

November, 2023

A Guide to
**Workers'
Compensation**
for Wyoming Claimants



dws.wyo.gov/dws-division/workers-compensation



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Division of Workers' Compensation
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I THE CLAIMS PROCESS

Having a work-related injury is stressful, and our goal at the Wyoming Department of Workforce Services is to make the workers' compensation process as smooth as possible. We will provide quality service to help you achieve the best medical recovery possible from your work injury and help you return to work.

This handbook is intended to be an additional resource when you have questions about the workers' compensation process. This information is not meant to be used as a legal source of reference.

Forms and additional information can be found at the Workers' Compensation website at dws.wyo.gov/dws-division/workers-compensation.

1 Getting Started: Injury Report Processing

Complete an Injury Report and send it to Workers' Compensation

An injury report notifies Workers' Compensation that you have had a work injury. Remember, filing an injury report is not a claim for benefits. Medical bills, reimbursement requests and all claims for benefits must be applied for separately using the appropriate forms.

The injury report will be processed within three to five days of receipt. Your claims analyst will review the injury report. They will also contact the employer, the health care provider and you during this process. As a result of this review, your claims analyst can decide to open the claim, deny the claim or ask for additional information before making a final decision.

2 Provide any additional information

If more information is needed to make a final determination, you will receive a letter which identifies what information is needed. You will be asked to submit the additional information requested to Workers' Compensation in writing by the due date (usually 15 days) specified in the letter.

Requested information not received on time may result in the claim being denied. If you are unable to get the requested information within the time frame, please communicate this to your claims analyst.



DON'T FORGET

Benefit Payments Wyoming Workers' Compensation offers a prepaid debit card or automatic deposit (Electronic Fund Transfer). Your claims analyst can discuss the payment options with you.



KNOW THE BASICS

- **Claim Number** You have received a letter with your claim number. This number is important for identifying the correct claim. This letter also includes the name and phone number of your claims analyst. Workers' Compensation will make every effort to return calls within 24 h. When writing Workers' Compensation, be sure to include your claim number in every letter.
- **Point of Contact** Your claims analyst identified in the letter is your point of contact. Your claims analyst is here to guide you through the workers' compensation process, offer benefits depending on individual needs and help you return to work. You are encouraged to contact your claims analyst with any questions concerning your case and/or to obtain additional forms.
- **Treating Doctor** You have the right to choose a primary health care provider (doctor of medicine, chiropractic or osteopathy, optometrist, podiatrist, psychologist or advanced practitioner of nursing).
- **Medical and Pharmacy Billing** To ensure medical and pharmacy bills are paid as quickly as possible, give the claim number to every health care provider who treats your work-related injury and to every pharmacy where prescriptions are filled for your work-related injury. Tell the providers they must include the claim number on all medical reports and bills they send to Workers' Compensation. If you receive a billing statement or an invoice from a health care provider for services related to the work injury, you should contact your claims analyst for assistance.
- **Change of Address/Phone Number** If your mailing address, physical address or telephone number changes, notify your claims analyst so records can be updated. If address changes are not updated, benefit checks and/or other documents could be mailed to the wrong location.
- **Release of Information** If you want Workers' Compensation to discuss your claim with anyone other than you or your employer, please submit a completed "Release of Information Form" which can be found at dws.wyo.gov/dws-division/workers-compensation.
- **Medical Release** Update your claims analyst when a health care provider discharges you from treatment, releases you to return to work in **any** capacity, or upon returning to work in either a full-time or part-time capacity whether it is with the employer at the time of injury, or with a new employer.
- **Keeping records** You should keep copies of all papers and documents pertaining to your workers' compensation claim.
- **"Final Determination" letters** Workers' Compensation is required to make final determinations on every claim, bill and/or application received. Depending on what Workers' Compensation has received, the final determination letter notifies you, the employer, the health care provider and/or a vendor of a decision.

II MEDICAL TREATMENT, TRAVEL AND PRESCRIPTION BENEFITS

Medical Treatment

You have the right to choose your treating health care provider. We encourage you to receive your medical care in Wyoming whenever possible. If you choose an out-of-state provider, you may be billed for charges in excess of the Wyoming fee schedule.

