



Cancer Resource Guidebook

(C.R.G.B.)

Denver Fire Department

Your resource in understanding the claim process from your first diagnosis

Table of Contents

A Message from your Fire Chief	Page 3
Section A: Acronyms	
A.1 - A.18.2.2	Page 4
Section B: Resources	
B.1 Cancer Wellness Resources	Page 5
B.1.1 Understanding Cancer	Page 5
B.1.2 National Cancer Institute	Page 5
B.1.3 Your Physician	Page 5
B.1.4 Colorado Professional Firefighters (CPFF)	Page 6
B.1.5 Kaiser Permanente	Page 6
B.2 Resources through the Denver Fire Department (DFD)	Page 6
B.2.1 Peer Support	Page 6
B.2.2 Local 858	Page 6
B.2.3 Employee Assistance Program	Page 6
B.2.5 Wellness Program	Page 6
Section C: Workers' Compensation Process	
C.1 DFD Administration Department Claim Procedure	Page 6
C.2 Workers' Compensation Claim Process	Page 7
Notice of Contest Form	Page 8, 9
C.3 Right in a Workers' Compensation Case	Page 10, 11
C.4 Permanent Partial Disability	Page 11
C.5 Permanent Medical Impairment (PMI) (if applicable)	Page 11
C.6 Permanent Total Disability (PTD) (if applicable)	Page 11
C.7 Dependant's Benefits (if applicable)	Page 11
C.8 Disfigurement (if applicable)	Page 11
C.9 Mileage Benefits	Page 11
C.10 Physician is selected by the City and County of Denver	Page 11, 12
C.11 Documentation	Page 12
C.12 Medical Treatments Issues	Page 13
C.13 Denial of Claim	Page 13, 16
Medical Durable Power of Attorney Form	Page 14, 15
Closing Remarks	Page 17
Appendix – Cancer Resource Guidebook (Flowchart)	Page 18

A Message from your Fire Chief

As a Denver Firefighter you are called upon to help and assist the citizens and people in the City and County of Denver. Each and every day you don your badge and uniform, you selflessly protect lives and property of families that you do not know, with your only intent and desire to courageously help and serve those in need. Cancer is one of the most dangerous and unrecognized threats to health and safety we as Firefighters will ever face. In your time of need, it is your family, your friends, and your Department who are here for you. Let this Cancer Resource Guide Book (G.R.G.B.) and the Administration of the Denver Fire Department serve you and your family, and help you through this difficult time. The goal of this Department and the intent of this C.R.G.B. are to answer your questions and help guide you down the path to wellness and recovery. We will get through this difficult time together, side by side; your immediate family and your Fire Department family. As you have always been for others, we are now here for you!

Sincerely,



Eric Tade
Fire Chief of the Denver Fire Department

Section A: Acronyms

- A.1 IAFF**—International Association of Firefighters
- A.2 EAP**—Employee Assistance Program
- A.3 CCMSI**—Cannon Cochran Management Services, Inc.
- A.4 COSH**—Council/Committee for Occupational Safety and Health
- A.5 DFD**—Denver Fire Department
- A.6 GAL**—General Admission of Liability
- A.7 AMA**—American Medical Association
- A.8 MMI**—Maximum Medical Improvement
- A.9 IME**—Independent Medical Examination
- A.10 LOD**—Line of Duty
- A.11 FAL**—Final Admission of Liability
- A.12 CBA**—Collective Bargaining Agreement
- A.13 FPPA**—Fire and Police Pension Association
- A.14 PMI**—Permanent Medical Impairment
- A.15 EPI**—Evaluation of Permanent Impairment
- A.16 C.R.S. §8-42-101**—Workers’ Compensation Cost Containment
- A.17 C.R.S. §8-42-124**—Salary Continuation
- A.18 C.R.S. §8-41-209**—Presumptive Cancer Rule

A.18.1 Death, disability, or impairment of health of a firefighter of any political subdivision who has completed five or more years of employment as a firefighter, caused by cancer of the brain, skin, digestive system, hematological system, or genitourinary system and resulting from his or her employment as a firefighter, shall be considered an occupational disease.

