

Dept of Labor and Industries  
 State Fund  
 PO Box 44291  
 Olympia WA 98504-4291  
 Fax: 360-902-6100

Dept of Labor and Industries  
 Self-Insurance  
 PO Box 44892  
 Olympia WA 98504-4892  
 Fax: 360-902-6900



**ጥርግን ዳግማይ ንኸርኤ ዚቐርብ መመልከት ብሰንኪ እናኸፍኡ ዚኸይድ ዘሎ ኩነታት**

**ሓበሬታ ሰራሕተኛ**

ህጹጽ ስጉምቲ ምእንቲ ከውሰድ፡ ነቲ ንግዥም ዚምልከት ሓበሬታ ከየገደልኩም ምልእዎ።

ቍጽጊ ጥርግን

ኩነታት ጥዕናኹም፡ ከፊሉ እንተልዩን ጥርግንኩም ካብ ዝዕጸ ድማ ልዕሊ 60 መዓልታት እንተገይሩን ጥራይ፡ ነዚ ቅጥዒ ተጠቐሙ። ኣብ ስራሕ መገ-ዳኢቲ ዝበጽሑኩም እንተኾይኑ፡ ንቅጥዒ ጸብጻብ ኢንዱስትሪያዊ መገ-ዳኢቲ (Report of Industrial Injury) ወይ ስራሕ ዝጠንቁ ሕማም (Occupational Disease) ምልኡ።

ሓገዝ ክሳራ፡ እቲ ጥርግን ዳግማይ ንኸርኤ ውሳኔ ቅድሚ ምውሃብን ጥርግንኩም ድማ ዳግማይ ክይተርእየን ዝተኸፍሎ እንተኾይኑ፡ ነቲ እተኸፈልኩም ክፍሊት ሓገዝ ክትመልሱም ክትግደዱ ኢኹም። ብዛዕባ ዳግማይ ምርኣይ መመልከት ዚምልከት ሓበሬታ ድማ ካብቲ መመልከት ዳግማይ ንኸርኤ ንቤት ጽሕፈት ክፍሊ ዝቐረበሉ ግዜ፡ ኣብ ውሽጢ 90 መዓልታት ከውሃብኩም እዩ።

ስም (ስም፡ ስም ኣቦ፡ ስም ኣብ-ሓገጐ)	እቲ ጥርግንኩም ካብ ዝተዳጸመሉ ግዜ፡ ስምኩም ቀይርኩምዶ? <input type="checkbox"/> ኣይፋል <input type="checkbox"/> እወ እወ እንተኾይኑ፡ ነቲ ኣቐዲሙ ዝነበረ ስምኩም ጽሓፉ።
ናይ ዝዛ ቍጽጊ ተሊፎን	ቍጽጊ ማህበራዊ ድሕነት - ሶሽያል ሰኩሪቲ (ንወረቐት መንነት ጥራይ)
እዋናዊ ናይ ዝዛ ኣድራሻ	ደብዳቤ ዝሰይደሉ ኣድራሻ (ካብ ኣድራሻ ዝኹም ዝተፈልየ እንተኾይኑ)
ከተማ	ከተማ
ክፍሊ-ሃገር	ክፍሊ-ሃገር
ዚፕ ኮድ	ዚፕ ኮድ

እቲ ዝሰይደሉ ደብዳቤታት ናብ ወኪሊይ ንኸስደድ ይመርጽ (ስምን ኣድራሻን ወኪል ሃቡ)

ፈለማ ጉድኣት ዘጋጠመሉ ዕለት	ጥርግንኩም ዝተዳጸመሉ ዕለት
ፈለማ ጉድኣት ኣብ ዘጋጠመሉ ግዜ ዘስርሓኩም ዝነበረ ኣስራሒ	ምሉእ ስም ናይቲ ጥርግን ኣብ ዝተዳጸመሉ ግዜ ዝሕክመኩም ዝነበረ ዶክተር
በዚ ጉድኣት/ሕማምዚ ዝተሃለየ ክፍልታት ኣካል ኣየናይ እዩ?	ጥርግንኩም ድሕሪ ምዕጻወ፡ ኩነታትኩም ዝኸፍኡሉ ዕለት

እቲ ኣብዚ እዋንዚ ዘሎ ንኣካላዊ ኩነታትኩም ዚምልከት ጥርግንኩም እንታይ እዩ?	እቲ ጥርግን ካብ ዝተዳጸመሉ ዕለት ጀሚሩ ሓድሽ ጉድኣት/ሕማማት ኣጋጠሙኩምዶ? <input type="checkbox"/> ኣይፋል <input type="checkbox"/> እወ እወ እንተኾይኑ፡ ሓብሩ
ብሰንኪ ኣብ ስራሕ ክለኹም ይኹን ካብ ስራሕ ወጻኢ ዘጋጠመ ካልእ ጉድኣት/ሓደጋ፡ ኩነታትኩም ከፊሉዶ? <input type="checkbox"/> ኣይፋል <input type="checkbox"/> እወ እወ እንተኾይኑ፡ ሓብሩ	እቲ ጥርግን ድሕሪ ምዕጻወ፡ ነዚ ኩነታትኩም ብዚምልከት ዝኾነ ሕክምናዊ ሓገዝ ረኺብኩምዶ? <input type="checkbox"/> ኣይፋል <input type="checkbox"/> እወ እወ እንተኾይኑ፡ ስም (ኣስማት) ከምኡውን ኣድራሻ (ኣድራሻታት) ናይቲ ዝሓከመኩም/ ዝሓከምኹም ዶክተር (ዶክተራት) ዘርዝሩ።
ስም ዶክተር	ስም ዶክተር
ቍጽጊ ተሊፎን	ቍጽጊ ተሊፎን
ከተማ	ከተማ
ክፍሊ-ሃገር	ክፍሊ-ሃገር
ዚፕ ኮድ	ዚፕ ኮድ

