



August 16, 2019

MARVETTA JOHNSON
1022 W 138TH ST
Compton, CA 90222

Chiro

RE: Employee: MARVETTA JOHNSON
Employee No.: 254656
Dept. No./Name: County of Los Angeles/Probation
Claim No: 420-00359-D
DOI: 07/29/2019

**NOTICE OF DELAY OF CLAIM FOR
WORKERS' COMPENSATION BENEFITS**

I am handling your workers' compensation claim on behalf of the County of Los Angeles. This notice is to advise you of the status of workers' compensation benefits for your claimed injury referenced above.

Workers' compensation benefits are being delayed because at this time we have no medical or factual evidence to support your claim. In order to make a decision, we need the following items: your signed medical release and medical history, statements from your employer, statements from witnesses (if any), and medical evidence. Additionally, we may also need to obtain a comprehensive medical evaluation (AME/QME) to determine the nature of the alleged injury, whether or not it is work-related, and if so, to what extent. We will notify you of our decision on or before **11/3/19**.

If you are represented, you may contact your attorney with any questions.

For injuries which occur on or after January 1, 1990, there is a legal presumption before the work Workers' Compensation Appeals Board that your claim is compensable if it is not denied within 90 days of your returning an Employee Claim Form to your employer. That presumption can be rebutted only with information that could not be discovered within the 90-day period.

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claim administrator, Labor Code section 5402 (c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claims administrative accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of ten thousand dollars (\$10,000). Unless you have done so already, you should immediately send for consideration of payment, all bills for medical services provided from the date the completed claim form was given to the employer.

Although workers' compensation benefits have been delayed, you may still be eligible to continue receiving short term or long term disability benefits through the County. For more information on these disability benefits, please call the Sedgwick Disability Claims Office at 1-800-786-8600.

Sedgwick cannot agree at this time to provide notices electronically via email.

Additional information may be found in the publication: **Workers' Compensation in California: A Guidebook for Injured Workers**. A complete copy of the Guidebook may be obtained on the Division of Workers' Compensation website (see URL below) or by contacting an Information and Assistance (I&A) Officer of the Division of Workers' Compensation. Chapters 2, 4, and 9 of the Guidebook contain information addressing the determination of liability for a workers' compensation claim and the QME process.

Guidebook for Injured Workers: <http://www.dir.ca.gov/InjuredWorkerGuidebook/InjuredWorkerGuidebook.html>

Chapter 2: After You Get Hurt on the Job:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter2.pdf>

Chapter 4: Resolving Problems with Medical Care and Medical Reports:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter4.pdf>

Chapter 9: For More Information and Help:

<http://www.dir.ca.gov/InjuredWorkerGuidebook/Chapter9.pdf>

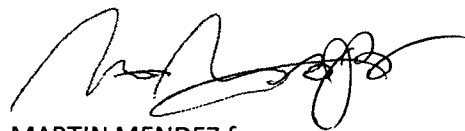
The State of California requires that you be given the following information:

You have a right to disagree with decisions affecting your claim. If you have any questions about the information provided to you in this notice, please call me, CHRISTINE ROWNEY, at (909)942-8936. You also have the right to be represented by an attorney of your choice. However, if you are represented by an attorney, you should call your attorney, not me.

For information about the workers' compensation claims process and your rights and obligations, go to www.dir.ca.gov or contact an information and assistance (I&A) officer of the State Division of Workers' Compensation. For recorded information and a list of offices, call (800) 736-7401.

Keep this notice. It contains important information about your workers' compensation benefits.

Sincerely,
Sedgwick Claims Management Services, Inc.



MARTIN MENDEZ for
CHRISTINE ROWNEY
(909)942-8936

Cc: File
County of Los Angeles/Probation
David H. Black | 3201 Pico Blvd | Santa Monica, CA 90405
County Counsel

PROOF OF SERVICE BY MAIL

1013a(3) CCP Revised 5/01/88

(RE: MARVETTA JOHNSON, County of Los Angeles)

STATE OF CALIFORNIA, COUNTY OF SAN BERNARDINO

I, the undersigned, hereby declare that I am over the age of eighteen years and not a party to the within action. I am employed in the County of San Bernardino and my business address is P.O. Box 51350, Ontario, CA 91761.

On _____, I served the foregoing document(s) described as:

DWC-Delay Benefit Notice

on all interested parties in this action by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at Ontario, California, addressed as follows:

MARVETTA JOHNSON
1022 W 138TH ST
Compton, CA 90222

County of Los Angeles
County Counsel
350 S. Figueroa St. Ste 601
LOS Angeles CA. 90071

David H. Black
3201 Pico Blvd.
Santa Monica CA. 90405

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Brandi DePhillips
DECLARANT NAME

Brandi DePhillips
DECLARANT SIGNATURE