A.18.2 Any condition or impairment of health described in subsection (1) of this section:

A.18.2.1 Shall be presumed to result from a firefighter’s employment if, at the time of becoming a firefighter or thereafter, the firefighter underwent a physical examination that failed to reveal substantial evidence of such condition or impairment of health that pre-existed his or her employment as a firefighter;

A.18.2.2 Shall not be deemed to result from the firefighter’s employment if the firefighter’s employer or insurer shows by a preponderance of the medical evidence that such condition or impairment did not occur on the job.

Section B: Resources

B.1 Cancer Wellness Resources

There are several different resources available to help you navigate through the diagnosis and treatment of cancer. These resources range from help in navigating the medical side of cancer and understanding the disease, help with financial issues, and help to mentally cope with diagnosis of cancer for both you and your family.

Note, when searching the internet for resources pertaining to cancer; be cautious on the websites you visit, as some can cause more harm than help. This is especially true when visiting blogs in dealing with cancer, while some can be comforting, others can be disturbing. The website below are recognized nationally as leaders in cancer (occupational disease) research, treatment, and support.

B.1.1 Understanding Cancer: American Cancer Society – www.cancer.org

The American Cancer Society, by far, is the most comprehensive website relating to cancer. Several resources are available including specific resources relating to different cancers.

B.1.2 National Cancer Institute – www.cancer.gov

This United States Government website is a comprehensive site giving information on different types of cancer, their treatment, research, causes, prevention, screening, statistics, and resources for coping.

B.1.3 Your Physician

Your physician can help you with information that pertains to your diagnosis and help you obtain resources. Your physician is an integral part of your team in helping you navigate through this time in you and your family's life.

B.1.4 Colorado Professional Firefighters (CPFF) – <http://www.cpff.org>

The CPFF is a state organization comprised of active and retired firefighters working on behalf of over 4,000 members in the state. The primary focus is to develop, promote, and support issues that have a direct impact on the membership.

B.1.5 Kaiser Permanente – www.kaiserpermanente.org

Kaiser Permanente provides information regarding cancer. If you are a patient in the Kaiser system, this website will help you navigate your medical records, pharmacy, appointments with your physicians and access resources to help cope with cancer. Also, your Kaiser physician will be able to give you information regarding your type of cancer, treatments, and help coping.



Health And Wellness

B.2 Resources available through the Denver Fire Department

B.2.1 PeerSupport

Peer support is a peer driven support community. The members are all Denver Firefighters who have been trained in mental health issues. For a complete list of all peer support members, please contact the Denver Fire Department (DFD) Administration Division at 720-913-3455.

B.2.2 Local 858

Local 858 have several resources available to help firefighters with cancer. Local 858 is a valuable resource regarding the Cancer Presumptive Legislation. The Health and Benefits Director can assist you in obtaining resources from Kaiser, the Denver Fire Department, and others. They also have a large number of resources available from the International Association of Firefighter (IAFF). Contact your Health and Benefits Director should you have questions at 303-298-7850.

B.2.3 EmployeeAssistanceProgram (EAP) GuidanceResources

Guidanceresources.com, contracts with the City and County of Denver to provide EAP services. Services available include counseling, financial information and resources, legal support and resources, and work-life solutions. Work-life solutions give you help with childcare, pet care, home repair resources, and many others. When contacting Guidance Resources, you can visit the above website or call 1-877-327-3854. You will need a Company Web I.D., which is DENVER EAP.

B.2.4 Wellness Program

The Denver Fire Department, in cooperation with the Local 858, is committed to developing an overall wellness/fitness system to maintain uniformed personnel' physical and mental health. Through participation by all uniformed personnel in the department, this program will provide for rehabilitation and remedial support for those in need. For more information, please call the DFD Wellness Coordinator at 720-865-4095.