Workers' Compensation will pay for medical treatment if it is:

- directly related to the injury, or the condition is caused by the work injury;
- reasonable, necessary and appropriate treatment for the injury; and
- for a particular one-time medical test to rule out if a treatment is related to the work injury.

Failure to attend any medical appointment could result in a suspension of your benefits. Health care providers may also bill you for a no-show appointment.

If medical benefits are denied, you will be mailed a Final Determination Letter which explains the reason(s) why the benefit was not approved.

If you move out of the State of Wyoming, it is your responsibility to find a health care provider that will accept you as a patient and will bill the Wyoming Department of Workforce Services' Workers' Compensation. Your claims analyst may assist you in locating out-of-state health care providers.

Time Limits to Medical Benefits

There is no maximum time limit on medical treatment as long as your health care provider can document how your treatment is related to the work injury, and that it is reasonable and necessary.

Changing Doctors

Once you choose a health care provider to treat your work-related injury, you must notify your claims analyst before you change health care providers. You may have your current health care provider refer you to another health care provider

(usually a specialist) or you can ask your claims analyst for a Notice of Change of Health Care Provider form. When completing the form, you must explain why you want to change your health care provider. Workers' Compensation will notify both your prior and new health care providers of the change. You cannot continue treatment with your prior health care provider after you submit a change request form.

Traveling to See a Doctor

You may be eligible to receive travel reimbursement. Workers' Compensation will only pay mileage reimbursement to the closest available health care provider for travel that is 10 miles or more, one way to treat your work-related injury. Reimbursement for travel is based on address-to-address map mileage for distances of 10 miles or greater one way.

Workers' Compensation will only reimburse for travel expenses for travel to the closest available medical provider needed to treat your work-related injury. Travel of less than 10 miles one way will not be reimbursed. Reimbursements will be paid at General Services Administration per diem rates. Those rates can be found at gsa.gov/perdiem.

Reimbursement requests must be filed with Workers' Compensation as soon as possible, but no later than one year from date of service. Additional Reimbursement Voucher forms can be obtained from your claims analyst, at any Workers' Compensation field office, or online at dws.wyo.gov/dws-division/workers-compensation.

Original receipts for meals and lodging must be attached to the voucher form. Verification of medical appointments is required in order to consider reimbursement for payment.

Anyone accompanying you is responsible for his or her own expenses. Expenses may be reimbursed if that assistance is medically necessary and documented by your health care provider.

Car rental expenses will not be reimbursed under any circumstances.

If you paid for your first visit for medical care and/or a prescription(s) related to the work injury, you may submit a reimbursement for review. The original medical bill or pharmacy bill is required to review reimbursement for payment. Copays are not reimbursable. All other medical care and prescription(s) must be billed directly to Workers' Compensation.



DON'T FORGET

Workers' Compensation benefit payments are not considered "earnings" for income tax purposes. All disability benefits, whether temporary or permanent, are income tax exempt unless you have returned to light-duty work. Contact the U.S. Internal Revenue Service or your tax advisor for specific information.

Preauthorization of Surgery

Workers' Compensation does not require preauthorization for surgery. Your health care provider will decide if they require preauthorization for their business. A list of treatments and services for preauthorization is posted on Workers' Compensation's website. You or your treating health care provider may contact your claims analyst or visit dws.wyo.gov/dws-division/workers-compensation for more information.

Prescriptions

If your condition requires prescriptions as part of your work-injury treatment, you can go to your local pharmacy. You will need to tell the pharmacist your claim number. Workers' Compensation has contracted with a pharmacy benefit management company which allows your pharmacist to fill your prescription and bill Workers' Compensation directly. Some pharmacies do not use this process and may ask you to pay for your prescription. If you pay for your first prescription, you may send the receipt and reimbursement voucher to Workers' Compensation for review.



Medical Billing Reminders

- Remember to give your claim number to every medical provider that sees you for your work-related injury or condition. Tell the provider to write your claim number in your medical chart for future reference regarding your work injury. Medical bills cannot be processed for payment without a claim number.
- All injury-related medical bills must be sent directly to Workers' Compensation by the medical provider. Medical documents must accompany every bill for each date of service appearing on the bill.
- All medical bills are reviewed and, if appropriate, paid by a fee schedule adopted by Workers' Compensation. Health care providers who provide service within the State of Wyoming cannot bill you for charges in excess of the fee schedule.



