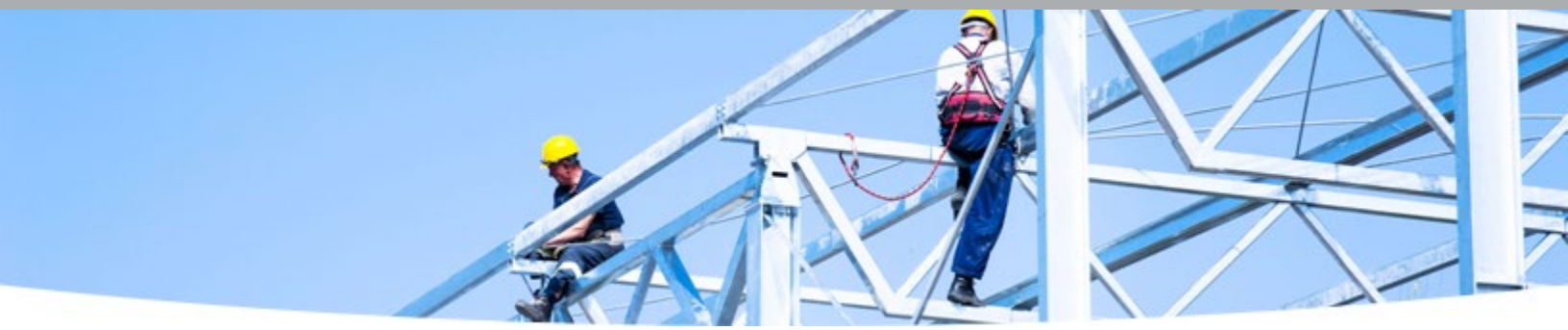
FLORIDA DEPARTMENT OF FINANCIAL SERVICES



WORKERS' COMPENSATION

System Guide

Revised September 2026

Prepared by:

Division of Workers' Compensation
Department of Financial Services

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www.MyFloridaCFO.com/Division/WC/

INTRODUCTION

The Workers' Compensation System Guide is intended to give all parties a general overview and summary of the Workers' Compensation System. It is not intended to supersede or take the place of the Florida Workers' Compensation law (Chapter 440, Florida Statutes) or Florida Workers' Compensation Case Law.

Its purpose is to assist all stakeholders in their roles and responsibilities. It provides general information and references that may assist with resolving issues and answering questions.

NOTE: *The maximum number of weekly benefits was impacted by Florida Supreme Court Case No. SC13-1930 & 1976; Westphal v. City of St. Petersburg. The Division closely follows activities associated with 1st DCA and Supreme Court rulings that may impact the workers' compensation system. Therefore, the Division continues to monitor any forthcoming changes prior to engaging in rulemaking activities or procedural changes related to these topics. We would like to assure all stakeholders that the Division stands ready to provide whatever support is necessary to ensure a healthy and viable system.*

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EMPLOYEE INFORMATION

Injured Worker Duties

If you have an accident or are injured on the job you must:

- Tell your employer you have been injured, as soon as possible. The law requires that you report the accident or your knowledge of a job-related injury within 30 days of your knowledge of the accident or injury, or within 30 days of a doctor determining you are suffering from a work-related injury.
- When you do so, you must ask your employer what doctor you can see. You must see a doctor authorized by your employer or the insurance company.
- Your employer may tell you to call the insurance company handling your claim; the name and phone number should be on the "Broken Arm" poster that should be posted at your workplace.
- If it is an emergency and your employer is not available to tell you where to go for treatment, go to the nearest emergency room and let your employer know as soon as possible what has happened.

Your employer is required by law to report your injury to the insurance company within 7 days of when you report your accident or injury. If they do not do this, and they do not give you a phone number for the insurance company to call, you can call the workers' compensation (WC) hotline for assistance at **1-800-342-1741**.

- After you or your employer report the injury to the insurance company, many companies will have an insurance claim adjuster call you within 24 hours to explain your rights and obligations.

  If you receive a message and a number to call, you should call as soon as possible to find out what you need to do to get medical treatment.

- Within 3-5 business days after you or your employer report the accident, you should receive an informational brochure explaining your rights and obligations, and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers' Compensation. These forms may be part of a packet which may include some or all of the following:

  A copy of your accident report or "First Report of Injury or Illness," which you should read to make sure it is correct;

  A fraud statement, which you must read, sign and return as soon as possible, or benefits may be temporarily withheld until you do so;

  A release of medical records for you to sign and return; and

  Medical mileage reimbursement forms that you should fill out, after seeking medical treatment, and send to your claims adjuster for reimbursement.

! If you do not receive a call or the information packet from the insurance company, you can call the WC hotline for assistance at **1-800-342-1741**.

When you see the doctor

- Give the doctor a full description of the accident or how you were injured.
- Answer all questions the doctor might have about any past or current medical conditions or injuries.
- Discuss with the doctor if the injury is related to work or not.
- If related to work, find out if you can work or not.

  If you are released to work but can't return to your same job, you should get instructions from the doctor on what work you can and cannot do.

  Keep and attend all appointments with your doctor, or benefits may be suspended.

After seeing the doctor

- Speak with your employer as soon as you leave the doctor. Tell your employer how much your job means to you, and explain to them what work the doctor said you can and cannot do.
- If you are admitted to a hospital, call or have someone call your employer for you to explain what happened and where you are.
- Give your employer the doctor's note as soon as possible.
- Ask your employer if they have work for you to return to that does not require you to do things the doctor said you cannot do yet.
- If yes, ask when you should report for work.
- If not, make sure your employer has a way to contact you if appropriate work becomes available.
- Contact the insurance company and let them know what the doctor said about your injuries, work status, and whether your employer has work available within your physical restrictions.
- You should continue to stay in contact with your employer and the insurance company throughout your treatment and recovery.

Benefits you may receive

Money you may be entitled to:

- *Indemnity Benefits:* If you are unable to work for more than 7 days, you should receive money to partly replace what you were not able to earn after your accident.

  ! Note: Your weekly benefit can never exceed the maximum compensation rate for the year in which your accident or illness occurred. For a table of the maximum compensation rates visit https://www.myfloridacfo.com/division/wc/insurer/bma-rates

- *Temporary total disability:* If your doctor says you cannot work at all:

  You should receive money equaling about 66 2/3% of your regular wages at the time you were hurt. Your benefit is paid to you beginning with the 8th day you lose time from work.

  The first 7 days lost from work is only paid if you lose more than 21 days from work.

  If your injury is critical, you may receive 80% of your regular wages for up to 6 months after the accident.

  You can receive up to a total of 104 weeks of temporary total disability and/or temporary partial disability benefits. **Please see note regarding Supreme Court decisions.

- *Temporary partial disability:* If you can return to work, but you cannot earn the same wages you earned at the time you were hurt:

  You will receive money equaling 80% of the difference between 80% of what you earned before your injury and what you are able to earn after your injury.