Section C: Workers' Compensation Information

C.1 DFD Administration Department Claim Procedure

C.1.1 Call the Ouch Line at 303-436-OUCH (6824) and state the nature of the illness. Retired firefighters must also call the Ouch Line to report and begin the Workers' Compensation process.

C.1.2 Notify your supervisor after calling the Ouch Line because the Ouch Line nurse will want to speak to him/her. Your supervisor must complete the "Supervisor Report of Accident or Incident" form and submit to Risk Management directly.

C.1.3 Follow the recommendation of the Ouch Line nurse and proceed to the clinic referred.

C.1.4 Paperwork must be presented from the clinic to DFD Administration in person or the firefighter must call the DFD Administration and confirm receipt of paperwork preceding leaving the clinic.

C.1.5 Firefighter must follow the authorized treating physician recommendation.

C.1.6 The above actions will generate the proper paperwork that will be sent to Risk Management for review.

C.2 Workers' Compensation Claim Process

C.2.1 The city receives your diagnosis of one of the five types of cancer, subject to C.R.S. §8-41-209. The five types of cancer include cancers of the brain, skin, digestive system, hematological system, or genitourinary system. This information comes from the Ouch Line, the Denver Fire Department, or a Workers' Claim for Compensation.

C.2.2 The city assigns the claim to an adjuster at Cannon Cochran management Services, Inc. (CCMSI). The city also assigns the claim to an Assistant City Attorney in the Denver City Attorney's Office.

C.2.3 The adjuster gathers information from your personnel file about your work experience to determine whether you have five or more years of actual fire fighting experience, and exposed to potentially carcinogenic substances. A previous employment review may also be conducted to determine exposure to carcinogenic substances in your past employed positions. The city also determines your average weekly wage during this review.

C.2.4 The city sends authorizations to receive the member's permission in releasing medical information to you to obtain past information about potential risk factors for the type of cancer you contracted. The city will also obtain ongoing medical information about the diagnosis and treatment of the cancer, from your medical professional.

C.2.5 The city must inform the Division of Workers' Compensation within thirty days of receipt of notice of the cancer claim; whether the claim has been accepted or denied. Since the city will not have complete information to evaluate the claim within this period, it will file a Notice of Contest for further investigation to meet the legal filing requirements. This Notice of Contest does not automatically mean that the city is permanently denying the claim. There is no legal time limit for the city to make a final determination as to whether your claim is compensable.

C.2.6 The adjuster reviews the prior medical records and may send them to an oncologist or epidemiologist for review to determine whether (a) the cancer is covered by C.R.S. §8-41-209 and (b) whether there are other risk factors for the cancer.

C.2.7 After reviewing reports from medical professionals, the adjuster will make a final decision on whether to accept or contest the claim.

C.2.8 If the claim is accepted, the adjuster will file a General Admission of Liability (GAL) for medical and wage-loss benefits. You can continue to receive care for the cancer through your authorized treating physician. You will need to visit the center for Occupational Safety and Health (COSH) or Concentra periodically in order to determine work restrictions and the progress of treatment.

C.2.9 If the claim is not accepted, Workers' Compensation will inform the firefighter of the decision in writing. The firefighter may ask for a legal hearing before the Office of Administrative Court to determine whether the cancer is compensable and any other disputed issues. See section C.13 Denial of Claim.

C.2.10 The firefighter has two years to file an application for hearing after receiving diagnosis.

C.2.10.1 Example of Notice of Contest form to follow on next page.

[Notice of Contest Instructions](#)

The Workers' compensation law Requires that an occupational disease be reported to the city within 30 calendar days of the first distinct manifestation of the disease. Failure to report can cost you money. Assuming you have informed the city of the occupational disease, the city should have filed the claim with the Division of Workers' Compensation. By calling the Ouch Line 303-436-6824, you have complied with the state requirements.

