



**WILLSON JONES CARTER  
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**NORTH CAROLINA WORKERS' COMPENSATION**

**WEEKS ALLOWED FOR SCHEDULED MEMBERS (§97-31)**

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*

**MAXIMUM COMPENSATION RATE**

Year	Comp Rate
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
2020 .....	\$1,066.00

**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/ . . . . . (919) 807-2501  
General Questions  
Accident Report (Form 19) now available for e-file at  
<http://www.ic.nc.gov/EDIFORM19.HTML>

**NC MILEAGE RATES**

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
2020.....	57.5 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  
from knowledge of injury if absence of more than  
1 day or medicals exceeding annual NCIC minimum.
  - Admit or Deny Employee's ..... 30 days  
Right to Compensation (Rule 601) from notice from IC
  - Payment Without Prejudice (§97-18)  
Payments may continue for 90 days from date Employer  
has written or actual notice of injury/death (may apply for  
30-day extension). Must file form to deny before expiration  
of 90-day period / extension or waive right to contest  
compensability of, and liability for, the claim.
  - 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  
from diagnosis by competent medical authority
- 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