

# REPORT OF CLAIM STATUS REQUEST FOR INDEPENDENT MEDICAL EXAMINATION State Form 38911 (Ref / 5-87)

PRIVACY NOTICE

"This agency is requesting disclosure of your Social Security number in accordance with IC 22:3-4-13. This disclosure is not mandatory and you will not be penalized for refusing.

Acci dent num ber

INSTRUCTIONS- Complete appropriate sections of this document and sign in the space below

Name of insurer claim number Date of injury			CLAIM	INFORMATION		
Date of injury  Address (oby, state, ZIP code)    Telephone number   Code of injury	Name of employer		Federal I.D. Number			
Telephone number address of employee    Social Security Number   Address of employee	Name of insurer			Insurer claim number		
DENETRY REMINATION   DENIAL NOTICE (check appropriate action)	Address (city, state, ZIP code)					
Notice of denial must be made writing and mailed not later than twenty nine. (29) days after the employer's knowledge of the injury (10: 22-3-7). Peper ocorpensation payments the appropriate section below, if applicable.  Refusal to work.  Claim deemed not compensable.  Benefit termination (see compensable payments section below).  Refusal to accept medical resemble period of refusal (10: 22-3-3-4).  Refusal to accept employer shall result in a suspension of all compensation otherwise payable during the period of refusal (10: 22-3-3-4).  Refusal to accept employment suitable to your partial disability shall bar any compensation during such refusal unless, in the opinion of the Worker's Compensation Board of indicana, such refusal was justified (10: 22-3-3-11).  Other (specify)  If the employer disagrees with the proposed termination, the employer must give a written notice to the Worker's Compensation Board and employer within several (7) days after receipt of this termination notice (10: 22-3-3-7). See Independent Medical Board and employer within several (7) days after receipt of the below prescribed form (10: 22-3-3-7).  **Refusal to accept a section below.**  **COMPENSATION PAYMENTS**  All compensation payments should be reported to the Board on the below prescribed form (10: 22-3-3-7).  **Employers who disagree with proposed benefit termination must serve a copy of this disagreement notice to the Worker's Compens Board and the employer within (7) days after receipt of the termination portion of this notice. Please sign below to me an independence medical examination reported and service of the proposed termination.  **Employer disagrees with proposed termination:**  **Employer and employer must sign below	same of empli	cyme	*Social Security Number			
Notice of denial must be made writing and mailed not later than twenty nine. (29) days after the employer's knowledge of the injury (10 22-3-7). Report compensation payments the appropriate section below, if applicable.  Refusal to work  Claim deemed not compensable  Benefit termination (see compensable)  Refusal to accept medical treatment, services and supplies, provided by or on behalf of your employer, shall bar your compensation otherwise payable during the period of refusal (10 22-3-3-4).  Refusal to allow an autopy shall result in a suspension of all compensation (IC 22-3-3-4).  Refusal to allow an autopy shall result in a suspension of all compensation (IC 22-3-3-1).  Other (specify)  If the employere disagrees with the proposed termination, the employer must give a written notice to the Worker's Compensation Board of inclainal, such refusal values possible (IC 22-3-3-1). See Independent Medical Examination Prequest section below.  All compensation payments should be reported to the Board on the behave prescribed form (IC 22-3-3-7).  Employers who disagree with proposed benefit termination must serve a copy of this disagreement notice to the Worker's Compensation Board and the employer within (27) days after receipt of the termination payments and independent medical examination resolves a manufactor to provide an independent employer within (27) days after receipt of the termination on the following payments are provided by the proposed termination must serve a copy of this disagreement notice to the Worker's Compensation Board and the employer within (27) days after receipt of the termination on the provided of payments an independent medical examination in provide a manufactor in provide a medical examination.  Employer and employee must sign below to certify service or admonsted provided to employee.  Employer and employee must sign below to certify service or admonsted provided from the proposed from the propo						
Refusal to accept employer station payments section below:  Refusal to accept employer station Board of Indiana, such refusal was justified (E. 22-3-3-1).  Refusal to accept employer station Board of Indiana, such refusal was justified (E. 22-3-3-1).  Refusal to allow an autopsy shall result in a suspension of all compensation (IC 22-3-3-6).  Refusal to accept employment suitable to your partial disability shall bar any compensation during such refusal unless, in the opinion of the Worker's Compensation Board of Indiana, such refusal was justified (IC 22-3-3-11).  Other (specify)  If the employer disagrees with the proposed termination, the employee must give a written notice to the Worker's Compensation Board and employer within sever (17 days after recept of this termination notice (IC 22-3-3-7). See Independent Medical Examination Requests section below.  **COMMENSION PAYMENTS**  All compensation payments should be reported to the Board on the below prescribed form (IC 22-3-3-7).  **weeks paid**  Ped to (name)  **Imployee**  **Dependent**  **Dependent*		denial must be made w	riting and mailed not later ti	han twenty nine (29)	days after the emplo	yer's knowledge of the injury
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Studies and Reports, 1925

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The Enigmatic Realm of Idaho Workman Compensation Report Forms: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing in short supply of extraordinary. Within the captivating pages of **Idaho Workman Compensation Report Forms** a literary masterpiece penned by a renowned author, readers set about a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book is core themes, assess its distinct writing style, and delve into its lasting impact on the hearts and minds of those that partake in its reading experience.

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web name the following molecular compounds scl2 n2o4 p4o10 pf5 scl2 sulfur dichloride n2o4 dinitrogen tetroxide the a of

tetra is dropped before the o of oxide p4o10 tetraphosphorous decoxide the a of deca is dropped before the o of oxide pf5 phosphorous pentafluoride

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web one of the ions produced is always h which immedi ately combines with a water molecule wo form che hyeeonium ion h o the h o in is what defines the acidic properties of a substance because of thee special classification acids have a naming sytem dierent fom ianic or other molecular covalent compounds

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web examine the pairs of ternary acids in model 2 that contain sulfur phosphorus and nitrogen each pair has one acid that ends in ic and another that ends in ous these endings are related to the name of the polyatomic anion found in the acid ate or ite

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web the acids lose a hydrogen ion for each acid base reaction in model 2 describe the role of the brønsted lowry base in the proton h ion transfer that occurs the base gains or accepts a hydrogen ion proton as you saw in last week s pogil all arrhenius bases in model 1 have an oh ion in their chemicalformulas

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## **19 naming acids s** - Jul 13 2023

web jan 26 2020 2 pogil activities for polyatomic anion ending is ite acid name ending is 9 if the prefix hydro were used to name a ternary acid what problem would this create when naming hclo 3 10 write a rule for naming ternary acids 11 predict the formula for chlorous acid

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