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

NOTICE OF CONTEST

TO: _____ _____ _____	WC # _____ Social Security # _____ Date of Injury _____ Insurer Claim # _____ Insurer Name _____ Employer Name _____
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Pursuant to Section 8-43-203, C.R.S., the undersigned employer or insurance carrier hereby notifies the claimant and the Division of Workers' Compensation that liability for the above-referenced claim is contested/denied for the following reason:

- Further Investigation for _____
- Injury/Illness Not Work-Related
- No Insurance Coverage _____
- Third-Party Involvement
- Other (please describe) _____

NOTICE TO CLAIMANT:

You may request an expedited hearing on the issue of compensability by filing an **Application for Hearing and Notice to Set** and a **Request for Expedited Hearing** with the Office of Administrative Courts. These forms *must* be filed within 45 days from the date of mailing on this Notice of Contest. If you don't file within 45 days, the hearing will be set within the usual time limits. You may call the Office of Administrative Courts in Denver at 303.866.2000, in Grand Junction at 970.248.7340, or in Colorado Springs at 719.576.2958, to obtain the forms.

Claim Representative _____ Phone # (____) _____
Address _____

CERTIFICATE OF MAILING: Copies of this document were placed in the U.S. mail or delivered to the following parties this _____ day of _____, _____.

List names and addresses of all persons copied:

Claimant:

Claimant's Attorney:

Employer:

Carrier's Attorney:

Division of Workers' Compensation: (Only electronic filing accepted.)

By: _____

Block #	Adj. Code

INSTRUCTIONS / DEFINITIONS

Type or print legibly.

TO: List the name and address of the injured worker to whom the Notice of Contest is mailed.

WC#: List the Workers' Compensation number assigned by the Division to the claim.

Social Security #: List the Social Security number of the claimant.

Date of Injury: List the date of injury associated with the claim.

Insurer Claim #: List the claim number assigned by the carrier or self-insured to the claim.

Insurer Name: List the name of the carrier or self-insured associated with the claim.

Employer Name: List the name of the employer associated with the claim.

Reason for Contesting Claim: Check only **ONE** reason for contesting the claim. If "Further Investigation" is checked, list the reason for the investigation. If "No Insurance Coverage" is checked, a reason can be listed. Use "Other" only if a listed option does not apply. If "Other" is checked, include a description.

Claim Representative: List the name of the individual claim adjuster who manages the claim.

Phone #: List the telephone number, including area code, of the claim representative.

Address: List the mailing address of the claim representative.

Certificate of Mailing Date: List the day, month, and year that this Notice of Contest was placed in the U.S. mail or delivered to the claimant and other parties. The date mailed and the date the form is completed are not always the same date.

Names and Addresses: List the name and mailing address of each party to the claim to whom this Notice of Contest was mailed or delivered. Space is provided for the claimant, claimant's attorney, employer, carrier's attorney, and the Division of Workers' Compensation. Complete name and address as appropriate.

The Division's copy of the Notice(s) of Contest is required to be filed electronically. All other parties' copies must be mailed.

By: The claim representative completing the form must sign the form as a representative of the carrier or self-insured attesting to the validity of the certification date.

Block #: List the block number assigned to the carrier or self-insured associated with the claim.

Adj. Code: If applicable, list the adjuster code assigned to the third party administrator adjusting the claim.

Division of Workers' Compensation
633 17th St., Suite 400
Denver, CO 80202-3626
303.318.8700

C.3 Rights in a Workers' Compensation Case

C.3.1 For occupational disease claims arising out of the course and scope of employment, an employee's exclusive legal remedy against the city is under the Colorado Workers' Compensation Act.

C.3.2 To receive any of these benefits you must prove the merits of your claim at a Workers' Compensation hearing in the Office of Administrative Court. Although you may be eligible for disability benefits at this hearing you are not entitled to compensation for other items such as pain and suffering, loss of enjoyment of life, or loss of future wage earning capacity.

