Mail To:	1.	Social Security No
LOCAL DISTRICT OFFICE OR	2.	Date of Injury/Illness
OFFICE OF WORKERS' COMPENSATION POST OFFICE BOX 94040	3.	Part(s) of Body Injured
BATON ROUGE, LA 70804-9040	4.	Date of This Request
For information call (225) 342-7565 or Toll Free (800) 201-3457.		·
	5.	Date of Hire
Docket Number	6.	Date of Birth
DISPUTED C	LAIM FOR COMPENSAT	TON
7. This claim is submitted by: Employee Employer Insurer Dependen	t Health Care Provider	LWC Other
GENERAL INFORMATION Claimant files this dispute with the Office of Workers' Co in address. An employee may be represented by an atto		t be notified immediately in writing of change
EMPLOYEE		EMPLOYEE'S ATTORNEY
Name	9. Name	
Street or Box	Street or Box	
City	City	
State Zip	State	Zip
Phone ()	Phone ()	
EMPLOYER		INSURER/ADMINISTRATOR (circle one)
0. Name	11. Name	
Attn:	Attn:	
Street or Box	Street or Box	
City	City	
StateZip	State	Zip
Phone ()	Phone () _	
EMPLOYER/INSURER'S ATTORNEY (circle one)		DEPENDENT/HCP/OTHER (circle one)
12. Name	13. Name	
Attn:	Relationship	
Street or Box	Street or Box	
City	City	
State Zip		Zip
Phone ()		
14. EMPLOYMENT DATA		
Occupation:		
Average Weekly Wage \$ Workers' Comper	nsation Rate \$	
LWC-WC-1008		

REV. 2/09

	ENT DATA
Date, ti	me and place of accident:
Parish	of Residence at time of Injury/Illness
Accider	t reported on/, to whose position with the employer is
Describ	e the accident and injury in detail (person/equipment involved, type of injury, etc.)
List the	names, addresses, telephone numbers of any witnesses.
MEDICA	AL DATA
State th	e names, addresses, and telephone numbers of hospitals, clinics and doctors who have provided medical attention.
THE BC	NA-FIDE DISPUTE
Chack	
CHECK	he following that apply and fill in the blanks:
1.	he following that apply and fill in the blanks: No wage benefits have been paid
_ 1.	No wage benefits have been paid
1. 2.	No wage benefits have been paid No medical treatment has been authorized
1. 2. 3.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease
1. 2. 3. 4.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$ Wage benefits terminated or reduced on /
1 2 3 4 5.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$ Wage benefits terminated or reduced on / Medical treatment (Procedure/Prescription)
1 2 3 4 5 6.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11 12.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11 12.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11 12.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$ Wage benefits terminated or reduced on / Medical treatment (Procedure/Prescription) not authorized. Choice of physician (specialty) Disability status Vocational Rehabilitation - specify Offset/Credit Refusal to authorize/submit to evaluation with choice of physician/Independent Medical Examination [L. R. S. 23:1121, 1124(B), or 1317.1(F)] Other:
1 2 3 4 5 6 7 8 9 10 11 12.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$
1 2 3 4 5 6 7 8 9 10 11 12.	No wage benefits have been paid No medical treatment has been authorized Occupational Disease Workers' Compensation Rate is Incorrect - Should be \$