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| **South Carolina Workers’ Compensation Commission**1333 Main Street, Suite 500Post Office Box 1715Columbia, South Carolina 29202-1715(803) 737.5675 [www.wcc.sc.gov](http://www.wcc.sc.gov)  | SCSealBWjpg |

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| WCC File #: |  |
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| Carrier File #: |  |
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| Carrier Code #: |  |
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| Employer FEIN #: |  |
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| Claimant's Name: |       | SSN: |     -    -      |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

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| --- | --- | --- | --- |
| Home Phone: | (     )     -      | Work Phone: | (     )     -      |

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| --- | --- |
| Employer's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

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| --- | --- |
| Insurance Carrier: |       |

 |
|  Preparer’s Name: |       |  Law Firm: |       |  Preparer’s Phone #:  | (     )     -      |
|  |  |  |  |  |  |

 **Date of Injury or Illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete each information blank. Clearly specify when contention are admitted in part and denied in part. The Claimant’s answer to the claim respectfully shows:**

1. [ ]  **Stop payment of compensation.**

 It is admitted/denied the Claimant has reached maximum medical improvement and continues to receive temporary compensation payments.

 It is admitted/denied the Claimant’s temporary total payments are current.

 It is admitted/denied the Claimant’s temporary total payments have been properly stopped as of      (m/d/yyyy) pursuant to Reg. 67-505.

1. [ ]  **Address suspension, termination, or reduction of temporary disability payments for any cause.**

 [ ]  a. At any time pursuant to § 42-9-260(E).

 [ ]  b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

 [ ]  c. Temporary total compensation was suspended, terminated, or reduced without proper order of the Commission.

 [ ]  d. Additional compensation and penalties are requested pursuant to Reg. 67-510.

The basis for additional compensation and penalty is

1. [ ]  **Determine if compensation is due** pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:

 Claimant reached maximum medical improvement on       (m/d/yyyy) (copy of medical report must be attached).

 It is admitted/denied the Claimant has reached maximum medical improvement.

 Claimant has/ has not returned to work. Claimant has/has not returned to light duty.

 [ ]  a. Permanency is premature at this time.

 [ ]  b. Claimant is in need of additional medical care and treatment

 [ ]  c. Claimant is entitled to permanent partial disability pursuant to 42-9-30.

 [ ]  d. Claimant is entitled to wage loss pursuant to 42-9-20.

 [ ]  e. Claimant is entitled to total and permanent disability pursuant to 42-9-10 or 42-9-30(21) and Reg. 67-1802.

1. [ ]  **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

 It is admitted/denied that the Employer/Carrier is due a credit for overpayment.

1. [ ]  **Determine amount of compensation for claims involving a fatality.**

[ ] a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.

[ ] b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

1. [ ]  **Mediation**

[ ] a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

[ ] b. Mediation is required pursuant to Reg. 67-1802.

[ ] c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

[ ] d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.

Questions regarding mediation may be submitted to **mediation@wcc.sc.gov**.

**I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to**

**Address on the** **day of** **20****, by:**

**[ ]  first class postage** **[ ]  certified mail** **[ ]  personal service [ ]  electronic service.**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Preparer’s Signature |  | Title |  | Email |  | Date |