  Example:

Your average weekly wage: $320 (Earnings before injury) x .80	= $256
Your weekly earning after injury:	- $150
Your actual lost wage:	$106
$106 x .80 =	$84.80

  Weekly temp. partial disability benefit: $84.80

  You can receive up to a total of 104 weeks of temporary total disability and/or temporary partial disability. **Please see note regarding Supreme Court decisions.

- *Impairment benefits:* Once your doctor says you are at Maximum Medical Improvement, you are as good as he or she expects you to get. At this point your doctor should evaluate you for:

  Possible permanent work restrictions and,
  A permanent impairment rating. If you receive a permanent impairment rating, you will receive money based on that rating.

Medical treatment:

Your employer is responsible for providing medical treatment.

- Do not delay in getting a doctor's appointment from your employer or insurance company.
- **Do not go on your own to your private doctor for treatment.** The insurance company must authorize the doctor who is to treat you.

  If you do not get a doctor's name from the insurance company, you should contact your adjuster and ask for a doctor.

Reemployment Services assistance you may receive:

If you are unable to return to your job because of permanent work restrictions resulting from your on-the-job injury, you may obtain information or assistance from the Bureau of Employee Assistance and Ombudsman Office/Reemployment Services section at the following website, by phone or by e-mail:

- https://www.myfloridacfo.com/division/wc/employee/reemployment-services
- Telephone: (800) 342-1741 - option 4
- Email: wcres@myfloridacfo.com

For assistance on how any of the above benefits are calculated, call the WC hotline at 1-800-342-1741.

If you have a dispute with your insurance company

- First, try to talk about the problem with your adjuster or their supervisor.
- If you still need assistance, contact the WC hotline at 1-800-342-1741.
- If the insurance company still will not agree to pay the benefits that you believe you are entitled to, you can file a Petition for Benefits with the Office of the Judges of Compensation Claims.

  You may wish to hire an attorney to represent you in this action.

  See Appendix A, a flow chart of the dispute process.

! For assistance on how to fill out and file a Petition for Benefits, call the WC hotline at **1-800-342-1741.**

Employee workers' compensation criminal violations

The following are criminal violations of s. 440.105, F.S., that constitute a felony of the first, second or third degree depending on the monetary value of the fraud as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.:

- Filing a false claim of on-the-job injuries or exaggerating injuries.
- An injured worker or any party making a claim of an on-the-job injury will be required to provide his or her personal signature attesting that he or she has reviewed, understands, and acknowledges the following statement: *"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234."*
- If the injured worker or party refuses to sign the document, benefits or payments shall be suspended until such signature is obtained.

How to get more information and help with your claim

Division of Workers' Compensation Employee Assistance and Ombudsman Office:

- The Employee Assistance and Ombudsman Office (EAO) will assist you at no cost with questions or concerns you may have about your workers' compensation claim.
- EAO works on your behalf to resolve issues with your workers' compensation claim. Issues that cannot be resolved informally may require the filing of a Petition for Benefits.
- EAO offices are located around the state to assist you.

  Website:
  https://www.myfloridacfo.com/division/wc/employee

  https://www.myfloridacfo.com/division/wc/employee/eao/eao-offices

  Phone (toll free): 1-800-342-1741

The Division of Workers' Compensation Website: www.myfloridacfo.com/Division/WC/

- For additional information click on "Information and FAQs" on the left side of the Division's homepage.

NOTE: See Appendix for additional website information.

EMPLOYER INFORMATION

Employer Duties

If you see an accident on the job or someone reports one:

- Contact your insurance company right away.
- Stay in contact with your employee and the adjuster until the injured worker is back on the job.

If the employee is released to work with restrictions:

- Get the doctor's list of restrictions from the injured worker or directly from the doctor's office, and
- Meet with the injured worker to see if work is available that he/she can do.
- If restricted work is available:

  Discuss with the injured worker:

  - Starting time and date,
  - What you can pay him/her based on new job duties, and

  Report the restricted work to the adjuster.
- Inform the adjuster:
  - When the injured worker is scheduled to return to restricted work.
  - If the injured worker will not be earning what he/she earned before:

    Send the adjuster wage information on a weekly or bi-weekly basis to determine if temporary partial benefits are due.
  - If the injured worker is unable to, due to restrictions, continue working, or
  - If you can't give him/her restricted work any longer, or
  - If the doctor releases him/her to regular work

Employer Requirements

Posting Requirement:

The "Broken Arm Poster" and the "Anti-Fraud Notice" should be posted in a conspicuous place and should identify the name of the insurance company providing coverage and where to call to report an accident or injury. Contact your insurance company to obtain the poster and the notice.

Recording Requirement:

Record all workplace injuries and retain the records for at least 2.5 years.

Reporting Requirement:

- Report all job-related injuries to the insurance company within 7 days of discovery.
- Provide a copy of the injury report to the injured worker (Form DFS-F2-DWC-1).
- Report required wage information to the insurance company within 14 days of learning of an injury that will require the employee to miss work for more than 7 days or that results in a permanent impairment.
- If requesting the employee's authorization for release of social security benefit information, give the Form DFS-F2-DWC-14 to the employee, submit the Request for Social Security Disability Benefit Information to the Social Security Administration office nearest to the employee's address, and send a copy of the completed form to the Division within 14 days of the request (Form DFS-F2-DWC-14).

Penalties for late filing of a claim that was due to the employers failure to timely notify the insurer

If the First Report of Injury (DFS-F2-DWC-1) is filed late with the Division, due to the late reporting of the accident by the employer to the insurance company, the employer may be penalized for the late filing, according to the following schedule:

- $100 for 1 through 7 days of untimely filing.
- $200 for 8 through 14 days of untimely filing.
- $300 for 15 through 21 days of untimely filing.
- $400 for 22 through 28 days of untimely filing.
- $500 for over 28 days of untimely filing.

In addition to the above administrative penalty paid to the Division, the employer may be liable for penalties and interest on the late payment of compensation, due to the late filing.

Penalties and interest for late payment of compensation paid directly to the injured worker along with indemnity payment that was late

1. If any installment of compensation for death or dependency benefits, or compensation for disability benefits payable without an award is not paid within 7 days after it becomes due, there shall be added to such unpaid installment a penalty of an amount equal to 20 percent of the unpaid installment, which shall be paid at the same time as, and in addition to, such installment of compensation.
2. If any installment of compensation is not paid when it becomes due, the employer, insurance company or servicing agent shall pay interest at the rate of 12 percent per year from the date the installment becomes due until it is paid, whether such installment is payable without an order or under the terms of an order. The interest payment shall be the greater of the amount of interest due or $5.

If you as an employer receive a notice from the Division about a late filing with a filing penalty due to the Division and penalties and interest due to the injured worker, you send the filing penalty payment to the Division and the penalty & interest payment, on the late indemnity payments, directly to the injured worker.