C.3.3 The Workers' Compensation benefits available to you after July 1, 1991, are:

C.3.3.1 Medical Treatment

Retain copies of any medical records received.

C.3.3.2 Temporary Disability

If your claim is accepted, the Workers' Compensation Act allows you to receive temporary, total, or partial disability benefits while receiving this care and while you are unable to perform your full duties at work.

C.3.3.2.1 Under the Workers' Compensation Act, temporary total disability benefits are paid at the rate 2/3rd of the firefighter's average weekly wage up to a maximum weekly amount. This amount is adjusted annually. However, firefighters who are unable to work due to a work-related injury or occupation disease are entitled under the City Charter (section 9) to receive their full salaries for up to one calendar year.

C.3.3.2.2 Temporary disability benefits are required to be paid once every two weeks. Initially, it may take longer to receive the first check. These benefits stop when the firefighter: 1) is released to full duty (even if still in treatment), 2) reaches Maximum Medical Improvement (MMI), or 3) refuses a written offer of modified work within your physical restrictions.

C.3.3.2.3 While you are an active firefighter, you will likely use vacation and/or sick leave during the period of treatment. Should the occupational disease be determined to be compensable, the city is prohibited from avoiding its obligation to reimburse temporary disability benefits by using your vacation, sick, or other leave time. This means that you will receive temporary disability to vacation and sick leave payments. See C.R.S. §8-42-124. Although the Division of Workers' Compensation lacks the authority to insist that the city reinstates the used vacation or sick time, the city often may reinstate these benefits for financial reasons, e.g. money savings based on Collective Bargaining Agreement (CBA) for reimbursement.

C.3.3.2.4 Should you not return to work and are determined to be disabled under the Fire and Police Pension Association (FPPA), the payment for FPPA disability benefits will offset a portion of Temporary Disability total benefits and Permanent Disability total benefits. If you are determined by the FPPA to be totally disabled, as a result of your occupational disease, there is a beneficial tax treatment of FPPA benefits.

C.3.3.2.5 Even though you may have serious doubts about the ability to perform the requirements of your job, if any authorized treating physician clears you to return to work; even with restrictions such as "Modified Duty", you must try to return to work. You must report to your supervisor with your restrictions and offer to return to work under those restrictions. If the clearance to return to work is refused, you must advise the DFD Administration. If you return to work and cannot do the job due to your occupational disease, then you should:

- Inform your supervisor.
- Call to make an appointment with the authorized treating physician.

C.3.3.2.6 The City Charter states at Section 9.5.7:

Injuries incurred or sickness contracted in the performance of official duties. Any member of the Denver Fire Department who shall become injured by reason of the performance of his or her official duties or who shall contract any sickness attributable to his or her occupation by reason of the performance of his or her official duties shall be entitled to the following, subject to the approval of the Chief of the Fire Department and the proper examining physician.

C.3.3.2.7 Once your authorized treating physician determines you have reached Maximum Medical Improvement (MMI), your temporary disability benefits cease even if you are unable to work due to the occupational disease.

C.4 Permanent Partial Disability

When released at Maximum Medical Improvement (MMI) post treatment, you may be entitled to Permanent Medical Impairment (PMI) benefits based on an impairment rating determination under the AMA Guideline to the Evaluation of Permanent Impairment (EPI) (Third Ed.) (Revised). The determination of the extent of impairment, if any, will be determined by the medical opinion from an authorized treating physician certified to perform ratings by the Division of Workers' Compensation.

C.5 Permanent Medical Impairment (PMI) (if applicable)

C.5.1 For diseased diagnosed between July 1, 2015 and June 30, 2016, the limitation on total benefits is:

- \$86,697.04, where an individual has a whole person impairment rating of 25% or less; and \$168,677.59, when the rating is higher than 25% whole person.

C.5.2 For diseases diagnosed between July 1, 2016 and June 30, 2017, the limitation on total benefits is:

- \$86,697.04, where an individual has a whole person impairment rating of 25% or less; and \$173,391.90, when the rating is higher than 25% whole person.