III INDEMNITY BENEFITS

Temporary Total Disability Benefits

You may qualify for Temporary Total Disability benefits if you are certified by a physician as unable to return to work, and you lose wages because of your work-related injury or condition.

Temporary Total Disability payments will be equal to one of the following based on your actual monthly earnings:

- Two-thirds of your actual monthly gross wage; or,
- Thirty percent of the statewide average monthly wage, whichever is greater, and will not exceed either 100 percent of your actual monthly earnings or the statewide average monthly wage for the quarter you were injured.

Contact your claims analyst with any questions regarding the calculation of this benefit.

Your Responsibilities

At a minimum, you must keep in contact with your claims analyst to discuss your progress on medical recovery and return to work. You must also be involved in your active treatment program and attend all appointments. If you are released for regular or modified work, you must contact your claims analyst immediately. Your claims analyst is required to contact you at least once per month to get an update on your status and to address your needs.

You should continue to communicate with your employer. Your employer will be able to help you return to regular or modified work, and can also include discussions about work accommodations.

Temporary Total Disability benefits will be paid twice a month. You will receive payment on or about mid-month, and again on or about the end of the month. Temporary Total Disability benefits will continue as long as you remain temporarily totally disabled and unable to work. Temporary Total Disability will not exceed an accumulated total of 24 months for the life of the claim, unless there are medically documented extraordinary circumstances.

Temporary Total Disability benefits will end when any of the following occurs:

- You are released or returned to work in any capacity; or
- A health care provider determines that you have an ascertainable loss (Permanent Partial Impairment due to your work-related injury).

Your claims analyst will maintain monthly contact with you during your recovery to discuss your medical treatment along



DON'T FORGET

If you qualify...

- You will not be reimbursed for lost wages for the first three days you are temporarily disabled, unless you are certified to receive Temporary Total Disability benefits beyond eight days.
- When you are temporarily disabled for less than eight days, you will be paid Temporary Total Disability benefits from the fourth day of disability until the day you return to work.
- You must apply for Temporary Total Disability benefits. An application form can be found on the Workers' Compensation website, wyomingworkforce.org/wc. You must complete the top part of the application. After completing the Temporary Total Disability application, give it to your treating health care provider. You may also obtain an application form from your claims analyst, at any Workers' Compensation field office, or online at wyomingworkforce.org/wc.
- Your health care provider must complete the "Health Care Provider's Certification Section" and submit it to Workers' Compensation. The health care provider will state how long you are expected to be temporarily disabled. Your health care provider will have to recertify the Temporary Total Disability application every 60 days.
- A Final Determination letter will be sent which specifies the monthly benefit amount you are eligible to receive. This amount is determined by verifying your gross pre-injury wage.

with your plans to return to work. If your claims analyst cannot reach you by telephone or mail, Temporary Total Disability benefits may be stopped until he or she can contact you.

If you receive Temporary Total Disability checks after you return to work, notify your Claims Analyst immediately. If Temporary Total Disability benefits are overpaid, you will be required to reimburse Workers' Compensation.

Temporary Total Disability Incentive

If all your medical care is received entirely in the State of Wyoming, your monthly benefits may increase by 3 percent. The Temporary Total Disability incentive will end without notice if medical treatments are received outside the State of Wyoming. Initial treatment at the time of your injury is not included in this requirement. Contact your claims analyst with any questions.

Return to Work - Light Duty Temporary Partial Disability

You must notify Workers' Compensation immediately when you return to any type of work. This includes light-duty/modified work, self-employment, temporary or part-time work of any kind.

If your treating health care provider releases you to return

to light-duty or modified-duty work, you must notify your employer and your claims analyst immediately.

If your employer offers you light duty/modified work, you may qualify for Temporary Partial Disability benefits. Contact your claims analyst for more information about Temporary Partial Disability benefits.

Studies show that when people return to regular or light-duty work they heal faster. Other benefits of returning to work can include staying active, controlling pain, feeling productive, earning wages and social contact with your co-workers and employer.

Employer Objection to Your Reported Work Injury/ Interim Benefits

If Workers' Compensation approves your injury report, your employer has the right to agree with the Final Determination letter, or can object and request a hearing. If your employer objects to the approval of compensability and requests a hearing, you may request an interim Temporary Total Disability benefit while this issue is in hearing. Contact your claims analyst for more information. An interim Temporary Total Disability benefit cannot exceed three months. Only one interim Temporary Total Disability benefit may be awarded for your current work injury.