Workers' Compensation Coverage / Compliance Requirements For the Employer

Chapter 440, F.S., establishes workers' compensation coverage requirements for employers.

1. **Construction Industry:** An employer in the construction industry who employs one or more part- or full-time employees must obtain workers' compensation coverage. Sole proprietors, partners, and corporate officers are considered employees. Members of a limited liability company are considered corporate officers. Corporate officers may elect to exempt themselves from the coverage requirements of Chapter 440.
   A construction industry contractor, who sub-contracts all or part of their work, must obtain proof of workers' compensation coverage or a Certificate of Election to be Exempt from all sub-contractors, prior to work being done. If the sub-contractor is not covered or exempt, for purposes of workers' compensation coverage, the sub-contractor's employees shall become the statutory employees of the contractor. The contractor will be responsible to pay any workers' compensation benefits to the sub-contractor and its employees.
2. **Non-Construction Industry:** An employer in the non-construction industry, who employs four or more part- or full-time employees, must

obtain workers' compensation coverage. Corporate officers are considered employees, unless they elect to exempt themselves from the coverage requirements of Chapter 440. Sole proprietors and partners in the non-construction industry are not considered to be employees unless they elect to be employees. Members of a limited liability company will be considered as corporate officers and employees, unless they elect to exempt themselves from the coverage requirements of Chapter 440.

3. **Agricultural Industry:** Agricultural employers with six or more regular employees and/or 12 or more seasonal employees, who work for more than 30 days, must obtain workers' compensation liability coverage for those employees.
4. **Out-of-State Employers:** An out-of-state employer engaged in work in Florida must immediately notify their insurance carrier that it has employees working in Florida. A company that has employees working in Florida must have a Florida workers' compensation insurance policy or an endorsement must be added to the out-of-state policy that lists Florida in Section 3.A. of the policy. A contractor working in Florida who contracts with an out-of-state subcontractor must obtain proof of a Florida workers' compensation policy or an endorsement to the out-of-state employer's policy that lists Florida in Section 3.A. of the policy, on the declaration page. Otherwise, the Florida contractor's policy must include the out-of-state subcontractor and their employees per Chapter 440.10 (1) (g), Florida Statutes.

   Extraterritorial Reciprocity: Out-of-state employers whose home jurisdiction has in its statute an "extraterritorial reciprocity" clause allowing temporary employees from another jurisdiction (including Florida) to work under the "home state's" workers' compensation policy is permitted to work in Florida using the workers' compensation policy from their "home state", as long as the work is temporary in nature. Temporary is defined as no more than 10 consecutive days with a maximum of 25 total days in a calendar year. [For a list of the current jurisdictions who have an extraterritorial reciprocity statute, contact the Division of Workers' Compensation at 850.413.1609].

Obtaining Required Coverage

1. **Coverage Options:** Contact a Florida-licensed insurance agent to obtain a workers' compensation policy. If the employer has applied for and been rejected by two non-affiliated workers' compensation insurers in the voluntary market, within the last sixty (60) days, they may contact the Florida Workers' Compensation Joint Underwriting Association (FWCJUA) at (941) 378-7400 or go to their website at https://www.fwcjua.com/. The employer may also consider leasing employees from a Professional Employer Organization or PEO. In this circumstance, the PEO becomes the employer and provides workers' compensation coverage to each employee who is paid by the leasing PEO.
2. **Accurate Employer Job Classification and Payroll:** Since workers' compensation premiums are based on the information provided by the employer, it is important that accurate information such as what type of work is being performed (i.e. interior trim carpentry, roofing, restaurant, clerical, etc.) and estimated payroll for each job classification code is reported to the insurance company. If any changes occur in the job duties or services performed or the employer's payroll amount during the policy term, the employer must notify its insurance company.

3. **Professional Employer Organization or Employee Leasing Company:** If an employer enters into an employee leasing agreement with a licensed employee leasing company, the agreement entails workers' compensation coverage only for employees listed with the employee leasing company. The client company is responsible for workers' compensation coverage for all non-leased employees. The payroll for all employees must be paid through the leasing company. Any changes in job duties or status of an employee must be reported to the leasing company promptly.
4. **Individual Self Insurers:** Pursuant to Chapter 440.38, F.S., an employer may become individually self insured and secure the payment of workers' compensation by providing proof of financial strength necessary to ensure timely payments of current and future claims. Authorization and regulation of individual self insurers is through the Division.
5. **Commercial Self-Insurance Funds:** Pursuant to Chapter 624.462, F.S., a group of persons may form a commercial self-insurance fund for purposes of pooling and spreading liabilities for any commercial and/or casualty insurance. Authorization and regulation of commercial self-insurance funds is through the Office of Insurance Regulation.

Workers' Compensation Exemption Eligibility Requirements and Information

General Information

An individual who meets the eligibility requirements to obtain an exemption pursuant to s. 440.05, F.S., may elect an exemption from the coverage requirements of Chapter 440, F.S. Once an exemption is obtained, the exempted individual may not receive workers' compensation benefits when he/she sustains a work-related injury. Certificates of Election to be Exempt shall apply only to the type of industry listed on the Notice of Election to be Exempt.

Exemption Eligibility Information

A. Non-Construction Industry:

Corporation:

- The corporation must be registered and listed as active with the Florida Department of State, Division of Corporations.
- The applicant must be listed as an officer of the corporation in the records of the Florida Department of State.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).

Limited Liability Company (LLC):

- The LLC must be registered and listed as active with the Florida Department of State, Division of Corporations.
- The applicant must attest to a minimum 10 percent ownership of the LLC.
- No more than 10 members of an LLC may elect to be exempt.

- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).

B. Construction Industry:

Corporation:

- The corporation must be registered and listed as active with the Florida Department of State, Division of Corporations.
- The applicant must be listed as an officer of the corporation in the records of the Florida Department of State.
- The applicant must attest to a minimum 10 percent ownership of the corporation.
- No more than three officers of a corporation or of any group of affiliated corporations (including LLCs) may elect to be exempt.
- A $50.00 application fee is required.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).
- An applicant associated with a payment that is insufficient is not eligible for an exemption.

Limited Liability Company (LLC):

- The LLC must be registered and listed as active with the Florida Department of State, Division of Corporations.
- The applicant must attest to a minimum 10 percent ownership of the LLC.
- No more than three officers of an LLC or of any group of affiliated LLCs (including corporations) may elect to be exempt.
- A $50.00 application fee is required.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).
- An applicant associated with a payment that is insufficient is not eligible for an exemption.

! Out-of-state contractors that are corporations or limited liability companies can qualify as foreign corporations or foreign limited liability companies by filing specific forms and documentation with the Florida Division of Corporations. For more information, please call (850) 245-6051 or log on to https://dos.myflorida.com/sunbiz/.

