Dept of Labor & Industries
State Fund
PO Box 44291
Olympia WA 98504-4291
ፋክስ፡- 360-902-6100

Dept of Labor & Industries
Self-Insurance
PO Box 44892
Olympia WA 98504-4892
ፋክስ፡- 360-902-6900

መመልከቲ ንጥርዓን ዳግመ ንምኽፋት
ብሰንኪ እቲ እናገደደ ዝኸይድ ዘሎ ኵነታት

ናይ ጥርዓን ቁጽሪ

ሓበሬታ ሰራሕተኛ

ብሰሪ እቲ እናገደደ ዚኸደ ኵነታት ጥዕናኻ ዝኾነ ናይ ሕክምናዊ ኣገልግሎት ኣድላዪ ከይኑ ኣብ ዝተረኽበሉ ነቲ ዘሎካ ግደ ምሉእ ብምሉእ ወዲእካ፡ ኣብ ውሽጢ 30 መዓልቲ ናብ ወሃብ ኽንክን ጥዕና ኣቕርቦ። እቲ ኽፍሊ ወይ ናይ ገዛእ ርእስኻ ወሃብ መድሕን፡ ነቲ ብሰሪ እናገደደ ዚኸደ ዝኾነ ናይ ሕክምናዊ ኣገልግሎት ኣድላዪ ከይኑ ኣብ ዝተረኽበሉ፡ እቲ ብኣካን በቲ ወሃብን እተዛዘመ መመልከቲ ኣብ ውሽጢ 60 መዓልቲ **ግድን** ኪቕበሎ ኣለዎ።

ነዚ ቅጂ እዚ ኽትጥቀመሉ እትኽእል ሕማምካ እናገደደ ምስ ዝኸይድን እቲ ጥርዓንካ ንልዕሊ 60 መዓልቲ ምስ ዚዕጸን ጥራይ እዩ። ኣብ ስራሕ **ሓድሽ** ጉድኣት እንተ ኣጋጢሙካ፡ ሓድሽ ጸብጻብ ኢንዱስትርያዊ ጉድኣት ወይ ድማ ሞያዊ ሕማም ቅጂ ምላእ።

ጥርዓንካ ዳግመ ንምኽፋት ከይተወሰነ ከሎ ናይ ግዜ ጥቕምታት ይኽፈለካ እንተ ነይሩ፡ እሞ እቲ ጥርዓንካ ዳግመ ምስ ዘይክፈት፡ ነቲ ትረኽቦ ዝነበርካ ናይ ግዜ ጥቕምታት ክትመልሶ ከድሊ እዩ። እቲ ኽፍሊ ነቲ መመልከቲ ናይ ዳግመ ምኽፋት ኣብ ዝተረከበሉ ኣብ ውሽጢ 90 መዓልቲ ብዛዕባ እቲ ዳግመ ምኽፋት መመልከቲ ሓበሬታ ኽትቅበል ኢኻ።

ስም (ስም፣ ስም ኣቦ፣ ስም ኣቦሓጎ)		እቲ ጥርዓንካ ኻብ ዚዕጸ ኣትሒዙ ስምካ ተቐይሩ'ዶ፡ ☐ ኣይፋልን ☐ እወ እወ እንተ ደኣ ኾይኑ፡ ነቲ ኣቐዲሙ ዝነበረ ስም ዘርዝሮ፡-
ናይ ገዛ ቁጽሪ ተሌፎን		ቐፅሪ ማሕበራዊ ውሕስና (ንመንነት ጥራይ)
እዋናዊ ኣድራሻ ቤት		ናይ ቡስጣ መልኣኺ ኣድራሻ (ካብ ናይ ገዛ ኣድራሻ ዝተፈለየ እንተድኣ ኮይኑ)
ከተማ	ክፍለ-ሃገር ዚፕ ኮድ	ከተማ ክፍለ-ሃገር ዚፕ ኮድ
☐ ደብዳበይ ናብ ተወካሊየይ (ስምን ኣድራሻ ናይ ቡስጣ መልኣኺ ኣድራሻ ናይቲ ተወካሊ ሃብ) ክኸይድ እየ ዝመርጽ		

ናይ መጀመርታ ጉድኣት ዘጋጠመካ ዕለት	ጥርዓን ዝተዓጽወሉ ዕለት
ኣብቲ ናይ መጀመርታ ጉድኣት ዝወረደካ እዋን ዝነበረ ኣስራሒ	ምሉእ ስም ናይቲ እቲ ጥርዓን ኪዕጸ ኽሎ ዚሕክመካ ዝነበረ ሓኪም
በዚ ጉድኣት ወይ ሕማም ኣየናይ ክፍሊ ኣካላትካ እዩ ተተንኪፉ፡	ድሕሪ ጥርዓን ዝተዓጽወሉ፡ ኵነታት እናገደደ ዝኸደሉ ዕለት

