

## Disability in the Line of Duty Report

### Member Information

Name (printed) / DPSST #		Email		Phone
Home address			Alternate phone	
City		State	Zip	Birth date
<input type="checkbox"/> Fire	<input type="checkbox"/> Police	Job title	Precinct/Station	
Outside employment <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you receive or intend to receive income from outside employment, your own business or rental property? If yes, you must complete the Report of Earnings form.		

### Injury or Illness Information

Date of injury or illness	Time loss <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, WSR required)			
Related to prior injury or illness <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of the original injury or illness		
Location of incident <input type="checkbox"/> Precinct or station <input type="checkbox"/> In vehicle <input type="checkbox"/> At scene of fire or call <input type="checkbox"/> Training site <input type="checkbox"/> Other				
Location of incident address (if applicable)				
Injury or illness description (list body parts(s) and describe injury or illness and current symptoms). If injury/illness has resulted in member's death, please contact FPDR immediately to obtain a Death Claim Report form.				
Cause of injury or illness (Describe the cause. If related to a prior injury, describe the cause of the recurrence.)				

### Medical Provider Information

Physician name		Phone	Fax
Address		City	State
Name of hospital ED/urgent care		Phone	Fax

*I hereby affirm the above information is true and hereby apply for disability benefits. By signing and submitting this form, I authorize medical providers and other custodians of claim records to release relevant medical records, and, **I agree to repay any interim disability benefit paid should the claim be withdrawn or denied and the denial becomes final.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Members:** Fax this document to FPDR after signing and then give to your supervisor

**Medical Providers:** A HIPAA authorization is not required (45 CFR 164.512 (l)). Release of HIV/AIDS records, certain drug and alcohol records, and other records protected by state and federal laws require separate authorization.

### Supervisor or Bureau Chief Designee

Immediate supervisor (name/rank/unit)		
Phone number	Date	Date DILD faxed to FPDR
RU Commander/Battalion Chief		Date
Division or Assistant Chief or Bureau Chief		Date

[Information for Member on back](#)



## How Do I File a Claim?

- 1 Notify your supervisor or bureau designee about your injury or illness as soon as possible.
- 2 Complete an Injury Log (Police) or an Injury Report (Fire).
- 3 Immediately, or within 30-days from your injury/illness, complete a Disability in the Line of Duty (DILD) form in its entirety, sign, and date the form.
- 4 Fax the DILD to FPDR at 503-823-5166 or email a legible photo of the signed DILD to FPDR at [fpdr@portlandoregon.gov](mailto:fpdr@portlandoregon.gov).
- 5 If you send a DILD to FPDR via email, follow up with a phone call to 503-823-6823, to ensure that we have received a legible copy of the DILD.
- 6 Seek medical attention immediately. Take the FPDR Injured Worker packet containing the DILD, Attending Physician's First Report, and Work Status Report to the doctor for completion and submission to FPDR.

## How Do I Get Medical Treatment?

### Private Health Care Plan

You may receive medical treatment from your primary care physician or a health care provider of your choice who is within your private health plan network and who is a:

- Medical doctor (MD)
- Osteopathic doctor (DO)
- Chiropractor (DC) for 30 days or 12 visits, whichever first occurs.
- Podiatrist (DPM)

*The urgency of medical treatment is determined by the doctor or provider prescribing the care and is not directed by FPDR or its staff.*

### Emergency Room or Urgent Care

For treatment of life or limb threatening injuries, go to the nearest emergency room. If you need to go to an emergency room or urgent care facility, you may be treated by a Nurse Practitioner for non-life-threatening injuries. This is allowed for the initial visit. Follow up care should be provided by a MD, DO, DPM or Chiropractor as outlined above.

### Coordination of Benefits for Moda Health Plan Members

FPDR and Moda Health have a Coordination of Benefits program for members who have personal health care benefits outside of the Kaiser Permanente system. FPDR will initiate access to the coordination of benefits program when available to reduce the time needed to obtain urgent diagnostics or other urgent care for work related injuries/illnesses.

## Are There Limitations to my Medical Treatment?

### Pending Period

FPDR does not pay for medical treatment during the pended period of a claim. The "pended" period of a claim is the 60-90-day period following receipt of an application for benefits where a review is conducted to determine a member's entitlement to benefits.

### Pre-certify Treatment

While your claim is pended, your health care provider may wish to pre-certify treatment through your personal health insurer. Please follow their instruction to avoid unnecessary delays in treatment.

### Managed Care Organizations

If your claim is approved, you will be enrolled into one of FPDR's two Managed Care Organizations (MCO's) MHN CareMark Comp or Kaiser on-the-job.

## If I Can't Work, Will I Receive Payments for Lost Wages?

If you are unable to work due to your work-related injury or illness, you are eligible for a disability benefit. To be paid a disability benefit FPDR must receive your complete application for benefits which includes your completed and signed DILD, the Work Status Report (WSR) and Attending Physician Report (APR) completed by your doctor.

- 1 Make sure to notify your bureau and timekeeper of your time off work due to the work-related injury or illness.
- 2 Make sure that FPDR has received your signed DILD, the APR and WSR. We cannot pay a disability benefit without this information.

### Interim Disability Benefit

If you lose time from work while your claim is pended you will receive an Interim Disability Benefit.

If your claim is denied and the denial becomes final, or if you withdraw your claim, you must repay any Interim Disability Benefit paid to you.

### Questions about my claim or the filing process?

You may call FPDR and ask for the analyst assigned to your claim or any available disability staff member, or you may contact your FPDR Liaison:

**Fire Liaison Cell: 503-278-1473 / Desk: 503-823-3765**

**Police Liaison Cell: 503-319-7167 / Desk: 503-823-4719**

**The Bureau of Fire and Police Disability and Retirement (FPDR) is exempt from ORS 656 for on-the-job injuries.**

