



City of Phoenix

FIRE DEPARTMENT
HEALTH CENTER

Petition to Re-Open

Here are a few helpful hints to assist you with your Petition to Re-Open (PTR).

You can PTR a claim anytime in your lifetime that active care for that injury is needed. It is not limited to when you are employed by City of Phoenix. Active care may include, but is not limited to the following:

- Change in Work Status
- Full time physical therapy
- Surgery being recommended
- The Petition to Re-Open is date sensitive. The date the PTR is stamped in at the Industrial Commission of Arizona (ICA) will become the official re-opening date, in the event the PTR is approved.
- You need medical documentation supporting your PTR. This is best to come from a specialist. The Industrial Commission of Arizona gives you 14 days from the date the PTR is filed to provide this information.
- Be your own advocate! Attached is a list of phone numbers to the Industrial Commission of Arizona.
 - Call them to make sure your PTR was received
 - Call and follow up to make sure the PTR is being processed
- The ICA has 21 days to review and forward the PTR to the appropriate Worker's Comp carrier. At that point, the carrier has an additional 21 days from the date they are notified to make a decision.
 - If they are unable to make a decision within that 21 days, further investigation may include scheduling and Independent Medical Evaluation (IME)
 - Be your own advocate! Call the Worker's Comp carrier and ask questions
 - Why was my PTR denied?
 - Is this decision final?
 - If the PTR was accepted, what do I do now?

You can find more information at <http://www.ica.state.az.us/>

Be your own advocate! The Industrial Commission of Arizona received 96,700 industrial claims in 2010. Make sure and follow up!

Feel free to call the Health Center if you have any questions, or the City Safety office 602-262-4661.

THE INDUSTRIAL COMMISSION OF ARIZONA CLAIMS DIVISION



BRIAN C. DELFS, CHAIRMAN
JOE GOSIGER, VICE CHAIRMAN
LOUIS W. LUJANO, SR., MEMBER
MARCIA WEEKS, MEMBER
JOHN A. MCCARTHY, JR., MEMBER

P.O. BOX 19070
PHOENIX, ARIZONA 85005-9070

Claims Division: (602) 542 4661
Claims Division Fax: (602) 542-3373

LAURA L. MCGRORY, DIRECTOR
TERESA HILTON, SECRETARY

RE: PETITION TO REOPEN

Before consideration can be given to reopening your file, it will be necessary for you to submit a Petition to Reopen based on *new, additional or previously undiscovered disability or condition*, along with a statement from your physician setting forth the relationship of your present condition to the industrial injury.

We are enclosing the Petition to Reopen form. It must be filed with the Industrial Commission of Arizona, P.O. Box 19070, Phoenix, Arizona 85005-9070.

The payment of such reasonable and necessary medical expenses will be paid for if the claim is reopened as provided by law and if such expenses are incurred within FIFTEEN (15) DAYS of the filing of the Petition to Reopen.

No surgical benefits or monetary compensation shall be payable for any period prior to the date of filing of the Petition.

Industrial Commission of Arizona
Claims Department
Compliance Section

PETITION TO REOPEN LTR.DOC

INDUSTRIAL COMMISSION OF ARIZONA

IMPORTANT: This completed form must be filed at an Industrial Commission of Arizona (ICA) office. (See addresses below.) The form must be accompanied by a current medical report supporting the reopening of the claim.

PETITION TO REOPEN BASED ON NEW, ADDITIONAL OR PREVIOUSLY UNDISCOVERED DISABILITY OR CONDITION

Copies of the Arizona Workers' Compensation Laws and Arizona Workers' Compensation Practice and Procedure and information about the ICA claims and hearing process are available at the ICA offices and through the ICA web-site located at: www.ica.state.az.us

	Social Security No. * _____
Injured Worker	Date of Injury: _____
vs.	ICA Claim No.: _____
	Ins. Carrier Claim No.: _____
Defendant Employer	
Defendant Insurance Carrier	

Reopening is requested based on the new, additional or previously undiscovered disability or condition listed below related to this claim:

1. Check one of the following:

- Attached is a medical report to support this Petition to Reopen.
 or
 Dr. _____ will submit a report to support this Petition to Reopen.

2. The following physicians have examined or treated me within the past two years for the conditions listed:

DOCTOR'S NAME	ADDRESS	CONDITION AND DATE OF TREATMENT
A.		
B.		

3. I have worked for the following employers within the past two years.

NAME	ADDRESS	JOB DESCRIPTION
A.		
B.		

I have read this Petition to Reopen and the information contained is true and correct to the best of my knowledge.

Signature of person or the person's authorized representative requesting reopening is REQUIRED.	Date
Address	Telephone No.
City State Zip	

Phoenix: Industrial Commission of Arizona Mailing address: P.O. Box 19070 Phoenix, Arizona 85005-9070	Street Address: 800 W. Washington Street Phoenix, Arizona 85007-2922	Tucson Office: Industrial Commission of Arizona 2675 E. Broadway Tucson, Arizona 85716-5342
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* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

MEDICAL AUTHORIZATION

By this medical authorization or reproduction, I authorize and request each physician and person in the medical or related fields and each hospital, clinic, establishment or place rendering me any medical or related service to allow The Industrial Commission of Arizona or its authorized representative, my employer or its insurance carrier and each person and physician appointed by them to have, examine and/or copy any and all information, records and X-rays, regarding my physical condition and treatment.