C.5.3 For current figures, please reference site below:

[Average Weekly Wage & Maximum Benefit Rates for Colorado](#)

C.6 Permanent Total Disability (PTD) (if applicable)

If you are permanently unable to earn wages in any employment due to a compensable cancer claim, you will receive lifetime payments based on $2/3^{\text{rds}}$ of your average weekly wage subject to the state maximum amounts.

C.7 Dependant's Benefits (if applicable)

If you were to die as a result of a compensable cancer claim, your dependents, usually your spouse and your children under 21 years of age would be entitled to receive $2/3^{\text{rds}}$ of your average weekly wage up to the state maximum.

C.8 Disfigurement (if applicable)

If the compensable work injury or treatment results in permanent scarring or disfigurement, you can pursue a disfigurement award with the Colorado Division of Workers' Compensation. For more about the procedure to pursue disfigurement, please call the Division of Workers' Compensation's customer service line at 303-318-8700. The maximum scarring award amount (which depends on the date of the initial injury) can be found at this site:

[Average Weekly Wage & Maximum Benefit Rates for Colorado](#)

C.9 Mileage Benefits

Record mileage to and from authorized treating physician and therapy visits and submit them to your adjuster. Your adjuster has a form to help you keep track of mileage in connection with all medical treatment, including physical therapy and chiropractic visits attended as part of your Workers' Compensation case. The DFD Administration can submit these forms and request mileage compensation on your behalf.

C.10 The physician is selected by the City and County of Denver

C.10.1 The city is required to provide the occupational diseased worker with a written list indicating the insurer responsible for the claim, the contact information for the claim representative, and two individuals that are designated providers. The city has the right to provide four authorized treating physicians to choose from once received within seven days of receiving your claim. The new authorized treating physician must be one from the designated authorized treating physician list originally given to the worker at the time of the occupational disease.

C.10.2 If the city does not select a physician, the firefighter can choose one. In some cases, if sufficient evidence is presented, a judge will order that someone other than the company physician provide medical care.

C.10.3 Attend all testing and/or therapy appointments, do all home treatment exercise programs, and live within the physical limitations set by the authorized treating physician. If you are unhappy with the care you are receiving, please contact your adjuster. You are encouraged to maintain personal records regarding such things as how long the authorized treating physician spent talking at appointment and examination, what the authorized treating physician said, and recommendations. You may be asked to testify about some of these issues later so you should not rely on memory alone. You should always treat the authorized treating physician with respect and report any problems to your adjuster.

C.11 Documentation

C.11.1 You have an affirmative obligation to report to the city, through the Ouch Line, the existence of a covered cancer as an occupational disease claim when the cancer is discovered. See C.R.S. §8-41-209, (statute listing covered cancers). The date of the occupational disease onset is likely the date the cancer diagnosis made. The presumption applies only to diagnoses made after May 17, 2007. Regardless of severity, all cancers of the brain, digestive system, hematological system, genitourinary system and skin must be reported to the city.

C.11.1.2 When a claim arises, Risk Management may request the following documents from the DFD Administration:

C.11.2.1 A list of fire exposures, hazmat calls, and other relevant documents since 2004.

C.11.2.2 Copies of all physical exams may be requested, including the hiring physical, from the date of hiring, ongoing, to establish the absence of occupational disease, both at the time of hiring and prior to May 17, 2007. Risk Management must obtain such documents, as this is not your responsibility.

C.11.2.3 Copies of all records concerning occupational disease treatment and diagnosis. These records include initial documentation from family physician who suspected the presence of an occupational disease and records from treating specialist. You will need to establish that the occupational disease was not discovered until after May 17, 2007, to ensure that the occupational disease falls under the cancer presumption statute.

C.11.2.4 A W-2 form may be needed for the year prior to occupational disease diagnosis to establish the average weekly wage. Alternately, the paycheck of earnings for the period immediately prior to the diagnosis may be needed as well.