How to Obtain an Exemption:

The Division of Workers' Compensation offers an online system for applicants to apply for or renew a *Certificate of Election to be Exempt from Florida's Workers' Compensation Law*. To access the DWC Notice of Election to be Exempt online application system, visit www.myfloridacfo.com/Division/WC/ The exemption applicant must personally sign the application and attest that he or she has reviewed, understands, and acknowledges the information as stated on the application. Furthermore, any person other than the applicant signing the application may be guilty of a felony of the third degree. For additional information concerning workers' compensation exemptions, please contact the Division's Customer Service Unit at 850-413-1609 or email wc_exemption@myfloridacfo.com.

Division Enforcement Authority

Enforcement and Authority:

- The Florida Division of Workers' Compensation is responsible for enforcing employer compliance with the coverage requirements of the workers' compensation law. Compliance investigators have the authority to enter and inspect any place of business for purposes of ensuring employer compliance with workers' compensation law. Investigators can also request an employer's business records. An employer must produce the required business records within twenty-one days of receiving the Division's written request for records.
- The failure of an employer to comply with the workers' compensation coverage requirements is considered to pose an immediate danger to public health, safety, and welfare; the Division **shall** issue a Stop-Work Order within 72 hours of determination of non-compliance, which requires the employer to cease all business operations.
- If an employer conducts business operations in violation of a Stop-Work Order, the employer shall be assessed an additional penalty of $1,000 per day for each day of violation.

A Stop-Work Order Can Be Issued:

- When an employer who is required to secure Florida workers' compensation coverage fails to do so;
- When the employer fails to provide records requested by the Division of Workers' Compensation within twenty-one days of request;
- When an employer materially understates or conceals payroll, misrepresents or conceals employee duties or fails to utilize Florida's class codes and workers' compensation rates.

A Stop-Work Order May Be Released:

- When an employer provides proof of compliance and pays a penalty of $1,000, as a down payment, and agrees to enter into a payment agreement with the Division for the full amount. The penalty is a minimum of $1,000 and is based on the insurance premiums which should have been paid, but were not (evaded premium), multiplied by 2 for up to 2 years.

Employer Workers' Compensation Criminal Violations

The following are criminal violations of s. 440.105, F.S., and constitute a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, F.S.

It is unlawful to knowingly:

- Coerce or attempt to coerce, as a precondition to employment or otherwise, an employee to obtain a certificate of election of exemption pursuant to s. 440.05, F.S.
- Discharge or refuse to hire an employee or job applicant because the employee or applicant has filed a claim for benefits.
- Discharge, discipline, or take any other adverse personnel action against any employee for disclosing information to the Division or any law enforcement agency relating to any violation or suspected violation of any of the provisions of Chapter 440.
- Fail to update applications for coverage as required by s. 440.381(1), F.S., within 7 days after the reporting date for any change in the

required information, or to post notice of coverage pursuant to s. 440.40, F.S.

- Participate in the creation of the employment relationship in which the employee has used any false, fraudulent, or misleading oral or written statement as evidence of identity.

The following are criminal violations of 440.105, F.S., and constitute a felony of the first, second or third degree depending on the monetary value of the fraud as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.:

- Working without workers' compensation coverage, if required.
- Submitting an altered or fraudulent certificate as proof of coverage for workers' compensation insurance or a false "exemption" certificate.
- Misclassifying employees to lower premiums or treating employees as subcontractors when they are not in order to hide or conceal payroll.
- Violating a stop-work order.

Employees and Employers can submit a fraud referral to Division of Insurance Fraud online at https://first.fldfs.com or by calling toll-free **1-800-378-0445** (inside Florida) or **850-413-3261** (outside Florida). A reward of up to $25,000 may be offered to citizens for information leading to an arrest and conviction in complex fraud schemes.

Compliance & Coverage Assistance May Be Obtained From:

1. **Construction Policy Tracking Database:** The Construction Policy Tracking Database provides information to contractors regarding the coverage status of the contactors they use. This easy-to-use system will send contractors automatic electronic notification of any changes to their sub-contractors' coverage status. The only action required of the contractor is to register and list the sub-contractors for whom he/she would like to receive coverage notification.
2. **Proof of Coverage Database (Compliance):** The Compliance Database provides information regarding workers' compensation coverage and exemptions from workers' compensation for employers.
3. **Noncompliance On-line Referral Form:** To report an employer you suspect has failed to secure required workers' compensation insurance coverage, go to the Division of Workers' Compensation's website at www.myfloridacfo.com/Division/WC/ and select the "Report Suspected Workers' Comp Non-Compliance" icon.
4. **Compliance Stop-Work Order Database:** The Compliance Stop-Work Order Database lists employers that have been issued a stop-work order.
5. **Notice of Election to be Exempt:** To access the DWC Notice of Election to be Exempt online application system, visit https://www.myfloridacfo.com/Division/WC/

These and other databases can be found at https://www.myfloridacfo.com/Division/WC/

HEALTH CARE PROVIDER INFORMATION

Provider Duties

1. A health care provider must comply with the workers' compensation statutes, rules and reimbursement manuals. Section 440.13, F.S., addresses the statutory guidelines for providing medical treatment and care under the workers' compensation health care delivery system. Chapter 69L-7, Florida Administrative Code (F.A.C.), addresses the health care provider's responsibilities for successfully participating and providing medical treatment under the workers' compensation system.
2. A health care provider must get authorization from the self-insured employer or insurance company before providing medical care to an injured worker, or payment may be denied. The DFS-F5-DWC-25 form is the required document that health care providers must use to request authorization for treatment. The request for authorization must be submitted to the insurance company if the employer is not self-insured.
   - Prior authorization is not required when emergency treatment and care, as defined in s. 395.002, F.S., is needed to treat the injured worker's medical condition(s). When an injured worker is being given emergency treatment, the provider may verify the name of the employer and/or insurance company in the Division's Proof of Coverage Database.
   - The self-insured employer or insurance company must respond to authorization requests for treatment by the end of the third business day after receiving a request, or within 10 days for bills exceeding $1,000 pursuant to Section 440.13(3)(i), F.S. A self-insured employer or insurance company's failure to respond to a written request for authorization within 3 or 10 business days, as required by statute, will constitute authorization. Payment for authorized treatments must be made within 45 days.
   - The billing and medical treatment report forms that must be used are identified in Section 69L-7.720, F.A.C. (See appendix for forms and links).
3. Chapter 69L-7: Workers' Compensation Medical Reimbursement and Utilization Review specifically addresses the health care provider responsibility for:
   - Providing only care authorized by the insurance company and medically necessary to treat the compensable medical condition;
   - Providing medical documentation, records and reports to support the medical necessity of the treatment rendered and to communicate to the insurance company, the medical condition of the injured worker;
   - Identifying work limitations and restrictions to facilitate return to work;
   - Properly completing and filing DFS-F5-DWC-25 forms within three business days of the initial treatment and, thereafter, within 24 hours of each subsequent or follow-up visit, upon occurrence of an actionable event or change in the injured worker's medical condition or the treatment plan, or at a maximum once every 30 days;
   - Cooperating with efforts by the insurance company and the Division to resolve disputes arising from medical treatment and care rendered;

- Completing and filing medical claim bills consistent with established billing and reporting policies.

