

Florida Workers' Compensation - Claim Process



Workers' compensation is a system of no-fault insurance that provides monetary and medical benefits to employees (or their survivors) for work-related injuries, diseases and deaths.

In Florida, workers' compensation is governed by the Florida Workers' Compensation Law (WCL). The <u>Division of Workers' Compensation</u> (DWC), which is part of the Florida Department of Financial Services (DFS), investigates and handles workers' compensation claims.

NON-DISPUTED CLAIMS

Employees take the first step in the claims process by reporting any work-related accidents and resulting injuries to their employers. In this context, an injury is any damage or harm an employee suffers as a direct result of an accident or exposure to a hazardous environment in the course of employment.

Employees must notify their supervisors within 30 days of when an injury takes place. Failing to report an injury can result in delaying the process or denying the claim.

If an employee waits more than two years to report an injury, he or she may not be able to recover any costs from the employer or its insurance carrier. If the injured employee is a minor or is mentally incompetent, the reporting period does not begin until a legal guardian has been appointed to look after the injured employee's interests (or until the employee reaching age 18, if no legal guardian is appointed before that).

After learning of an accident or injury, an employer must report it to its insurance carrier within seven days. The reporting period may be reduced to 24 hours for serious injuries or fatalities. A claims adjuster will then work with all parties to determine the amount of benefits due to the injured employee.

DISPUTED CLAIMS

Florida law requires employees and their attorneys, if any, to try to resolve any claim disputes directly with insurance carriers before filing a petition with the <u>Office of the Judges of Compensation Claims</u>.

For example, if an employer has elected to use a managed care arrangement, the employee must exhaust all managed care grievance procedures before filing a petition for benefits. If a claimant is not represented by an attorney, the Office of the Judges of Compensation Claims may request the Employee Assistance and Ombudsman Office to assist the claimant in filing a petition.

If a direct approach fails, an employee may file a petition for benefits with the Office of the Judges of Compensation Claims. Individuals must file electronically if they are represented by an attorney, but may choose to file by certified mail if they file for themselves. Copies of a petition must be served to the employer and the employer's insurance carrier.

A petition for benefits may contain a claim for past benefits and continuing benefits as long as the benefits are ripe, due and owing on the date the petition is filed.

After receiving a petition for benefits, insurance carriers have 14 days to pay the requested benefits or file a response and contest the claim with the Office of the Judge of Compensation Claims. A carrier's response must list all the benefits that the carrier refuses to pay and a justification for nonpayment. If benefits are paid within the 14-day period, the carrier may still dispute the employee's rights to receive those benefits, as long as it does so within 120 days after it received the petition. A carrier that does not deny compensability in accordance with these rules is deemed to have accepted the employee's injuries as compensable, unless it can establish material facts relevant to the issue of compensability that could not have been discovered through reasonable investigation within the 120-day period.

APPEALS

Disputed claim decisions may be appealed to the First District Court of Appeal. Appeals must follow the appellate rules of procedure prescribed by Florida's Supreme Court.

MORE INFORMATION

Contact Heffernan Insurance Brokers or visit the DWC website for more information on workers' compensation laws in Florida.

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