

Subsequent Report

RI Department of Labor and Training, Division of Workers' Compensation
 PO Box 20190, Cranston, RI 02920-0942 www.dlt.ri.gov/wc
 Phone 401-462-8100 Fax 401-462-8105

Claim Administrator Claim Number

Employee Information			Parties to Claim
SSN or ID	Date of Birth		Employer Business Name
Last Name	First Name	Initial	Insurer Business Name
Date of Injury	Date of Death		Claims Administrator Business Name

Claim Information		
Claim Type	Claim Status	Indemnity Status
<input type="checkbox"/> Medical Only	<input type="checkbox"/> Open	<input type="checkbox"/> No indemnity benefits paid
<input type="checkbox"/> Indemnity	<input type="checkbox"/> Closed	<input type="checkbox"/> Only disfigurement or loss of use benefits paid
<input type="checkbox"/> Notification Only	<input type="checkbox"/> Reopened	<input type="checkbox"/> Receiving weekly indemnity benefits
<input type="checkbox"/> Became Medical Only	<input type="checkbox"/> Reclosed	<input type="checkbox"/> Weekly indemnity benefits ended
<input type="checkbox"/> Became Lost Time		<input type="checkbox"/> Death benefit paid to WC Administrative Fund

Reason Form Was Submitted			
<input type="checkbox"/> Initial payment made	<input type="checkbox"/> Change benefit amount	<input type="checkbox"/> Benefits end, return to work	<input type="checkbox"/> Benefit end, claimant death
<input type="checkbox"/> Benefits reinstated	<input type="checkbox"/> Change benefit type	<input type="checkbox"/> Benefits end, incarceration	<input type="checkbox"/> Benefits end, denied
<input type="checkbox"/> Reduced earnings	<input type="checkbox"/> Change claim information	<input type="checkbox"/> Benefits exhausted (gate)	<input type="checkbox"/> Sub-annual (twice yearly)
<input type="checkbox"/> Lump sum payment	<input type="checkbox"/> New claim administrator	<input type="checkbox"/> Benefits end by court order	<input type="checkbox"/> Final, claim closed
		<input type="checkbox"/> Benefits end, change jurisdiction	<input type="checkbox"/> Upon request

Payment Information			
Date disability began	Date disability ended	Date of first payment	Multiple periods of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indemnity and Lump Sums Paid to Date for Entire Claim			
Total Incapacity (TT, PT)	Loss of Use (PP)	Death Benefits (DB)	Commutation
Partial Incapacity (TP)	Scarring (Disfigurement)	Death Benefits Payee	Denied & Dismissed

Expenses Paid to Date for entire claim			
Funeral	Hospital	Unallocated Prior Indemnity	Durable Medical
Penalties	Other Medical	Unallocated Prior Medical	Medical Travel
Interest	Vocational Rehabilitation	Pharmaceutical	Total Medical-Legal
Employer's Legal	Expert Witness	Dental	Other
Claimant's Legal	Court Reporter	Physical Therapy	Death benefit to WC Adm. Fund
Physicians	Private Investigator	Chiropractic	

Claims Adjuster Information & Date		
Claim Representative Name	Phone or E-mail	Date of form