Unemployment Information

If Temporary Total Disability benefits have ended and you are not immediately returning to full-time work, you may file a claim for unemployment benefits. To preserve wage credits earned before your injury, an unemployment claim must be filed within 60 calendar days of a Temporary Total Disability determination, and within 36 months of the injury.

Contact the Wyoming Department of Workforce Service' Unemployment Insurance Division at (307) 473-3789, or dws.wyo.gov, for more information regarding benefits or to file a claim. You must be able to work to qualify for unemployment benefits and you cannot receive Temporary Total Disability at the same time as unemployment benefits.

Permanent Partial Impairment Benefit

Permanent Partial Impairment is a monetary benefit that compensates you for loss of physical function due to your work injury. This is not a settlement. You may continue to receive medical benefits while receiving this benefit.

You may qualify for this benefit if your work injury results in a permanent loss of physical function. A licensed physician will determine what percentage, if any, of permanent impairment

you have sustained. If your treating physician does not perform impairment ratings, you will be referred to another physician qualified to do impairment ratings (see Independent Medical Examination in Chapter 4).

All Permanent Partial Impairments must be completed according to the most recent edition of the Guides to the Evaluation of Permanent Impairment by the American Medical Association. This is a requirement of Wyoming law. If your impairment rating is performed by a physician outside of Wyoming, that physician must use the same edition of the American Medical Association guidelines in order for Workers' Compensation to accept the rating.

When Workers' Compensation receives your impairment rating report, it will be reviewed by medical personnel and calculated as required by law. If you have received a previous Permanent Partial Impairment Award for the same body part, that amount will be deducted from the new award. Your claims analyst will send you a Final Determination Letter notifying you how much your Permanent Partial Impairment Award will be. You can either agree with the award or request a second opinion. You must notify Workers' Compensation of your decision in writing. Your claims analyst will process the first award offered, even if you requested a second opinion. After a second opinion is obtained, Workers' Compensation will consider both ratings, and offer an award.

Permanent Partial Impairment Benefits are paid at the end of each month, until the award is paid in full. The Permanent Partial Impairment Award cannot be paid in a lump sum.

When you can't work or return to your job, your claims analyst will discuss the Vocational Rehabilitation and Permanent Partial Disability benefits with you. You can choose only one benefit. The purpose of these benefits is to support you while you return to work within your work restrictions. You are encouraged to work with the local workforce center to help with your return to work efforts.

Vocational Rehabilitation Benefits

Vocational Rehabilitation benefits are available for injured workers to retrain into occupations that match the permanent work restrictions caused by a work injury. Your work history, and training you had three years before your work injury, will be evaluated to determine if you can return to work at any job. Vocational Rehabilitation benefits may include formal education program, on-the-job training, vocational counseling, job placement services and/or accommodation with your previous job. The goal is to help you seek and obtain gainful employment.



Individuals who qualify for this benefit will work with Workers' Compensation and Vocational Rehabilitation to develop a plan with the goal of returning to work. This benefit may include monthly living expenses paid by Workers' Compensation if you are not receiving Temporary Total Disability. The amount will be determined by your Vocational Rehabilitation counselor. Contact your claims analyst for more information and to obtain a copy of the application for Vocational Rehabilitation benefits. Workers' Compensation can work with Vocational Rehabilitation agencies in other states.

Permanent Partial Disability Benefits

Permanent Partial Disability benefits are also referred to as "loss of earnings" benefits. Permanent Partial Disability benefits are available to an injured worker as an alternative to Vocational Rehabilitation. You can choose either Vocational Rehabilitation benefits or Permanent Partial Disability benefits. You cannot receive both awards due to the same work injury.

You must complete an application for this award. An application must be filed no sooner than three months before your Permanent Partial Impairment Benefits pay out, and no later than nine months after your last Permanent Partial Impairment payment.

You may qualify for Permanent Partial Disability benefits if you were awarded a Permanent Partial Impairment Award; and,

- you have actively looked for work providing Workers' Compensation with a verifiable work search (a minimum of five contacts per week over the course of a six week period); and,
- you are not able to return to work, earning 95 percent of your determined gross monthly wage at the time of your work-related injury.