4. Only physicians licensed by the Florida Department of Health under Chapters 458, 459, 460, 461, 463, or 466, F.S., can determine permanent impairment. The impairment rating guide to be used for calculation of impairment rating is specific to the date of accident as follows:
   Materials incorporated by reference in Rule 69L-7.604, F.A.C., Permanent Impairment:
   - The American Medical Association's Guide to the Evaluation of Permanent Impairment, 3rd Edition for dates of injury on or prior to 06/30/1990.
   - The Minnesota Department of Labor and Industry Disability Schedule for dates of injury on 07/01/1990 through 06/20/1993.
   - The 1993 Florida Impairment Rating Guide (FIRG) for dates of injury on 06/21/1993 through 01/07/1997.
   - The 1996 Florida Uniform Permanent Impairment Rating Schedule for dates of injury on 01/08/1997 or thereafter.

   For further information, please refer to paragraph 440.15(3)(b), Florida Statutes.

5. The Three-Member Panel annually adopts schedules of maximum reimbursement established by the Division for health care providers and facilities. These schedules are incorporated in three distinct manuals as follows and also contain reimbursement policy.
   - The Florida Workers' Compensation Health Care Provider Reimbursement Manual
   - The Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers
   - The Florida Workers' Compensation Reimbursement Manual for Hospitals

6. When bill has not been adjudicated within 45 days of receipt by the carrier, a provider may file a non-payment complaint with the Medical Services Section via:
   Email: WCMedBillNonpay@myfloridacfo.com; or
   Fax: 850-354-5100; or
   USPS: DWC-Medical Services Section, 200 East Gaines Street, Tallahassee, FL 32399-4232

7. A health care provider must provide each carrier that has authorized them to provide workers' compensation medical services for reimbursement with a signed fraud statement, pursuant to Section 440.105(7), Florida Statutes. A carrier cannot require the signed fraud statement more than once per year.

Medical Bill Reimbursement Disputes

Florida's Workers' Compensation Law provides an opportunity for a health care provider to contest the reimbursement paid on a bill. The health care provider must file its Petition for Resolution of Reimbursement Dispute within 60 days of the provider's receipt of the notice of disallowance or adjustment of payment. Additional provider requirements are as follows:

- The Petition must be on the Petition for Resolution of Reimbursement Dispute (DFS-Form 3160-0023).
- The petition must serve, by United States Postal Service certified mail or by a common carrier with verifiable tracking methods, a copy of the petition on the carrier and on all affected parties listed on the notice of disallowance or adjustment.
- The petition must be accompanied by all documents and records that support the allegations contained in the petition.

The carrier has 45 days from receipt of the petition to file its response with the Department, with a copy sent to the provider. The carrier's response must include all documentation substantiating its disallowance or adjustment. Failure to respond timely constitutes a waiver of all carrier objections to the petition. The Department has 120 days, after receipt of all documentation, to provide the petitioner, carrier, and all affected parties with a written determination of whether the carrier properly adjusted or disallowed payment. In issuing its decision, the Department must be guided by Florida's Workers' Compensation Law and relevant administrative rules. For additional information, please refer to Subsection 440.13(7), Florida Statutes, and Rule Chapter 69L-31, Florida Administrative Code.

Health Care Provider Criminal Violations

The following are criminal violations of s. 440.105, F.S., and constitute a felony of the first, second or third degree depending on the monetary value of the fraud as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.:

- Any physician licensed under Chapter 458, 459, 460, 461, 463, or 466 or any other practitioner licensed under the laws of this state who knowingly and willfully assists, conspires with, or urges any person to fraudulently violate any of the provisions of this Chapter.
- Any person or governmental entity licensed under Chapter 395 to maintain or operate a hospital in such a manner as to knowingly and willfully allow the use of the facility in a scheme or conspiracy to fraudulently violate any of the provisions of Chapter 440.

INSURANCE COMPANY INFORMATION

Insurance Company Duties

The Insurance Company has the responsibility to:

- Adjust claims without harassment, coercion, or intimidation.
- Investigate any knowledge or notice of a claim to assure prompt delivery of disability and medical benefits to an injured worker and ensure an efficient and self-executing system.

  This knowledge includes, but is not limited to, receipt of any information, written or verbal, from any source reporting an accident or injury or requesting authorization to treat an injury.

- Electronically file policy, claims, and medical information with the Division.
- File a First Report of Injury or Illness and mail copies to the injured worker and the employer.
- Respond to requests for medical treatment by authorized doctors within 3 business days after receipt of a written request.
- Send to the injured worker, within 3 days of knowledge of the injury, a brochure explaining the injured worker's rights and benefits under the law and the Employee Notification Letter.
- Obtain a signed fraud statement from the injured worker.
- Pay the first installment of compensation for total disability or death benefits within 14 days after the employer receives notification of the injury or death.

  This applies where the injured worker can't return to work and begins losing time from work immediately following the accident and continues to lose time past 7 days.
  If the injured worker loses days from work that are not continuous, then the first installment of compensation is due on the 6th day after the first 8 calendar days of disability.

- Investigate and, if denying the claim, do so within 14 days of obtaining knowledge of the accident or injury. If more than 14 days are needed to investigate the claim:
  - Timely initiate benefits;
  - Send the 120-day letter to the injured worker;
  - If denied, file a denial of the claim within 120 days of the initial provision of benefits.
- Pay, disallow, or deny all medical bills properly submitted to the insurance company within 45 days after receipt of a completed bill on the proper form.
- Obtain the DWC-25 form to document the work status and treatment plan of the injured worker.
- Authorize or deny medical referrals in writing, from authorized health care provider, within 3 business days of receipt of the request.

  If the referral for testing, examination or treatment is more than $1,000, the authorization or denial must be made within 10 business days of receipt of the written request.