C.11.2.5 Records establishing occupational disease treatment co-payments with supporting documents.

C.11.2.6 Mileage ledgers documenting trips (to and from) authorized treating physician appointments. Medical mileage will be reimbursed; if the case is compensable. The easiest way to obtain this information is to ask each authorized treating physician to provide a computer printout of visits.

C.11.2.7 Information on the identity of the health benefits carrier, since the health benefits carrier has a right of subrogation, i.e. reimbursement for medical bills it has expended on your behalf for occupational disease treatment.

C.11.2.8 A list of lost time from duty with supporting documentation resulting from the occupational disease treatment.

C.11.2.9 Documentation for the non-covered co-payments.

C.12 Medical Treatment Issues

C.12.1 In the majority of cases, do not expect the occupational disease specialist to be familiar with any of the DFD cancer presumption procedures.

C.12.2 Any reimbursement to an authorized treating physician is subject to the Division of Workers' Compensation's medical fee schedule. Under the Workers' Compensation Act, authorized treating physicians are prohibited from attempting collection against individuals for authorized treatments. See C.R.S. §8-42-101 (d). However, if the treatment is rendered outside of the chain of authorization it could become your liability since most health benefit policies exclude payment for work related occupational diseases.

C.12.3 You always retain the right to reject treatment. However, should treatment be rejected you may be considered at Maximum Medical Improvement (MMI) and any entitlement to any temporary disability benefits may stop. If there is a choice between surgery and a less invasive treatment, this choice, likely, will be given to you by the authorized treating physician.

C.12.4 If you wish to challenge the authorized treating physician's impairment rating or determination that you have reached Maximum Medical Improvement (MMI), the Division of Workers' Compensation runs an Independent Medical Examination (IME) program. An individual requesting the exam pays \$675.00.

C.12.5 The process of selecting an authorized treating physician to do the IME is complicated. It is recommended that you seek assistance, if needed, up to and including, the assistance of an attorney before applying for the Division IME. You have a right to future medical benefits as long as it is ordered by the authorized treating physician. You also have the right to re-open the case in certain limited situations.

C.13 Denial of Claim

If you receive a denial/notice of contest disputed issues are resolved either by negotiation or by hearing at the Office of Administrative Courts. With a denial of a claim, you should communicate with your adjuster. The first step is to file an application for hearing. Ten to twenty days after the filing of the application, the Office of Administrative Courts sets a date for the hearing. Typically, this is about three to four months later and a legal trial is conducted. You may wish to consult an attorney through this process. The city will be represented by an attorney. During your treatment, you may need to take advantage of a Power of Attorney.

C.13.1 Example of Medical Durable Power of Attorney form to follow on next page.

[Medical Durable Power of Attorney Form](#)

MEDICAL DURABLE POWER OF ATTORNEY FOR HEALTHCARE DECISIONS

I. APPOINTMENT OF AGENT AND ALTERNATES

I, _____, Declarant, hereby appoint:

Name of Agent

Agent's Best Contact Telephone Number

Agent's email or alternative telephone number

Agent's home address

as my Agent to make and communicate my healthcare decisions when I cannot. This gives my Agent the power to consent to, or refuse, or stop any healthcare, treatment, service, or diagnostic procedure. My Agent also has the authority to talk with healthcare personnel, get information, and sign forms as necessary to carry out those decisions.

If the person named above is not available or is unable to continue as my Agent, then I appoint the following person(s) to serve in the order listed below.

Name of Alternate Agent #1

Agent's Best Contact Telephone Number

Agent's email or alternative telephone number

Agent's home address

Name of Alternate Agent #2

Agent's Best Contact Telephone Number

Agent's email or alternative telephone number

Agent's home address

II. WHEN AGENT'S POWERS BEGIN

By this document, I intend to create a Medical Durable Power of Attorney which shall take effect either (*initial one*):

_____ (*Initials*) Immediately upon my signature.

_____ (*Initials*) When my physician or other qualified medical professional has determined that I am unable to make my or express my own decisions, and for as long as I am unable to make or express my own decisions.

