



Oregon

John A. Kitzhaber, MD, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

BULLETIN NO. 307 (Revised)

Dec. 27, 2011

TO: Medical providers and other interested parties

SUBJECT: Revised Spanish translation, Form 440-827S

This bulletin provides a revised Spanish version of Form 440-827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims." The Workers' Compensation Division revised Form 827 to be consistent with changes to ORS 656.990(1), effective Jan. 1, 2012. We revised the "Caution against making false statements" language on the "Notice to worker" page of the form. We did not make any other changes to Form 827. This bulletin replaces Bulletin No. 307 issued June 3, 2010.

In order to efficiently use state resources and limited funds, the division will use existing supplies of Form 827S on hand to fill orders from health care providers. We encourage providers to use up existing supplies of Form 827S before reordering. Please give this form to workers who may prefer the Spanish version. Use Form 827S in the same way as the English 827. See OAR 436-010-0240 and Bulletin No. 292.

You may obtain the new form in one of three ways:

- 1) Download a Microsoft Word® (automated) Form 827S from the division's website:
www.wcd.oregon.gov/policy/bulletins/formsbyno.html
- 2) Copy the attached form
- 3) Order supplies of the carbonless multi-part form by calling 503-947-7627

If you have questions, please call the division at 503-947-7585 or 800-452-0288.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Attachment: Form 440-827S (Rev. 1/12)

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