Reporting Responsibilities of the Claims Handler

	Form	Rule
1. Information for Employees or Employers		
Mail an informational brochure to the injured worker within 3 business days after notification of the injury or illness.	DFS-F2-DWC-60 or DFS-F2-DWC-61	69L-3.0035
Annually mail an informational brochure to the employer.	DFS-F2-DWC-65 or DFS-F2-DWC-66	69L-3.0036
Provide a paper copy of the injury report to the worker and employer within three days when notified of an injury by phone or electronic data interchange (EDI).	DFS-F2-DWC-1 or Form IA-1	69L-56.401
Provide a paper copy of the form DFS-F2-DWC-4 (or letter if applicable, pursuant to 69L-56 and the EDI Event Table) to the employer and employee for actions or changes specified in rule.	DFS-F2-DWC-4	69L-56.404
Provide a paper copy of the form DFS-F2-DWC-12 to the employer and employee for any denial or rescission of benefits.	DFS-F2-DWC-12	69L-56.4012
For dates of accident on or after 10/1/03 involving temporary disability, provide an informational letter to eligible injured workers explaining the benefits and requirements of temporary partial disability within five days of learning of the worker's release to restricted work.		69L-3.0191 69L-3.01915
2. Forms Reported to the Division of Workers' Compensation		
Proof of coverage (POC): Submit to the Division by electronic data interchange policy information for Certificates of Insurance, Endorsements, Reinstatements, Cancellations and Non-Renewals pursuant to the filing time periods in Rule 69L-56.210, F.A.C.	IAIABC standards for POC, Release 2.1, 6/1/07 Edition and Supplement	69L-56.100
Complete and submit an electronic FROI (First Report of Injury) or a FROI and SROI (Subsequent Report of Injury) combination as provided in 69L-56.300, F.A.C. A FROI (First Report of Injury) or a FROI and SROI (Subsequent Report of Injury) combination as referenced in 69L-56.300, F.A.C. must be reported to the Division for lost-time and death cases and receive a Transaction Accepted Acknowledgement Code on or before 21 days after the Claim Administrator's knowledge of the injury, or as otherwise referenced in rule 69L-56.301, F.A.C.	IAIABC standards for Claims EDI Release 3 FROI, SROI (EDI), 01/01/09 Edition and Supplement	69L-56.301 (EDI)
Complete and submit an electronic SROI to report certain significant changes in a lost-time case (as specified in rule 69L-56.304 & .3045, F.A.C.) and receive a Transaction Accepted Acknowledgement Code on or before 14 days after the Claim Administrator has knowledge of the new or changed information.	IAIABC standards for Claims EDI Release 3 FROI, SROI (EDI), 01/01/09 Edition and Supplement	69L-56.404 (paper) 69L-56.304 69L-56.3045 (EDI)

	Form	Rule
Upon denial of benefits or rescission of a prior denial, report such action to the Division on a DFS-F2-DWC-12 as provided in the rule. For electronic reporting in compliance with 69L-56.300, submit a FROI or a SROI as provided in the rule.	DFS-F2-DWC-12 (paper) FROI, SROI (EDI)	69L-56.3012 (EDI)
Complete and submit electronic periodic reports of cumulative benefits paid in lost-time cases on a SROI, and receive a Transaction Accepted Acknowledgement Code within 30 days after the intervals specified in rule 69L-56.3013, F.A.C.	IAIABC standards for Claims EDI Release 3 FROI, SROI (EDI), 01/01/09 Edition and Supplement	69L-56.3013 (EDI)
Electronically submit all medical, dental, pharmacy, and health care facility claims for both medical only and lost-time cases to the Division within 45-calendar days of when the medical bill is paid, adjusted, disallowed or denied. File all forms electronically in the format specified in the *Florida Medical EDI Implementation Guide* (MEIG) 2010.		69L-7.740 69L-7.750
Within 14 days after request by the Division, file a completed Form DFS-F2-DWC-35 (Permanent Total Supplemental Worksheet) with the Division's Permanent Total Section.	DFS-F2-DWC-35	69L-3.0194 69L-3.01945
Within 14 days after a request by the Division, file a completed Form DFS-F2-DWC-33 (Permanent Total Offset Worksheet) with the Division's Permanent Total Section.	DFS-F2-DWC-33	69L-3.0194 69L-3.01945
Complete and submit an electronic FROI (First Report of Injury) with MTC AQ to electronically report any cases changing claim administration to the Division and receive a Transaction Accepted Acknowledgement Code on or before 21 days after the effective date of the new Claim Administrator's acquisition of the claim, in compliance with 69L-56.304, F.A.C.		69L-56.304 (EDI)
If requesting the employee's authorization for release of social security benefit information, furnish the Form DFS-F2-DWC-14 to the employee, submit the Request for Social Security Disability Benefit Information to the Social Security Administration office nearest to the employee's address, and send a copy of the completed form to the Division within 14 days of the request.	DFS-F2-DWC-14	69L-3.021

! Other forms for reporting information to the Division may be required for dates of injury prior to October 1, 2003. Please contact the Division for further information.

Special Disability Trust Fund

The Special Disability Trust Fund (SDTF) was created by the Florida Legislature in 1955 and operates under the authority granted by Chapter 440.49, Florida Statutes. The SDTF was created to encourage the re-employment of injured workers by mitigating the potential liability to the employer from a second injury to the employee. The SDTF reimburses insurance companies and eligible self-insured employers (referred to as the employer/carrier) for expenses incurred due to claims from an employee who meets the eligibility requirements of the statute and case law. Section 440.49(10), Florida Statutes, limits reimbursement to injuries occurring prior to January 1, 1998. Thus, the SDTF has been prospectively abolished; although, the SDTF continues to receive, review, accept, and reimburse eligible claims and levy assessments against employer/carriers.

Assessments

Insurance companies, assessable mutuals, self-insurance funds and individual self-insurers are required to pay the Division assessments to support the Workers' Compensation Administration Trust Fund and the Special Disability Trust Fund. The assessment is applied on a calendar year basis and is based upon actual and calculated premiums.

Please refer to
https://www.myfloridacfo.com/division/wc/insurer/assessments/rates
for current and historic assessment rates.

Penalties That Can Be Assessed Against Insurance Companies

1. **Medical CPS Timely Disposition Penalties:**
   Pursuant to Section 440.20(6)(b), F.S., the Division shall impose penalties for late payments, disallowances or denials of medical, hospital, pharmacy, or dental bills that are below a 95% timely performance standard. The insurance company shall pay to the Workers' Compensation Administration Trust Fund a penalty of:
   - Twenty-five dollars for each bill below the 95% timely performance standard, but meeting a 90% timely standard.
   - Fifty dollars for each bill below a 90% timely performance standard.
2. **Medical CPS Timely Filing Penalties:**
   Pursuant to Section 69L-24.006(2), F.A.C., insurance companies that fail to submit a minimum of 95% of all medical bills timely are subject to an administrative fine. Each untimely filed medical bill which falls below the 95% requirement is subject to the following penalty schedule:
   - 1-30 calendar days late $5;
   - 31-60 calendar days late $10;
   - 61-90 calendar days late $25;
   - 91 or greater calendar days late $50.
3. **Medical CPS Rejected Not Resubmitted Penalties:**
   Pursuant to Section 69L-24.006(2), F.A.C., each medical bill that does not pass the electronic reporting edits shall be rejected by the Division and considered not filed. If the medical bill remains rejected and not corrected, resubmitted and accepted by the Division for greater than 90

days, an administrative fine shall be assessed in the amount of $50 for each such medical report.