Permanent Partial Disability Benefits are calculated based on age at the time of injury, number of occupations, education and career plans. If you qualify for the Permanent Partial Disability Award, your claims analyst will send you a Final Determination Letter notifying you how much your Permanent Partial Disability Award will be and what your payment will be each month. Permanent Partial Disability Benefits are paid monthly at the end of each month, until the award is paid out.

Permanent Partial Disability can, at times, be paid in a lump sum. To be eligible for a lump sum payment, you must submit a written application and a statement explaining your exceptional need. All Permanent Partial Disability Benefits paid in a lump sum will be discounted based on the interest that would have been earned. Lump sum payments are paid for the full award or balance of the award only, no partial awards will be paid. The award of any lump sum payment will affect the date you may be eligible for additional benefits.

Contact your claims analyst for more information about Permanent Partial Disability benefits.

Permanent Total Disability Benefits

When you can't return to any type of work, you may qualify for Permanent Total Disability benefits if your work-related injury permanently prevents you from being able to do any gainful or meaningful work. To qualify for this benefit:

- An application for Permanent Total Disability benefits must be submitted;
- A licensed physician must certify that you are permanently and totally disabled on a form provided by Workers' Compensation; and
- You will receive a Final Determination Letter stating if you are eligible for the award. If eligible, the letter will provide the total amount of the award and the calculated monthly benefit.

Permanent Total Disability Benefits are paid monthly at the end of each month, until the award is paid for 80 months.

Permanent Total Disability Benefits can be paid in a lump sum. For a lump sum payment, you must submit a written application which includes a statement explaining your exceptional need. Permanent Total Disability Benefits paid in a lump sum will be discounted based on the interest that would have been earned. Lump sum payments are paid for the full award or balance of the award only, no partial awards will be paid. Contact your claims analyst for more information and the application for lump sum payment. The award of any lump

sum payment will affect the date you may be eligible for additional benefits.

Permanent Total Disability Benefits are not lifetime benefits. If you are still unable to work at any gainful work after 80 months, you may apply for extended benefits on a yearly basis. Prior benefit awards may reduce the amount of this benefit.

The child(ren) of an injured worker awarded Permanent Total Disability Benefits may qualify for unmarried minor child(ren) benefits.

Extended Benefits

If you are unable to work at any gainful employment after the Permanent Total Benefits pay out at 80 months, you may apply for extended benefits. You need to complete a yearly application stating you cannot work due to your work injury and work restrictions. Workers' Compensation requires you to seek employment or retraining prior to applying for extended benefits.

Unmarried Minor Child(ren) Benefits

If you qualify for Permanent Total Disability, or if there is a work-related fatality, benefits are available for any unmarried minor child(ren). This benefit must be applied for on behalf of each child, the surviving spouse, or by the guardian of the surviving child(ren).

Workers' Compensation must receive an official birth certificate to establish legal responsibility for each child applying for the benefit. If unmarried minor child(ren)'s benefits exceed \$5,000 per year, a guardian and conservator for your estate must be established. In order for Workers' Compensation to pay child(ren)'s benefits, a copy of the court order establishing a guardian and conservator must be submitted. All benefits will be payable according to the terms of the court order. You may wish to consult an

attorney regarding this requirement.

Your Claims Analyst will send a Final Determination letter that specifies the total amount of the award, and the monthly payment to be issued each month for each child.

Unmarried minor child(ren)'s benefits are payable to age 21, or age 25 if the child(ren) is enrolled in post-secondary education. If the unmarried minor child(ren) is physically or mentally incapacitated, benefits are payable until the child(ren) dies or is qualified for and receiving benefits under the Medicaid home and community based waiver program. Benefit payments are issued at the end of each month. Benefit amounts may be adjusted annually. A child cannot receive a lump sum award for these benefits. Contact your claims analyst for more information.

Death Benefits/Burial Expenses

In the event of a death as a result of the work-related injury, benefits may be payable to a spouse, unmarried minor child(ren), and/or dependent parent(s). Death benefits may also include burial and other related expenses. An application for benefits must be submitted to Workers' Compensation.