III. INSTRUCTIONS TO AGENT

My Agent shall make healthcare decisions as I direct below, or as I make known to him or her in some other way. If I have not expressed a choice about the decision or healthcare in question, my Agent shall base his or her decisions on what he or she, in consultation with my healthcare providers, determines is in my best interest. I also request that my Agent, to the extent possible, consult me on the decisions and make every effort to enable my understanding and find out my preferences.

State here any desires concerning life-sustaining procedures, treatment, general care and services, including any special provisions or limitations:

My signature below indicates that I understand the purpose and effect of this document:

Signature of Declarant _____
Date

ADDENDUM TO MEDICAL DURABLE POWER OF ATTORNEY – RECOMMENDED, NOT REQUIRED

1. Signature of the Appointed Agent

Although not required by Colorado law, my signature below indicates that I have been informed of my appointment as a Healthcare Agent under Medical Durable Power of Attorney for (name of Declarant)

I accept the responsibilities of that appointment, and I have discussed with the Declarant his or her wishes and preferences for medical care in the event that he or she cannot speak for him- or herself.

I understand that I am always to act in accordance with his or her wishes, not my own, and that I have full authority to speak with his or her healthcare providers, examine healthcare records, and sign documents in order to carry out those wishes. I also understand that my authority as a Healthcare Agent is only in effect when the Declarant is unable to make his or her own decisions and that it automatically expires at his or her death.

If I am an alternate Agent, I understand that my responsibilities and powers will only take effect if the primary Agent is unable or unwilling to serve.

Primary Agent's Signature

Printed Name

Date

Alternate Agent #1 Signature

Printed Name

Date

Alternate Agent #2 Signature

Printed Name

Date

2. Signature of Witnesses and Notary

The signature of two witnesses and a notary seal are not required by Colorado law for proper execution of a Medical Durable Power of Attorney; however, they may make the document more acceptable in other states.

This document was signed by (name of Declarant)

in our presence, and we, in the presence of each other, and at the Declarant's request, have signed our names below as witnesses. We declare that, at the time the Declarant signed this document, we believe that he or she was of sound mind and under no pressure or undue influence. We are at least eighteen (18) years old.

Signature of Witness

Printed Name

Address

Signature of Witness

Printed Name

Address

Notary Seal (optional)

State of _____

County of _____ }

SUBSCRIBED and sworn to before me by

_____, the Declarant,

and _____

and _____

witnesses, as the voluntary act and deed of the Declarant

this day of _____, 20_____.

Notary Public

My commission expires: _____

C.13.2 If Risk Management accepts the occupational disease is from Line of Duty (LOD), they are unable to deny the acceptance very easily later. Because of this, they usually deny the claim initially in order to provide themselves more time to investigate the claim. If it falls under one of the five presumptive acts of occupational disease and there are no indications that something else could have caused this cancer, liability will be admitted.

C.13.2.1 Consult an Attorney

For your protection, it is critical to respond in a legally appropriate way to any legal documents submitted by self, city, or authorized treating physician affecting these rights, especially a Final Admission of Liability (FAL).

C.13.2.2 Because of the complexity of the Workers' Compensation Act, most individuals lack the ability to competently protect their rights; you may consider consulting an attorney at your own expense.

Closing Remarks

To the men and women of the Denver Fire Department who have selflessly helped those in need in the past, and those who currently protect lives and property, your service will always be remembered and appreciated. We hope you found this Cancer Resource Guide book (C.R.G.B.) both informative and helpful. As this C.R.G.B. guides you through the process back to personal wellness and recovery, the Denver Fire Department is by your side. Should you require additional information or clarification, please contact the DFD Administration at 720-913-3455.

Sincerely,

DFD Administration

Cancer Resource Guidebook - Appendix

(C.R.G.B.) - Flowchart