4. **CPS Penalty Calculation for Each Untimely Filing of the First Report of Injury pursuant to Section** 440.185(9)**, F.S. and Section** 69L-24.006(1)(b)**, F.A.C.:**
   - $100 for 1 through 7 days of untimely filing
   - $200 for 8 through 14 days of untimely filing
   - $300 for 15 through 21 days of untimely filing
   - $400 for 22 through 28 days of untimely filing
   - $500 for over 28 days of untimely filing
5. **Audit Penalties:**
   - S. 440.20(8), F.S, states that the Division shall assess a $50 penalty for each payment of indemnity that is below the minimum 95% performance standard and equal to or greater than a 90% timely payment performance standard. The Division shall assess a penalty of $100 for each payment of compensation below the 90% timely payment performance standard.
   - S. 440.525, F.S. and Rule 69L-24.007, F.A.C., Insurers Standards and Practices, states that willful or non-willful administrative penalties may be assessed for intentional violation in disregard for the unlawfulness acts, or failure to comply with a Department order. Unreasonable delay in claims handling, timeliness and accuracy of payments and reports under 440.13, 440.16 and 440.185, F.S. or patterns or practices. The penalties assessments shall be as follows:
     - $20,000 for a single willful violation; not to exceed an aggregate of $100,000 for all pattern and practice violations for same action.
   - $2,500 for a non-willful violation, not to exceed an aggregate of $10,000 for all pattern and practice violations arising from the same action.
   - The entire Rule may be viewed at https://www.flrules.org/gateway/ChapterHome.asp?Chapter=69L-24.

Penalties and interest for late payment of compensation paid directly to the injured worker along with the indemnity payment that was late:

1. Pursuant to Section 440.20(6), F.S., if any installment of compensation for death or dependency benefits, or compensation for disability benefits payable without an award is not paid within 7 days after it becomes due, there shall be added to such unpaid installment a penalty of an amount equal to 20 percent of the unpaid installment, which shall be paid at the same time as, and in addition to, such installment of compensation.

2. Pursuant to Section 440.20(8), F.S., if any installment of compensation is not paid when it becomes due, the employer, insurance company or servicing agent shall pay interest at the rate of 12 percent per year from the date the installment becomes due until it is paid, whether such installment is payable without an order or under the terms of an order. The interest payment shall be the greater of the amount of interest due or $5.

Insurance Companies Unlawful Action

It shall be unlawful for any insurance entity to revoke or cancel a workers' compensation insurance policy or membership because an employer has returned an employee to work or hired an employee who has filed a workers' compensation claim.

Insurance Companies Anti-Fraud Responsibilities

Rule Chapter 69D-2, F.A.C. was adopted September 15, 2006, requiring insurance companies and health maintenance organizations (HMO) to file updated Special Investigations Unit (SIU Descriptions or anti-fraud plans pursuant to Section 626.9891, F.S.

The type of filing required depends on the insurance company's volume of Florida annual direct written premium. Those insurance companies that write $10 million or more in annual direct written premium are subject to s. 626.9891(1), F.S. and 69D-2.003, F.A.C. and those that write less than $10 million in annual direct written premium are subject to s. 626.9891(2), F.S. and 69D-2.004, F.A.C.

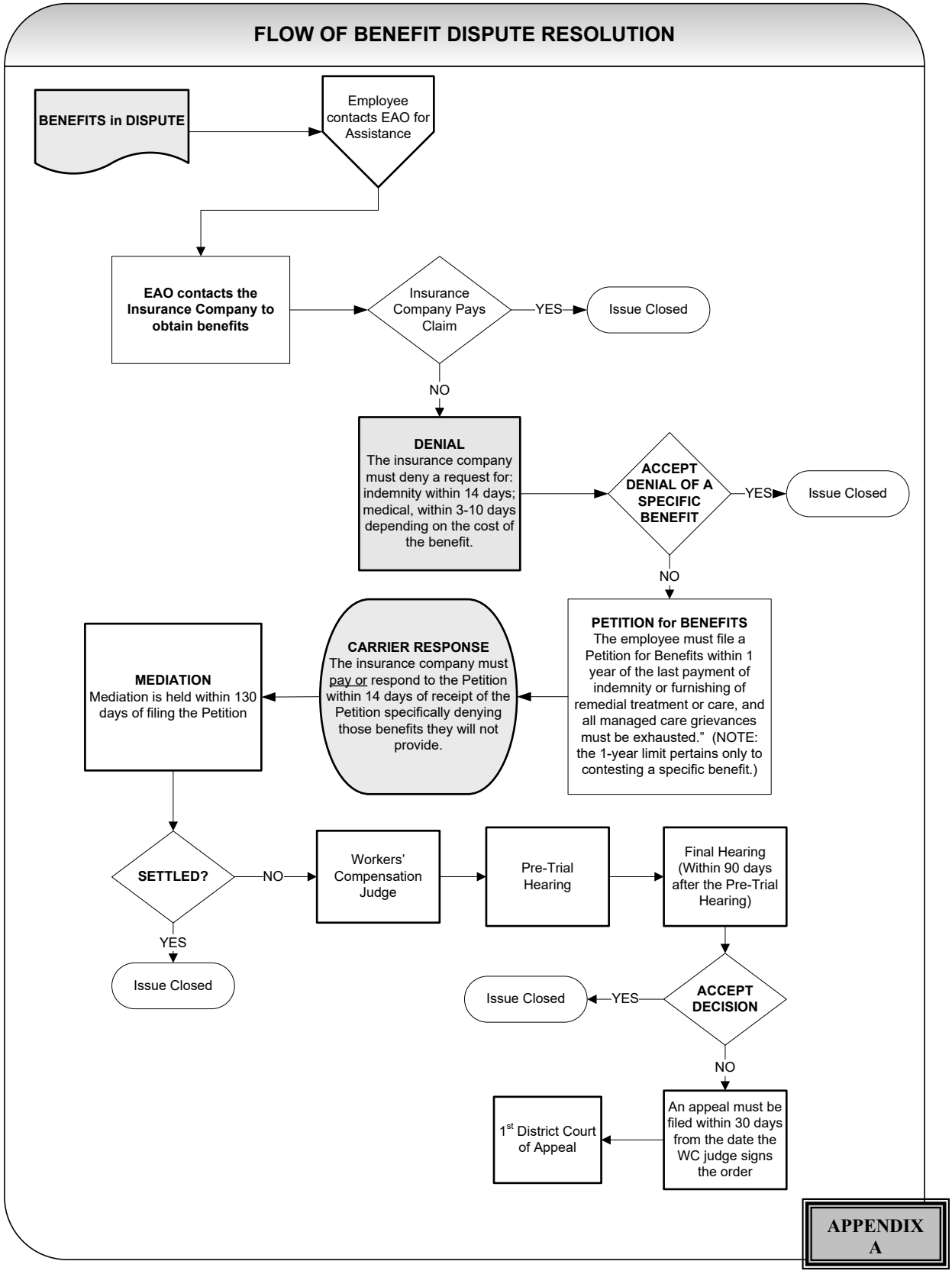
For instructions on required anti-fraud filings, click on "Instructions for Filing SIU Descriptions and Anti-fraud plans to IFPR" found on the Division of Fraud website https://myfloridacfo.com/Division/DIFS/. Filings are required to be submitted via Division of Insurance Fraud's on-line electronic database known as IFPR (Insurance Fraud Plan Reporting).