ትሰርሑ ኣለኹምዶ?  
 እወ  ኣይፋል ኣይፋል እንተኾነ፡ ስለምንታይ?  ጥሮታ ወጻኢ  ክሰርሕ ዓቕሚ የብላይን  ተሰናቢተ  ስራሕ ኣቋሪጸ ናይ መወዳእታ ዝሰራሕኩምሉ ዕለት፡

ኣብ ታሕቲ ተዘርዚሩ ንዘሎ ሓገዝ ንኸትቐበሉ ኣመልኪትኩም ኣለኹምዶ ወይ ትቐበሉ ኣለኹምዶ?  
 ቨቐለት ኣልባነት  ዕረፍቲ ሕማም  መንግስታዊ ሓገዝ  ሓገዝ ጥሮታ  መድሕን ስንክልና  
 ዝኾነ ካልእ ካሕሳ ኢንዱስትሪያዊ መድሕን? (ማለት ሰራሕተኛታት ሎንግሻርን ሃርቦርን (Longshore and Harbor Workers); ኣዋጅ ጆንስ (Jones Act); መገዲ ባቡር (Railroad))

ናይ ሕጃ ወይ ናይ ቅድም ኣስራሒ	
ኣድራሻ	ቍጽጊ ተሊፎን
ከተማ	ከተማ
ክፍሊ-ሃገር	ክፍሊ-ሃገር
ዚፕ ኮድ	ዚፕ ኮድ
ዓይነት ትካል/ቢዝነስ	ምስዚ ኣስራሒ ዚ ንኸንደይ ንውሓት ግዜ ሰራሕኩም?
ዘለኩም መዝገብ ስራሕን ሓላፍነትን	

ጥርግንኩም ካብ ዝተዳጸመሉ ግዜ ጀሚሩ፡ ዘስርሓኹም ኣስራሕቲ ቦዓል መን ነይሮምን መዝገብ ስራሕኩ እንታይ ነይሩን?

መዘኻኸሪ፡ እቲ ሓገዝ ኢንዱስትሪያዊ ኣገልግሎት ንኸረከብ ኢሉ ናይ ሓሶት ቃል-መግለጺታት ዝህብ ሰብ፡ ብስቪላውን ገበናውን መቐጻዕቲ ይቐጻዕ እዩ። እዚ ቃል-መግለጺታት ዚ፡ ብዘሎኒ ኣፍልጦን እምነትን ቅኑዕ ምጃኑ ቃላይ እህብ ኣለኹ። ኣብዚ ቅጥዒ ብምፍራም ድማ ዶክተራት፡ ሆስፒታላት፡ ክሊኒካት ወይ ኣቶም ሕክምናዊ ሓበሬታ ዘለዎም ካልኣትን፡ ንዓይ ዚምልከት ሕክምናዊ ጸብጻባት ንኸፍሉ ዕዮን ኢንዱስትሪ (Department of Labor and Industries) ከምኡ-ንገደይ መድሕን ዝሓተወላይ ኣስራሒ ንኸህቡ ኣፍቅድ ኣለኹ።

ክታም ጠራዒ \_\_\_\_\_ ዕለት \_\_\_\_\_

## Provider Information

Claim number
--------------

Please complete this form and send it to the State Fund Program or the Self Insurance Program. It will enable us to determine if the current medical condition is due to a worsening of a previous injury. A claim can **only** be reopened if there has been an objective worsening of the allowed condition since the date of closure **and** that worsening is not due to an unrelated or preexisting condition or a new injury.

You will be paid for the office call and diagnostic studies necessary to complete the form, however, payment for any additional services not authorized by the department will depend on our decision on the reopening request. **You must be participating in the L&I Medical Provider Network (MPN) to be designated as attending provider, administer treatment, or certify physical restrictions resulting in workers' compensation benefits (exception: out-of-state providers don't need to be in the MPN).** If the claim is reopened, benefits cannot be paid for services provided more than 60 days prior to our receipt of the form. **Answer all questions completely to ensure timely action on this reopening application.** Please mail to the appropriate address on the reverse side. Do **not** attach a bill to this form.

Please describe patient's current symptoms.

What was the FIRST date you saw the patient for these symptoms after claim closure?

Are the symptoms the result of the covered injury?

Yes  No

List all the elements of your current medical findings including history, examination, and test results that would support a **measurable (objective) worsening** of the industrial injury or occupational disease since claim closure or the last reopening denial. **Attach test results and findings.**

Upon what information did you rely to make comparison to substantiate worsening? Check appropriate box.

Provider at the time of claim closure  Reviewed the previous medical file  Contacted the previous provider

Other:

Does the current condition prevent the patient from working?

No  Yes If yes, estimate number of days off work:

Beginning date of current disability

Describe the physical limitations and/or restrictions preventing the patient from working. Please provide the basis for your opinion.

Could the patient return to work with modified or different duties (i.e. light, sedentary work or transitional part time work)?

List all medical factors that might impede or influence the patient's recovery.

What is your specific curative treatment plan? Please include expected recovery time and indicate when the patient may return to some form of work.

Diagnosis of condition found by examination.

ICD Codes.

Provider name (please print)

Provider number

Provider address

Provider phone number

City

State

Zip Code

Provider's signature and date

**Benefits may be delayed if this form is not filled out completely.**

*Please retain a copy of this reopening application for your records.*