እዚ ሕጂ ዘሎካ ኣካላዊ ጥርዓን እንታይ እዩ፡	ካብቲ እቲ ጥርዓን እተዓጽወሉ ዕለት ኣትሒዙ ሓድሽ ጉድኣት ወይ ሕማም ኣጋጢሙካ ይፈልጥ'ዶ፡ ☐ ኣይፋልን ☐ እወ እወ እንተ ደኣ ኾይኑ፡ ግለጽ
ኣብ ስራሕ ወይ ካብ ስራሕ ወጻኢ ብሰር ዘጋጠመካ ካልኣ ጉድኣት ወይ ሓደጋ ኵነታትካ እናገደደ ኸይዱ'ዶ፡ ☐ ኣይፋልን ☐ እወ እወ እንተ ደኣ ኾይኑ፡ ግለጽ	ነዚ ኵነታትካ ወይ ሕማምካ እዚ፡ ጥርዓን ካብ እትዓጽወሉ ግዜ ንነጀው ዝኹነ ይኹን ሕክምናዊ ኽንክን ረኺብካ ትፈልጥ'ዶ፡ ☐ ኣይፋልን ☐ እወ እወ እንተ ደኣ ኾይኑ፡ ስምን(ኣስማትን) ኣድራሻን(ታትን) ሓኪም(ሓካይም) ዘርዝር።
ስም ዶክተር ቁጽሪ ተሌፎን	ስም ዶክተር ቁጽሪ ተሌፎን
ከተማ ክፍለ-ሃገር ዚፕ ኮድ	ከተማ ክፍለ-ሃገር ዚፕ ኮድ

ትሰርሕ ኣለኻ'ዶ፡
☐ እወ ☐ ኣይፋልን ኣይፋልን እንተ ደኣ ኾይኑ፡ ስለምንታይ፡ ☐ ጡረተኛ ☐ ስራሕ ክሰርሕ ዘይክእል ☐ ስራሕ ፈትሐነት ☐ ገደፈ
ናይ መወዳእታ ዝሰርሓሉ ዕለት-

ካብዞም ኣብ ታሕቲ ተዘርዚሮም ዘለዉ ጥቕምታት ንምርካብ ኣመልኪትካ'ዶ ወይስ ትረክብ ኣለኻ ኢኻ፡
☐ ሽቅለተ-ኣልቦነት ☐ ናይ ሕሙም ፍቓድ ዕረፍቲ ☐ ህዝባዊ ደገፍ ☐ ናይ ጡረታ ጥቕምታት ☐ ናይ ስንኩላን መድሕን
☐ ካልእ ናይ ኢንዱስትሪ መድሕን ካሕሳ ኣሎ'ዶ፡ (ንኣብነት፡ ሎንግሾር ኤንድ ሃርበር ወርከርስ፣ ጆንስ ኣክት፣ ሬልሮድ)

ህሉው ወይ ናይ መወዳእታ ዝነበረ ኣስራሒ		
ኣድራሻ		ቁጽሪ ተሌፎን
ከተማ	ክፍለ-ሃገር	ዚፕ ኮድ
ዓይነት ንግዲ		ምስዚ ኣስራሒ እዚ ንኽንደይ ዚኣክል ግዜ ኢኻ ሰሪሕካ፡
መደብ ስራሕካን ግዴታኻን		

ጥርዓንካ ኻብ ዚዕጸ ኣትሒዙ እንታይ ዓይነት ኣስራሕትን መደብ ስራሕን ኣሎካ፡

መዘኻኸሪ፡ ናይ ኢንዱስትሪ ኣገልግሎት ጥቕምታት ንምርካብ ዘይቕኑዕ መግለጺ ዚህብ ሰብ ግዳይ ሲቪላውን ገበናውን መቕጻዕቲ ይኸውን። እዞም መግለጺታት እዚኣም ክሳዕ እቲ ዝበለጸ ፍልጢተይን እምነተይን ሓቅነት ከምዘለዎም እእውጅ ኣለኹ። ነዚ ቅጂ እዚ ክታመይ ከንብር ከለኹ፣ ሓካይም፣ ሆስፒታላት፣ ክሊኒካታት ወይ ካልኦት ሕክምናዊ ሓበሬታ ዘለዎም፣ ነቲ ናይ ሕክምናዊ መዛግብተይ ናብ ክፍሊ ሸቕልን ኢንዱስትሪታትን/ወይ ናብ ናይ ገዛእ ርእሲ ናይ ወሃብ መድሕን ኣስራሒ ኺልእክዎ እፈቕደሎም 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.

The completed application ***must*** be received by the Department or self-insurer within 60 days of any medical services made necessary by a worsening of the worker's condition.

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.