Use form DFS-L1-1689/SIU for more than $10 million in Florida annual direct written premium.

Use form DFS-L1-1690/Anti-fraud plans if less than $10 million in Florida direct written premium.

Insurance companies are required to report suspect fraud and can submit a fraud referral to Division of Insurance Fraud on-line at https://first.fldfs.com.

APPENDIX


FLOW OF BENEFIT DISPUTE RESOLUTION
BENEFITS in DISPUTE
Employee contacts EAO for Assistance
EAO contacts the Insurance Company to obtain benefits
Insurance Company Pays Claim
YES
Issue Closed
NO
DENIAL
The insurance company must deny a request for: indemnity within 14 days; medical, within 3-10 days depending on the cost of the benefit.
ACCEPT DENIAL OF A SPECIFIC BENEFIT
YES
Issue Closed
NO
PETITION for BENEFITS
The employee must file a Petition for Benefits within 1 year of the last payment of indemnity or furnishing of remedial treatment or care, and all managed care grievances must be exhausted." (NOTE: the 1-year limit pertains only to contesting a specific benefit.)
CARRIER RESPONSE
The insurance company must pay or respond to the Petition within 14 days of receipt of the Petition specifically denying those benefits they will not provide.
MEDIATION
Mediation is held within 130 days of filing the Petition
SETTLED?
NO
Workers' Compensation Judge
Pre-Trial Hearing
Final Hearing (Within 90 days after the Pre-Trial Hearing)
YES
Issue Closed
ACCEPT DECISION
YES
Issue Closed
NO
An appeal must be filed within 30 days from the date the WC judge signs the order
1st District Court of Appeal
APPENDIX A

Additional Resources

WC Website: **https://www.myfloridacfo.com/Division/WC/**

WC Hotline: 1-800-342-1741

Employee Section

The State of Florida Employee Assistance Office
https://www.myfloridacfo.com/division/wc/employee/eao/eao-offices
Email: wceao@myfloridacfo.com

The Maximum Compensation Rates
https://www.myfloridacfo.com/division/wc/insurer/bma-rates

WC Insurer/Claims Administrator Database
https://dwcdataportal.fldfs.com/CarrierSearch.aspx

WC Rehabilitation and Reemployment Program
https://www.myfloridacfo.com/division/wc/employee/reemployment-services

Employer Section

Anti-Fraud Reward Program Notice Poster: English | Spanish

Broken Arm Poster: English | Spanish

Bureau of Compliance District Offices
https://www.myfloridacfo.com/division/wc/employer/boc/bureau-of-compliance-district-offices

Construction Policy Tracking Database
https://contractor.fldfs.com

Compliance Stop-Work Order Database
https://dwcdataportal.fldfs.com/SWOquery.aspx

Proof of Coverage Database (Compliance)
https://dwcdataportal.fldfs.com/ProofOfCoverage.aspx

Noncompliance Referral Form (Whistle Blower)
https://apps.fldfs.com/NonCompliance_Referral/mainpage.aspx

WC Forms
https://www.myfloridacfo.com/division/wc/forms

Health Care Provider Section

Dental Claim Form, DFS-F5-DWC-11
A copy of the DWC-11 can be obtained by contacting the American Dental Association https://ada.org/
Instructions for using the DWC-11: https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/forms/69l-7/form-dfs-f5-dwc-11-a-instructions-rev-01-01-15-(09-29-15).pdf

Disputed Reimbursement Rule, Chapter 69L-31
https://www.flrules.org/gateway/ChapterHome.asp?Chapter=69L-31

Petition for Resolution of Reimbursement Dispute
https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/forms/69l-31/dfs-f6-dwc-3160-0023-(fillable-pdf).pdf

Florida WC Uniform Medical Treatment/Status Reporting Form, DFS-F5-DWC-25
PDF | Interactive PDF | Excel Format | Word Format | Instructions for using

Expert Medical Advisor Certification:
https://msuwebportal.fldfs.com

Health Insurance Claim Form, DFS-F5-DWC-9 (CMS 1500)
Sample form: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf
To purchase this form for use, contact a local form vendor or call 1-800-482-9367 for vendor information.
Instructions for using the DWC-09:

- Health Care Practitioners
- Ambulatory Surgical Centers (for DOS prior to 07/08/2010)
- Work Hardening and Pain Management Programs

Hospital Billing Form (UB-04) (CM1450), DFS-F5-DWC-90 (see page 18):
To purchase this form for use, contact a local form vendor or call 1-800-482-9367 X.1770 for vendor information.
Instructions for using the DWC-90:

- Hospitals
- Ambulatory Surgical Centers (for DOS on or after 07/08/2010)
- Home Health Agencies
- Nursing Home Facilities

Statement of Charges for Drugs and Medical Supplies Form, DFS-F5-DWC-10
Form: https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/forms/69l-7/form-dfs-f5-dwc-10-rev-1-1-15.pdf

Instructions: https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/forms/69I-7/form-dfs-f5-dwc-10-a-instructions-rev-12-08-15.pdf

Reimbursement Manuals
https://www.myfloridacfo.com/division/wc/provider/reimbursement-topics

Carrier Response to Petition Form for Resolution of Reimbursement Dispute
https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/forms/69I-31/dfs-f6-dwc-3160-0024-(fillable-pdf).pdf

Laws regarding Florida's Workers' Compensation, Chapter 440, F.S.
https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0440/0440.html

Rules regarding Florida's Workers' Compensation:
https://www.flrules.org/Gateway/Division.asp?DivID=370

Insurance Company Section

Electronic Data Interchange (EDI) Requirements
https://www.myfloridacfo.com/division/wc/edi

WC Publications and Reimbursement Manuals
https://www.myfloridacfo.com/division/wc/manuals

The Maximum Compensation Rates
https://www.myfloridacfo.com/division/wc/insurer/bma-rates

Health Care Provider Violation Website
https://hcprov.fldfs.com

Form DFS-L1-1689/SIU Description
Form DFS-L1-1689

Form DFS-L1-1690/Anti-fraud plans
Form DFS-L1-1690

Rule 69L-24, F.A.C., Workers' Compensation Insurers' Standard and Practices
https://www.flrules.org/gateway/ChapterHome.asp?Chapter=69L-24