Signature of person or the person's authorized representative requesting reopening.	Date
Address	Telephone No.
City State Zip	

NOTICE OF CLAIM STATUS

Carrier or Self-Insured Name and Address

**City of Phoenix
c/o Avizent
5353 N. 16th Street, #250
Phoenix, AZ 85016
Telephone: 480-606-5560**

ICA Claim No. _____

Employee ID No. _____

Carrier Claim No. _____

Claimant's Name and Address

Employer City of Phoenix

Address: 135 N. 2nd Avenue, 6th Floor

Phoenix, AZ 85003

Date Injured _____

1. Claim is accepted for benefits by **City of Phoenix c/o Avizent**.
2. Claim is denied for benefits by **City of Phoenix c/o Avizent**.
3. No compensation paid because no time was lost from work in excess of seven (7) days attributable to this injury.
4. Enclosed check for \$ _____ covers time lost, commencing _____ through _____ (7 days have been deducted if less than 14 calendar days lost). Payment has been made based on 66 2/3% of the monthly wage of \$ _____ based on the following:
 - A. Statutory minimum or estimated monthly wage pending determination of Average Monthly Wage within 30 days.
 - B. Average monthly wage at time of injury, (see attached calculation) subject to final determination by the Industrial Commission of Arizona within 30 days.
5. Temporary compensation changed to 66 2/3% of the difference between average monthly wage before injury and the wage claimant is able to earn after date of release for work, effective _____.
6. Temporary compensation and active medical treatment terminated on _____ because claimant was discharged.
7. Injury resulted in no permanent disability.
8. Injury resulted in permanent disability. (Amount of permanent benefits, if any, and supportive medical maintenance benefits, if any, will be authorized by subsequent Notice.)
9. Petition to Reopen accepted for benefits by **City of Phoenix c/o Avizent**.
10. Petition to Reopen denied for benefits by **City of Phoenix c/o Avizent**.
11. Other.

MAILED ON: _____

BY: _____

(Authorized Representative)
Extension

The insurance carrier/employer will, upon request, provide claimant a copy of the medical report to support the Findings 5, 6, 7 or 8.
El responsable por la aseguranza/patron, apeticion del asegurado, dara una copia del reporte medico que soporte los resultados de 5, 6, 7 o 8.

NOTICE TO CLAIMANT: If you do not agree with this NOTICE and wish a hearing on the matter, your written Request for Hearing must be received at either office of the Industrial Commission listed below within NINETY (90) DAYS after the date of mailing of this NOTICE, pursuant to A.R.S. 23-941 and 23-947. IF NO SUCH APPLICATION IS RECEIVED WITHIN THAT NINETY DAY PERIOD, THIS NOTICE IS FINAL.

AVISO AL RECLAMANTE: Si usted no esta de acuerdo con este AVISO, y desea una audiencia en este caso, su peticion por escrito pidiendo una audiencia debiera ser recibida en cualquiera de las oficinas de la Comision Industrial a las direcciones abajo indicadas dentro de NOVENTA (90) DIAS despues de la fecha de este AVISO, de acuerdo con las leyes A.R.S. 23-941 y 23-947. SI DICHA PETICION NO ES RECIBIDA DENTRO DEL PERIODO DE NOVENTA (90) DIAS, ESTE AVISO SERA CONSIDERADO FINAL.

Phoenix Office: Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, Arizona 85007, P.O. Box 19070, Phoenix, Arizona 85005-9070
Tucson office: Industrial Commission of Arizona, 2675 E. Broadway, Suite 201, Tucson, Arizona 85716-5341.

Form ICA 04-0104A (Rev. 94)

(THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA FOR CARRIER USE)

Copy to: Industrial Commission of Arizona
Employer

cc:

COP Dept.

Protection of life, health, safety, and welfare of Arizona's most valuable assets

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The Industrial Commission of Arizona

Main Phone Numbers of the ICA Divisions/Sections			
Phoenix Office 800 W. Washington Street Phoenix AZ 85007 Hours: 8:00am to 5:00pm		Tucson Office 2675 E. Broadway Tucson AZ 85716 Hours: 8:00am to 5:00pm	
Get the Map	Area Code: 602	Get the Map	Area Code: 520
Name	Phone	Name	Phone
Accounting	542-4654		
Administrative Law Judge (Hearings)	542-5241	Administrative Law Judge (Hearings)	628-5188
ADOSH	542-5795	ADOSH	628-5478
Claims	542-4661	Claims	628-5181
Director	542-4411		
HR	542-5559		
Labor	542-4515	Labor	628-5459
Legal	542-5781		
MIS	542-1823		
Ombudsman	542-4538		
Research & Statistics	542-3739		
Self-Insurance	542-1839		
Special Fund	542-3294		
Special Services	542-5992		
Taxes	542-1836		