A spouse receives benefits for 100 months. The amount of the award is based on a percentage of wages at the time of death compared to the statewide average wage. If there is no spouse, the unmarried minor child(ren) will receive a portion of the spouse benefits in addition to their monthly benefit. If there are no dependents and the claim is compensable, it will be opened for payment of funeral and medical expenses.

The burial expenses of the deceased worker shall be paid in an amount not to exceed \$5,000, with an additional amount of \$5,000 to cover other related expenses, unless other arrangements exist between the employer and worker under agreement. Contact your claims analyst for more information.

Injured and need a job or need to be retrained?



*Your local workforce center can help!
Visit yours today!*

dws.wyo.gov/contact-us



IV APPEALS, EXAMS & EVALUATIONS

Request for Hearing/Appeals Process

If you disagree with any Final Determination letter, you must send a written objection and request for hearing to Workers' Compensation. Please make sure your name, claim number, date, and reason why you are requesting a hearing is included.

Your request for hearing must be postmarked on or before the due date specified in the letter. If your response is not received in time, the decision is final and not subject to further review.

If your request for hearing is filed by the response date, you may choose an attorney, or the Wyoming State Bar (wyomingbar.org/for-the-public/hire-a-lawyer) may assist you in obtaining an attorney. Once you have an attorney, all



communication with Workers' Compensation regarding the issue at hearing should be made through your attorney. You are not responsible for payment of your attorney fees and/or court costs for a timely-requested hearing.

Independent Medical Examinations/Functional Capacity Evaluation

An Independent Medical Evaluation is a medical examination performed by a health care provider other than your current health care provider. The health care provider performing the examination will not provide medical care. You should continue to see your treating health care provider.

An Independent Medical Examination can be requested by Workers' Compensation or by the employer. An Independent Medical Examination can be used for the following:

- As a second opinion for treatment, or to clarify your treatment plan;
- To assist your health care provider when current treatment is not helping in your recovery;
- To help understand what your current condition is;
- To help determine if you are ready to return to work, and what restrictions you might have; and/or
- This may include a Permanent Partial Impairment rating.

A Functional Capacity Evaluation may be requested to document your work restrictions before an Independent Medical Examination or Permanent Partial Impairment appointment.

You will receive a letter for any Independent Medical Examination appointment(s) scheduled by Workers' Compensation. The letter will confirm your Independent Medical Examination appointment time, address, and health care provider. Your claims analyst will contact you prior to an appointment being scheduled to verify any scheduling conflicts.

Failure to attend any medical examination scheduled by Workers' Compensation could result in a suspension of your benefits. Health care providers may also bill you for a no show appointment.

You may qualify for travel reimbursement to attend an Independent Medical Examination and/or Functional Capacity Evaluation. Contact your claims analyst for more information.

V RESOURCES

Customer Advocacy

A Workers' Compensation customer service representative is available if you need more information about Workers' Compensation programs, benefits or general questions. Contact a customer service representative at (307) 777-5476, or via email at DWS-AskMeWC@wyo.gov.

Statute, Rules and Regulations Website

The Wyoming Workers' Compensation Act is at Title 27, Chapter 14 of the Wyoming Statutes (W.S. § 27-14-101 through W.S. § 27-15-103) and is available at wyoleg.gov.

The Act and the rules, regulations and fee schedules of the Wyoming Department of Workforce Services' Workers' Compensation is available at rules.wyo.gov.

In the Search Form, please make the following selections:

Agency: *Workforce Services, Department of*

Program: *Workers' Compensation Division*

Rule Type: *(All Rule Types)*

Leave all other fields blank then click on the *Search* button.

Fraud

Workers' Compensation has an active Special Investigation Unit. Referrals can be made by anyone who suspects

fraudulent activities. You may contact the Fraud Unit at dws.wyo.gov/contact-us/report-a-fraud.

According to the Wyoming Workers' Compensation Act, anyone who knowingly makes or allows any misrepresentation or false statement to be made for the purpose of receiving payments under the Act, is guilty of a misdemeanor, or felony, punishable by a fine, imprisonment or both. Wyoming Statute § 27-14-510.

