Mary Pitassi
MUL-SEU	Holly Hampton
SEV-ZZZ	Chan Voeltz
FAX	608-260-3143

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

DUE	REPORT/FORM	CODE REQUIREMENT
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"> • Payment type is changed to PPD from TTD or salary continuation in lieu of compensation • TTD benefits or salary continuation in lieu of compensation are reinstated • TPD is paid including information 30 days from event required by form WKC-7359-1-E • Final payment of compensation is made or salary continuation in lieu of compensation ended
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

DUE	SEND TO	CODE
7 days	DWD Employee	DWD 80.02(2)(g)1 Written notice of Suspension 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 Denial 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 Amputation requiring artificial member or appliance.
14 days	DWD Employee	DWD 80.02(2m)1 Written notice of Denial 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	DWD Employee	DWD 80.02(2m)2 Written notice of Investigation 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 Safety Violation 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 disability beyond 13 weeks 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 2020

Form Number	Form Description
WKC-3-E (R. 4/19)	Medical Treatment Statement - To list charges from medical providers, or for medicine and supplies. (To be submitted with WKC-7)
WKC-7 (R. 12/19)	Hearing Application - To be filed with the Department by a party requesting resolution of a dispute
WKC-7 Instructions	Instructions for completing Hearing Application (Form WKC-7) Spanish WKC-7 instructions - Instrucciones Para Llenar La Solicitud de Audiencia Adjunta (Formulario WKC-7)
WKC-7-B (R. 6/17)	Compromise Review Application
WKC-12-E (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)
WKC-13-E (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)
WKC-13A-E (R. 3/19)	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)
WKC-16-E (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
WKC-16-A-E (R. 6/17)	Physician's Report on Eye Injuries
WKC-16-B-E (R. 6/17)	Practitioner's Report on Accident or Industrial Disease in Lieu of Testimony (To be submitted with WKC-7 – Hearing Application)
WKC-19-DHA-E (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.
WKC-136-E (R. 7/17)	Advance or Lump Sum Request
WKC-170-E (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
WKC-9498 (R. 6/19)	Reasonableness of Fee Dispute Resolution Request - To be used ONLY for fee disputes related to treatment provided on or after July 1, 1992
WKC-10146 (R. 6/17)	Notification of Vocational Services
WKC-10369 (R. 6/17)	Private Vocational Rehabilitation Services Quarterly Report
WKC-12698 (R. 6/17)	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 Document Sales (800) 362-7253
Wisconsin Worker's Compensation Act (R. 04/2020)	WKC-1-P * Adobe PDF Format	Specify Item # 403D \$5.10 each plus tax and shipping
How to Evaluate Permanent Disability (R. 8/2012)	WKC-7761-P Adobe PDF Format	Up to 100 free; then \$5.00 per 100
Maximum Wage and Rate Chart (R. 02/2020)	WKC-9572-P Adobe PDF Format	
Historical Wage/Rate Information (1911 – 2019)	Wage History 1911 - 2019 Excel Spreadsheet format	

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