



**WILLSON JONES CARTER
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NORTH CAROLINA WORKERS' COMPENSATION

WEEKS ALLOWED FOR SCHEDULED MEMBERS (\$97-31)

MAXIMUM COMPENSATION RATE

BODILY LOSS	MAXIMUM WEEKS
Thumb	75
Finger - Index (1st)	45
Finger - Middle (2nd).....	40
Finger - Ring (3rd).....	25
Finger - Little (4th)	20
Toe - Great.....	35
Toe - Other	10
Hand	200
Arm	240
Foot	144
Leg	200
Eye	120
Back	300*

** Loss of 75% or more of the back is Total Industrial Disability and compensated for 100% loss*

Year	Comp Rate
2009	\$816.00
2010	\$834.00
2011	\$836.00
2012	\$862.00
2013	\$884.00
2014	\$904.00
2015	\$920.00
2016	\$944.00
2017	\$978.00
2018	\$992.00
2019	\$1,028.00

NC INDUSTRIAL COMMISSION
403 N. Salisbury St., Raleigh, NC 27603
Mail: 27699
PHONE (919) 807-2501 AND FAX (919) 715-0282

Claims Administration

(919) 807-2506
(including Ltr of Rep and IC File No. requests)

Dockets Director

(919) 807-2606
(including hearing requests)

Executive Secretary

(919) 807-2575

Medical Fees

(919) 807-2503

Information Specialist/

General Questions (919) 807-2501

Accident Report (Form 19) now available for e-file at
<http://www.ic.nc.gov/EDIFORM19.HTML>

NC MILEAGE RATES

2013.....	56.5 cents per mile
2014.....	56 cents per mile
2015.....	57.5 cents per mile
2016.....	54 cents per mile
2017.....	53.5 cents per mile
2018.....	54.5 cents per mile
2019.....	58 cents per mile

ATTORNEY CONTACT INFORMATION

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NORTH CAROLINA WORKERS' COMPENSATION

IMPORTANT INFORMATION

TIME PERIODS

- Waiting Period (§97-28) 7 days
Time After Which Waiting Period is Recoverable (§97-28) . . . 21 days
Employer's First Report of Injury (§97-92) 5 days
Admit or Deny Employee's 30 days
Right to Compensation (Rule 601) from notice from IC
Payment Without Prejudice (§97-18)
Time for Filing of Form 33R 45 days*
Time for Selection of Mediator. 55 days*
Time for Mediation of Claim 120 days*
* from filing of Employee's Form 33

STATUTE OF LIMITATIONS

- FILE INITIAL CLAIM - INJURY BY ACCIDENT (§97-24) 2 years
FILE INITIAL CLAIM - OCCUPATIONAL DISEASE (§97-58) 2 years
CHANGE OF CONDITION (§97-47) 2 years
APPEAL TO THE FULL COMMISSION (§97-85) 15 days
APPEAL TO THE NC COURT OF APPEALS (§97-86) 30 days

BENEFITS

AVERAGE WEEKLY WAGE (AWW)

Compute wages for 1 year prior to injury, then divide by 52. Omit any period of time during which employee missed more than 7 consecutive calendar days. If employee worked less than 1 year, divide wages by number of weeks actually worked. (§97-2(5))

TEMPORARY TOTAL DISABILITY (TTD)

If disability exceeds 7 days, benefits of 66-2/3% of AWW not to exceed the maximum compensation rate for the year in which the injury occurred. (§97-29)

TEMPORARY PARTIAL DISABILITY (TPD)

66-2/3% of the difference between the AWW before the injury and the amount able to earn after the injury. (§97-30)

- Pre-6/24/11: TPD for up to 300 weeks from the date of injury.
• Post-6/24/11: TPD for up to 500 weeks with credit for any weeks of TTD paid.

TOTAL DISABILITY

- Pre-6/24/11: Compensation, including medical compensation, shall be paid for by the employer during the lifetime of the injured employee. (§97-29)
• Post-6/24/11: Total Disability limited to 500 weeks, except in certain, statutorily prescribed circumstances. (§97-29)

DEATH BENEFITS

- Pre-06/24/11: 66-2/3% of the AWW of 400 weeks is paid to the employee's dependants within 6 years of the accident or 2 years of the final determination of disability. Benefits are extended beyond 400 weeks in cases of (1) dependent widows or widowers who were physically or mentally disabled on the date of death and (2) dependent minors until the age of 18. Burial expenses of \$3,500 are also allowed (§97-38). Rule 409 sets forth procedures for death claims.
• Post-06/24/11: Period of indemnity benefits increased to 500 weeks. Burial expense cap increased to \$10,000. All other provisions retained.

COMMUNICATING WITH MEDICAL PROVIDERS

COMMUNICATION WITH MEDICAL PROVIDERS

Written Communications: An employer may communicate with the employee's authorized health care provider in writing, without express authorization, to obtain specified types of relevant medical information not available in the employee's medical records. Requires contemporaneous written notice to employee. Provider's response must be provided to employee within 10 business days. (§97-25.6(c)(2))

Oral Communications: An employer may communicate with an employee's authorized health care provider in certain circumstances. Requires prior notice to employee of purpose and an opportunity to participate. Summary of communication must be provided to employee within 10 business days if employee did not participate. (§97-25.6(c)(3))

Additional Information Submitted by Employer: An employer may submit additional relevant medical information not already contained in the employee's medical records to the employee's authorized health care provider and may communicate in writing with the health care provider, subject to notice, objection and IC review procedures. (§97-25.6(d))

COMMONLY USED NCIC FORMS

- Form 18 Notice of Accident to Employer and Claim of Employee or His Personal Representative or Dependents
Form 18M Employee's Claim for Additional Medical Compensation
Form 19 Employer's Report of Injury to Employee
Form 22 Employee's Wage Statement
Form 24 Application to Terminate or Suspend Payment of Compensation
Form 26A Employer's Admission of Employee's Right to Permanent Partial Disability
Form 28 Return to Work Report
Form 28B Report of Carrier/Admin. of Compensation and Medical Compensation Paid and Notice of Right to Additional Medical Compensation
Form 28C Report of Carrier/Admin. of Compensation and Medical Compensation Paid Pursuant to a Compromise Settlement Agreement
Form 28T Notice of Termination of Compensation (Trial RTW)
Form 33 Request that Claim Be Assigned for Hearing
Form 33R Response to Request that Claim Be Assigned for Hearing
Form 60 Employer's Admission of Employee's Right to Compensation
Form 61 Denial of Workers' Compensation Claim
Form 62 Notice of Reinstatement or Modification of Compensation
Form 63 Notice to Employee of Payment of Compensation Without Prejudice
Form 90 Report of Earnings