Additional Resources

Injured and non-injured employees may qualify for additional financial, rehabilitation, or job placement assistance through the following resources:

211 - wy211.communityos.org

Department of Family Services - dfs.wyo.gov

Social Security Disability Insurance - dws.wyo.gov/dws-division/disability-determination

Department of Health - health.wyo.gov

Health Insurance Search - healthcare.gov/get-coverage

Unemployment Insurance - dws.wyo.gov/dws-division/unemployment-insurance

Vocational Rehabilitation - dws.wyo.gov/dws-division/vocational-rehabilitation



Have you considered Vocational Rehabilitation?

The Wyoming Department of Workforce Services is committed to helping people with disabilities establish and reach vocational goals that help them become productive working citizens.



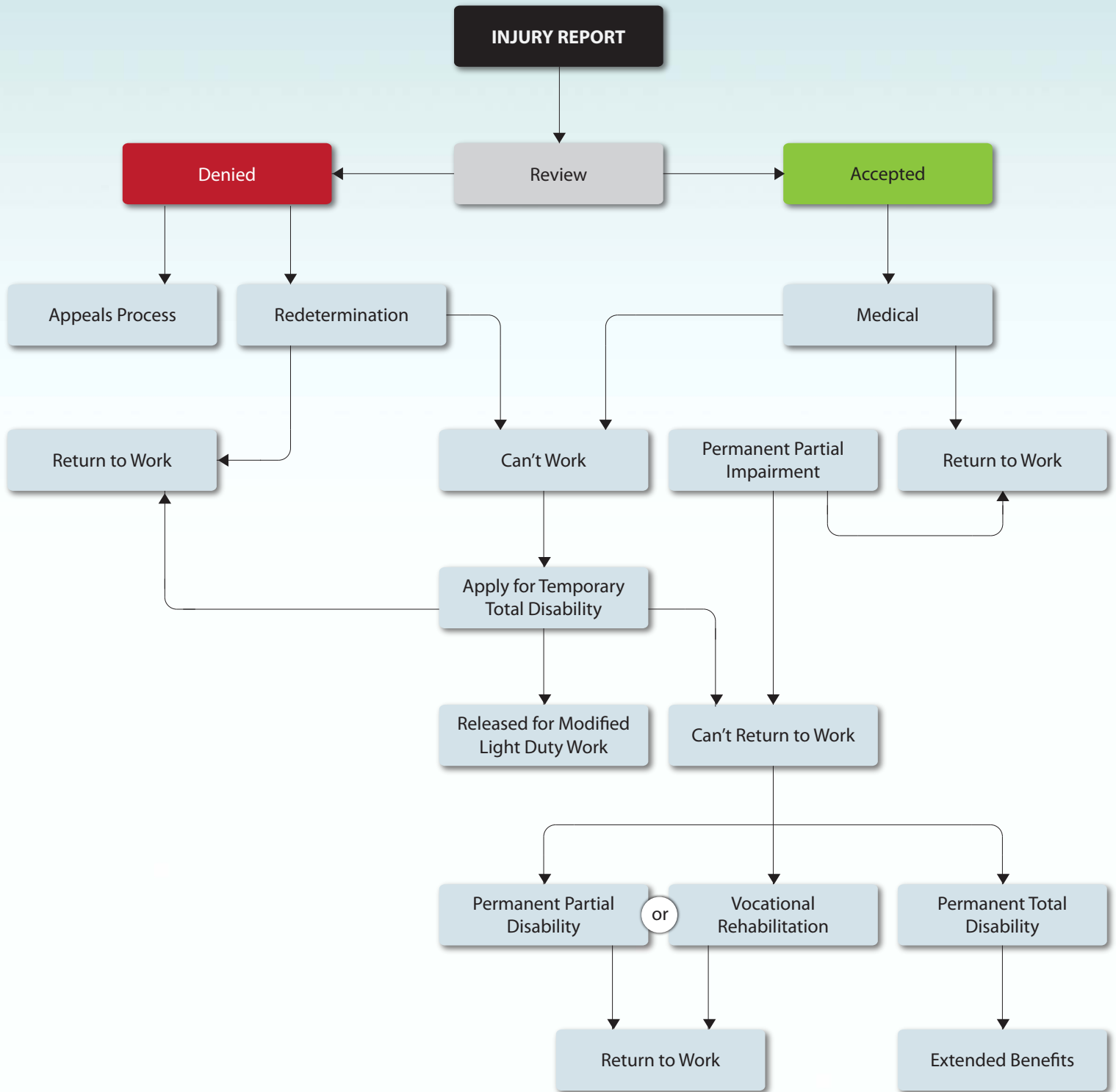
For more information, visit

dws.wyo.gov/dws-division/vocational-rehabilitation/contact

APPENDIX

Workers' Compensation Benefits Process

This flow chart is a general overview of what takes place after submitting an injury report.



