

General instructions for completing and filing Form 1502

Header:

Provide the actual name of the insurance company or self-insured employer responsible for the claim, the third-party administrator (if applicable), and claims processing address and phone number.

Claim identifiers:

Provide the claimant's name, address, Social Security number (SSN), date of injury, and claim number. The SSN is required under OAR 436-060.

Insured policy holder:

Provide name of insured entity that purchased the coverage as it appears on the insurance policy.

Covered employer's legal name:

Provide the legal name of the employer as it appears on the insurance policy (not doing business as name).

Policy number:

Provide the policy number as it appears on the insurance policy.

Section 1: Status of claim

Report the status of the claim at the time of filing the 1502 with the division by checking only one item in each of the four columns.

"Original Injury":

- (a) a claim that has not been closed by a Notice of Closure; or
- (b) a claim that has been closed by a Notice of Closure, but reopened for a new or omitted medical condition or for vocational assistance only.

"Aggravation":

- (a) the actual worsening of the worker's compensable condition(s) on a claim that has been closed by a Notice of Closure; or
- (b) reclassification of a non-disabling claim as disabling at least one year after original acceptance.

Section 2: Reason for filing this form

(Complete on all reports- at least one reason must be checked.)

Check at least one reason for filing the 1502. Associated dates must be reported in the spaces provided. The following are the most common reasons for filing the 1502:

(F) First report of claim

File 1502 within 14 days of the insurer's initial decision to either accept or deny the claim (defined in OAR 436-060-0010(10)). The 1502 should be attached directly behind the 801; attach the 827, if available, behind the 1502. To report a disabling aggravation of a previously nondisabling claim, check reasons "F," "R," and "S."

(T) First report of new condition reopening

File 1502 within 14 days of reopening a claim made under ORS 656.267. Use Form 1503 (instead of the 1502) to report claims that can be closed within 14 days of the first to occur: acceptance of the new or omitted condition; or the insurer's knowledge that interim temporary disability compensation is due and payable. If the new or omitted condition claim is made after the worker's aggravation rights under ORS 656.273 have expired, file Form 3501 (instead of the 1502); see OAR 438-012-0030(4) and OAR 436-060-0010(13).

(R) First report of claim for aggravation

File 1502 within 14 days of the insurer's decision to reopen or deny the claim under ORS 656.273. Report the date the insurer first received the claim for aggravation, i.e., the date of receipt of Form 827 (if the worker has selected the aggravation report option on the 827), along with written medical evidence supported by objective findings.

(V) First report of reopening for vocational training

File 1502 within 14 days of reopening the claim for vocational training services under OAR 436-120. Report the first date the worker is actively engaged in training.

(L) First report since litigation ordered acceptance

File 1502 within 14 days of the date a disabling claim is ordered accepted through litigation. Report the date the litigation order was signed by the approving authority.

(S) Change in acceptance or disability status

File 1502 within 14 days of the status change. Describe the change in the "Explanations" section. Attach a copy of the notice

sent to the worker explaining the change.

(P) Notice of partial denial of accepted claim

File 1502 within 14 days of the denial of a medical condition, treatment, etc., on an otherwise accepted claim. Attach a copy of the denial letter.

(C) Correction of wage, SSN, date employer first knew of claim, TTD rate, etc.

File 1502 within 14 days of knowledge that previously reported data is incorrect. Describe the correction in the "Explanations" section.

(O) Other

Check the "Other" filing reason when the above filing reasons do not apply. Examples of appropriate use of this filing reason:

- (1) to notify WCD that the claim was reopened in error, as reported on an earlier 1502, or
- (2) to report an amended denial. Describe the filing reason in the "Explanations" section.

(M) MCO enrollment after claim acceptance

File 1502 within 14 days of enrollment unless enrollment was previously reported by Form 1502. Complete Section 7.

Section 3: Weekly TTD rate based on paid through date

(Complete unless previously reported.)

Report the rate of temporary total disability based on the "Paid through" date reported on the 1502, unless there is no compensation due. Report the TTD rate even if the worker is receiving temporary partial disability. **Do not include supplemental disability in the TTD rate; report only the rate related to the employer-at-injury.**

Report the beginning "Paid from" date since the most recent opening or reopening of the claim and the last "Paid through" date at the time of filing the 1502, unless there is no compensation due. Explain why "No compensation due" is checked (e.g., worker lost no time/wages from work).

Section 4: Weekly wage

(Complete if a "First Report" box is marked in Section 2 or if reporting a wage correction, unless "No compensation due" is checked in Section 3.) Report:

- (a) the weekly wage at the time of injury; or
- (b) the weekly wage at the time there is medical verification that the worker is unable to work due to an occupational disease (ORS 656.210). If the weekly wage differs from 801 wage data, explain wage computation in "Explanations" section.

Section 5: Was first payment timely?

(Complete if a "First Report" box is marked in Section 2.)

Check "Yes" or "No" and provide date of first payment OR check "Salary continued" (self-insured employer only – see ORS 656.262(4)(b) and OAR 436-060-0025) or "No compensation due," as applicable.

Section 6: Was claim accepted or denied timely?

(Complete upon acceptance or denial of original injury or aggravation claim. Check "Yes" or "No" based on current status reported.)

Report if the claim was accepted or denied within 60 days after:

- (a) employer's notice or knowledge of the claim, if a new claim;
- (b) receipt of a claim for aggravation by the insurer in accordance with ORS 656.273; or
- (c) receipt of a new or omitted condition claim under ORS 656.267.

Note: Only an order issued under OAR 436-060-0135 may extend the 60-day period.

Attach a copy of the notice of acceptance or denial letter sent to the worker to the 1502.

Section 7: Enrolled in MCO?

(Complete unless enrollment has been previously reported.)

If "Yes," provide date of enrollment and MCO number. Once enrollment is reported, completion of Section 7 on any subsequent 1502 is not required unless you enroll the worker in a different MCO.