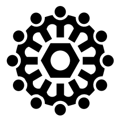


DATE STAMP *For Department Use Only*

Joint Agreement and Petition To Reopen Closed Medical Benefits

1. Injured Worker's Name: Date of Birth: Address: Phone: Email *(optional)*:	**2. What is your current work status?** ❍ Working at my time of injury job ❍ Working at modified or different job ❍ Not Working
3. Insurer: Contact: Address: Phone: Email *(optional)*:	**4. MT Agency Claim Number:** *(optional)* Date of Injury: Body Part:
5. Has there been a settlement approved for medical benefits? ❍ Yes ❍ No	**6. Is this an accepted claim?** ❍ Yes ❍ No

7. Describe how the reopening of medical benefits will keep you at work or return you to work.
Attach additional pages and supporting medical documents as needed.

The injured worker may send appropriate medical records or letters to support their position. Insurers are to send the medical records directly to Maximus.

The injured worker and the insurer jointly petition the Montana Department of Labor & Industry to reopen the medical benefits in the workers' compensation or occupational disease claim identified as the MT Agency Claim Number above.

The injured worker and the insurer each agrees to the reopening of medical benefits as needed for the injured worker to: (a) stay at work; (b) return to work; or (c) reach maximum medical improvement following surgery or other recommended treatment. The need for continuing medical benefits will be reviewed every two years by the Department's Medical Director.

The injured worker and the insurer each agree that the reopening of medical benefits being requested in this petition are necessary and appropriate, and will allow the worker to return to work or continue to work.

The injured worker and the insurer each agree that this Joint Petition will be reviewed solely by the Department of Labor and Industry's Medical Director and will not be reviewed by a three-physician panel.

The injured worker, by signing below, authorizes the release of all health care information in the possession of the insurer or a medical provider, whether generated by the health care provider or any other source, to the Montana Department of Labor & Industry (DLI) and/or its agents for the purpose of evaluating the petition for reopening of workers' compensation medical benefits pursuant to § 39-71-717, Mont. Code Ann. This release is subject to revocation at any time by the injured worker. The release is effective only as long as the injured worker is claiming workers' compensation medical benefits.

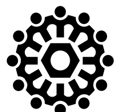
Injured Worker's Signature: Date:	**Insurer's Signature:** Date:
Medical Benefits Reopened	Medical Benefits Will Be Reviewed

Reviewed by the Medical Director

Medical Director's Signature:

Date:

Instructions for filling out this form are on the back.


Montana Department of
LABOR & INDUSTRY

Instructions

Joint Agreement and Petition To Reopen Closed Medical Benefits

The purpose of this form is to:

1. Facilitate a fast and easy way for medical benefits to be reopened that both the injured worker and the insurer agree to and will help the injured worker stay at work or return the injured worker to work.
2. Obtain the necessary information for the Department to review the request and when appropriate approve the petition.

Field 1: Fill in the injured worker's name, current mailing address, telephone number or contact telephone number and date of birth are required. If there is neither a telephone number nor a contact number indicate by using "NONE". Email address is optional.

Field 2: The injured worker must indicate his/her work status by checking the appropriate box and is required.

Field 3: The insurer's name, contact person (adjustor), mailing address and telephone number are required. The email address is optional.

Field 4: The date of Injury and body part injured are required fields. The Montana Agency Number is optional.

Field 5: Check the appropriate answer to the question regarding medical settlements only and is required.

Field 6: Is this an accepted claim? Check the appropriate box.

Field 7: Describe how the reopening of medical benefits will keep you at work or return you to work.

Any medical records or other information submitted by either party which have not previously been provided to the other party, must be sent to the other party at the same time the records or other information are delivered to the department.

Read the information presented in the middle of the petition carefully. If you have questions, contact the Employment Relations Division (ERD) of the Montana Department of Labor & Industry at (406) 444-6543.

Signature Fields:

1. The injured worker must sign and date the box on the left hand side of the page. This signifies their agreement with the insurer for reopening the medical benefits. The signature and date is required to reopen the medical benefits listed.
2. The Insurer must sign and date the box on the right hand side of the page. This signifies their agreement with the injured worker for reopening the medical benefits. The signature and date is required to reopen the medical benefits listed.

The boxes below the dark line at the bottom of the page are for the Medical Director's use and are not to be filled out by either the injured worker or the insurer.

Send the petition and any supporting documentation to:

MONTANA DEPARTMENT OF LABOR & INDUSTRY
PETITION TO REOPEN CLOSED MEDICAL BENEFITS
P O BOX 8011
HELENA, MONTANA 59604

Or email to: DLIERDReopenWCMedBenefits@mt.gov