OFFICE LOCATIONS

Wyoming Department of Workforce Services Locations

CASPER

444 W. Collins Drive, Casper, WY 82601

Workers' Compensation (Field Office)

(307) 235-3664

(307) 235-3699 Fax

Safety & Risk (Field Office)

(307) 235-3672, Safety Specialist

(307) 235-3265, Safety Specialist

(307) 235-3688 Fax

Labor Standards (Field Office)

307-235-9679

307-235-3688 (fax)

Unemployment Insurance (Main Office)

(307) 235-3264 HELP Line

(307) 473-3789 Claims Center

(307) 235-3277 Fax

(307) 473-3726 Fax

CHEYENNE

5221 Yellowstone Road, Cheyenne, WY 82002

Workers' Compensation Employer Services

Mailing: P.O. Box 20006, Cheyenne, WY 82003

(307) 777-6763

(307) 777-5298 Fax

(888) 996-9226 Fraud Hotline

WC Claims (Main Office)

Mailing: P.O. Box 20207, Cheyenne, WY 82003

(307) 777-7441

(307) 777-6552 Fax

(888) 996-9662 Fraud Hotline

Risk Management

(307) 777-8990

Safety & Risk (Main Office)

(307) 777-8901

(307) 777-7749, Safety Specialist

(307) 777-3646 Fax

Labor Standards (Main Office)

(307) 777-7261

(307) 777-5633 Fax

Office of the Director

(307) 777-8650

(307) 777-5857 Fax

(307) 777-8728 (Executive Assistant)

CODY

1026 Blackburn Ave, #4, Cody, WY 82414

Workers' Comp./Unemployment (Field Office)

(307) 527-5609

(307) 527-7557

(307) 527-5053 Fax

(307) 527-8247 Fax (Unemployment)

GILLETTE

551 Running W Drive, Gillette, WY 82718

Workers' Comp./Unemployment (Field Office)

(307) 686-0818

(307) 686-9120

(307) 687-5312 Fax

Safety & Risk (Field Office)

(307) 682-5549

(307) 687-5309, Safety Specialist

(307) 687-5312 Fax

LANDER

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Workers' Comp./Unemployment (Field Office)

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(307) 332-5766 Nurse's Line
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Safety & Risk (Field Office)

(307) 335-2481
(307) 332-3514 Fax

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(307) 742-2953 Fax

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(307) 742-4464 Fax

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(307) 856-8131
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(307) 347-4017 Fax

Occupational Safety & Health Administration (OSHA) Locations

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Mailing: P.O. Box 2760, Casper, WY 82601

(307) 214-7399, Health Consultant

(307) 233-4691/6415, Safety Compliance

(307) 233-4690, Health Compliance

(307) 235-3677 Fax

Gillette Field Office

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(307) 687-5312 Fax

Rock Springs Field Office

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(307) 352-2566, Safety Compliance

(307) 352-2633, Safety Consultant

(307) 382-3534 Fax

Cheyenne Main Office

5221 Yellowstone Road, Cheyenne, WY 82002

(307) 777-7786 Main

(307) 777-3646 Fax

State Mine Inspection & Safety Locations

Douglas Field Office

311 North Russell Ave. #B, Douglas, WY 82633

(307) 718-0199

Lander Field Office

1295 12th Street, Lander, WY 82520

(307) 332-1361

Gillette Field Office

551 Running W Drive, #300, Gillette, WY 82717

(307) 685-6579

(307) 685-6592 Fax

Rock Springs Main Office

2451 Foothill Blvd., #101, Rock Springs, WY 82901

Mailing: P.O. Box 1094, Rock Springs, WY 82902

(307) 362-5222

(307) 362-5233 Fax

(307) 350-8952 State Mine Inspector's Emergency





**Wyoming Department of Workforce Services
Division of Workers' Compensation**

5221 Yellowstone Road
Cheyenne, WY 82002

