



Workers' Compensation Division (WCD) Subscription Service

Mail this form, with payment, to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

Subscriber

Attention: _____ Phone: _____

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Subscription

Select option(s) to request new and revised workers' compensation rules and bulletins issued by WCD. The fee is for one full year, beginning Jan. 1.*

<input type="checkbox"/> Option 1: New and revised rules and bulletins, \$30**	Check types of regulations you want to receive (See reverse for specifics.): <input type="checkbox"/> Claims processing <input type="checkbox"/> Coverage and assessments <input type="checkbox"/> General interest/other <input type="checkbox"/> Medical <input type="checkbox"/> Vocational/re-employment assistance
<input type="checkbox"/> Check if this is a subscription renewal.	
<input type="checkbox"/> Option 2: New and revised medical and vocational/re-employment assistance rules and bulletins only, \$15**	Check types of regulations you want to receive (See reverse for specifics.): <input type="checkbox"/> General interest/other <input type="checkbox"/> Medical <input type="checkbox"/> Vocational/re-employment assistance
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*Fees are not prorated. If you subscribe after Jan. 1 and want the rules and bulletins issued since Jan. 1, check here .

**Public libraries and public educational institutions are entitled to one free subscription under OAR 440-005-0025. If you qualify, enter \$0 for one of the options below, and check here .

Note: All WCD rules and bulletins are available free of charge on our Web site: www.wcd.oregon.gov.

Payment

Order

Option 1

	How many	Fee	Subtotals
Option 1	X	\$30	= \$0.00
Option 2	X	\$15	= \$0.00
Complete WCD OAR Chapter 436	X	\$14	= \$0.00
Complete WCB OAR Chapter 438	X	\$5	= \$0.00
Complete active bulletins	X	\$15	= \$0.00
			Total \$0.00

Option 2

Complete WCD OAR Chapter 436

Complete WCB OAR Chapter 438

Complete active bulletins

If you have questions about prices for individual copies of rules or bulletins, call 503-947-7627.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	
Credit card number		/	Expiration date
Name of cardholder as shown on credit card			
Cardholder signature	Amount		

**Do not send cash or fax credit card payments.
If paying by check, make payable to DCBS Fiscal Services. Mail payment to address at top of page.**

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Workers' Compensation Division (WCD) rules, OAR Chapter 436, and bulletins listed by category			
Category	Rule division	Rule title (complete list)	Related bulletins and forms (partial list only) For a complete active bulletin index, call 503-947-7627.
Claims Processing	436-030	Claims Closure and Reconsideration	B. 139: Claim Closure - Forms 1503, 1644*, 2807, 2807a B. 227: Request for Reconsideration -Form 2223a*, 2223b
	436-035	Disability Rating Standards	B. 239: Attending Physician's Closing Examination and Report
	436-040	Workers with Disabilities Program	
	436-045	Reopened Claims Program	B. 195: Reopening of "own motion" claims under ORS 656.278, closure of own motion claims, and reimbursement from the Reopened Claims Program – Forms 1966, 2066, 3501
	436-055	Certification of Claims Examiners	
	436-060	Claims Administration	B. 101: Forms to be used in processing initial claims of occupational injury or disease - Forms 801*, 3283** B. 111 (annual): Computation of temporary disability, permanent disability, and fatal benefits as related to Oregon's average weekly wage B. 232: Notice of Claim Acceptance – Form 3058* B. 237: Insurer's Report - Form 1502
	436-075	Retroactive Program	B. 102: Reimbursement from the Retroactive Program – Form 3285 B. (new # annually): Retroactive Program benefits schedule
	436-100	Workers' Compensation Benefits Offset	
	436-140	Construction Carve-Out Programs	
	436-150	Workers' Benefit Fund Claims Program	
Coverage and Assessments	436-050	Employer/Insurer Coverage Responsibility	B. 147: Self-Insured Surety Deposits – Forms 824, 1810, 3529, 3640a, 3640b B. 162: Oregon Workers' Compensation proof of coverage (Guaranty Contract) – Forms 821, 3215, 3216, 3217 B. 209: Report of Losses Instructions and Reserving Guidelines – Forms 2808, 2809, 2810, 2937 B. (new # annually): Self-insured base rates and election of method used for determination of premium – Forms 900, 937
	436-070	Workers' Benefit Fund Assessment	
	436-080	Noncomplying Employers	
	436-085	Premium Assessment	B. 144: Premium assessments - Form 910 B. (new # annually): Premium assessment rate
	436-160	Electronic Data Interchange	
	436-170	Independent Contractors	
General interest/other	436-001	Procedural Rules Governing Rulemaking and Hearings	B. 285: Workers' Compensation Division Request for Hearing – Form 2839
Medical	436-009	Oregon Medical Fee and Payment Rules	B. 112 (annual): Reimbursement of injured workers' travel, food, and lodging costs – Form 3921* B. 220: Medical data reporting B. 290 (semiannual): Hospital Fee Schedule
	436-010	Medical Services	B. 281: Requests for Release of Medical Records - Form 2476* B. 292: Workers' compensation medical reporting forms - Form 827*, 3245
	436-015	Managed Care Organizations	B. 247: MCO Quarterly Reports B. 248: MCO Geographical Service Areas
	436-160	Electronic Data Interchange	
Vocational/Reemployment Assistance	436-105	Employer-at-Injury Program	B. 260: Employer at Injury Program - Form 2360
	436-110	Preferred Worker Program	B. 189: Preferred Worker Program
	436-120	Vocational Assistance to Injured Workers	B. 124: Procedures and forms under vocational assistance rules - Forms 1081, 1083, 1084, 1592, 2800 B. 151: List of Authorized Vocational Rehabilitation Providers

* Form is also available in Spanish upon request.

** Form is also available in Spanish, Russian, and Vietnamese upon request.