

2010

Columbia, SC
 PO Box 12519
 29211
 P 803.779.2300
 F 803.748.0526

Charleston, SC
 PO Box 877
 29402
 P 843.576.2900
 F 843.534.0605

Greenville, SC
 PO Box 2980
 29602
 P 864.239.4000
 F 864.242.3199

Myrtle Beach, SC
 PO Box 1349
 29578
 P 843.848.6000
 F 843.449.2306

Charlotte, NC
 PO Box 30307
 28230
 P 704.643.6303
 F 704.643.2376

Raleigh, NC
 PO Box 30516
 27622
 P 919.719.8200
 F 919.510.9825

mgclaw.com

SC Workers' Compensation Commission

www.wcc.sc.gov
 Post Office Box 1715
 1333 Main Street, Suite 500
 Columbia, SC 29202
 P 803.737.5700
 F 803.737.5768

Claims Department
 803.737.1234

Coverage and Compliance
 803.737.5743

Executive Director
 803.737.5744

Judicial Department
 803.737.1281

Legal
 803.737.5749

Mail Room
 803.737.5751

Medical Review
 803.737.5743

Self-Insurance
 803.737.5712

South Carolina Forms

FORM	WHEN FILED	WHERE FILED	SUPPORTING DOCUMENTATION
12A - First Report of Injury	Within 10 days after notice of injury	SCWCC	None
14B - Physicians Statement	Allows claims professional to request medical information and an impairment rating from the treating physician. Must be filed before Commission will schedule an informal conference or a clincher conference.	SCWCC	None
15 - Temporary Compensation Report	<ul style="list-style-type: none"> Starting payment of temporary total benefits Changing the compensation rate Terminating temporary total benefits (only within first 150 days after injury) 	SCWCC with copy to the claimant and/or claimant's attorney	Also file Form 20 when starting or changing temporary total
15S - Supplemental Report of Varying Temporary Partial Payments	Paying temporary partial payment	SCWCC	None
16 - Agreement for Permanent Disability Disfigurement Compensation	After Form 16 settlement has been reached	SCWCC	None
17 - Receipt of Compensation	Claimant returns to work or has agreed that he is able to return to work	SCWCC	None
18 - Periodic Report	<ul style="list-style-type: none"> Every six months while file is open To request an informal settlement conference with unrepresented claimant 	SCWCC	<ul style="list-style-type: none"> None Attach final medical report
19 - Status Report	<ul style="list-style-type: none"> Denying claim for benefits At conclusion of claim to close file 	SCWCC	File 12A and copy of letter sent to claimant/claimant's attorney denying claim
20 - Statement of Earning of Injured Employee	<ul style="list-style-type: none"> In admitted case file with the Form 15 to initiate temporary total benefits In denied case this form must be filed within 30 days of receipt of a Form 50 requesting a hearing 	SCWCC and claimant's attorney	None
21 - Employer's Request for Hearing	<ul style="list-style-type: none"> To stop payment of temporary total benefits (after 150 days) To request a hearing to pay permanency 	SCWCC Judicial Department with a copy to the claimant or the claimant's attorney	None
40 - Motion for Expedited Adjudication		SCWCC Judicial Department and served on claimant or claimant's attorney	Supporting Motion must be attached
50 - Employee's Notice of Claim and/or Request for Hearing		SCWCC	None
51 - Employer's Answer to Request for Hearing	30 days after service of Form 50	SCWCC Judicial Department via certified mail; should be filed by counsel for employer/carrier	None

Scheduled Injuries §42-9-30

Body Part	Max. Weeks	Body Part	Max. Weeks
Thumb.....	65	Arm	220
First Finger	40	Foot.....	140
Second Finger.....	35	Leg	195
Third Finger.....	25	Eye	140
Fourth Finger	20	Hearing (One Ear)	80
Great Toe.....	35	Hearing (Both Ears)	165
Another Toe	10	Back*.....	300
Hand	185	*Loss of 50% or more of the back is total disability.	

Scheduled Injuries on 07/01/07 or Later

Body Part	Max. Weeks
Shoulder	300
Hip	280
Back**.....	300
Back***.....	500

**If disability is 49% or less.
 ***If disability is 50% or more.

2010

SC Workers' Compensation Attorneys
as of January 1, 2010

Columbia

Chad Abramson 803.227.2239
cabramson@mgclaw.com

David Bornemann 803.227.2216
david.bornemann@mgclaw.com

Barrett Burley 803.227.4953
barrett.burley@mgclaw.com

George Gallagher 803.227.2234
ggallagher@mgclaw.com

Scott Garrett 803.227.2224
sgarrett@mgclaw.com

Mundi George 803.227.2259
mgeorge@mgclaw.com

Rusty Goudelock 803.227.2222
rgoudelock@mgclaw.com

Tina Herbert 803.227.2314
tina.herbert@mgclaw.com

Rocky Hughey 803.227.2261
rhughey@mgclaw.com

Jim Lichty 803.227.2288
jlichty@mgclaw.com

Jason Lockhart 803.227.2283
jlockhart@mgclaw.com

Hugh McAngus 803.227.2221
hmcangus@mgclaw.com

Kenya Miller 803.227.2218
kenya.miller@mgclaw.com

Stuart Moore 803.227.2304
smoore@mgclaw.com

Kelly Morrow 803.227.2238
kmorrow@mgclaw.com

Mac Tolar 803.227.4916
mtolar@mgclaw.com

Charleston

Regan Ankney 843.576.2779
rankney@mgclaw.com

Tom Bacon 843.576.2925
tbacon@mgclaw.com

Mark Davis 843.576.2782
mdavis@mgclaw.com

Anne Marie Hagood 843.576.2781
amhagood@mgclaw.com

Erin Hantske 843.576.2946
erin.hantske@mgclaw.com

Andrew Luadzers 843.576.2924
andrew.luadzers@mgclaw.com

Brian O'Keefe 843.576.2780
bokeefe@mgclaw.com

Mikell Wyman 843.576.2919
mwyman@mgclaw.com

Greenville

Mark Allison 864.242.1713
mallison@mgclaw.com

Walter Frye 864.239.6710
wfrye@mgclaw.com

Randy Hedlund 864.239.4017
rhedlund@mgclaw.com

Erroll Anne Hodges 864.239.4031
eahodges@mgclaw.com

Amanda Mellard 864.239.4007
amellard@mgclaw.com

David Padgett 864.239.6709
david.padgett@mgclaw.com

Myrtle Beach

Mary Margaret Hyatt 843.848.6006
mhyatt@mgclaw.com

Time Periods

Employer's First Report of Injury (R. 67-411) 10 days from
knowledge of injury

Waiting Period (§42-9-200)..... 7 days

Waiting Period Recoverable after Disability (R. 67-503) 14 days

Notice to Employer (§42-15-20)..... 90 days

Statute of Limitations

File Initial Claim (§42-15-40)..... 2 years

Change of Condition (§42-17-90)..... 1 year

Appeal to the Full Commission (R. 67-701) 14 days

Appeal to Court of Common Pleas (§42-17-60) 30 days

Medical Examinations

The employee shall submit himself to examination, at reasonable times and places, by a duly qualified physician designated and paid by the employer. If the employee refuses to submit to medical treatment or obstructs such examinations, the right to compensation shall be suspended until such refusal or objection ceases. (§42-15-80)

Medical Records

Records must be provided to the insurance carrier, the employer or their attorneys within fourteen days of receipt of a written request. Charges and Fees for Medical Records: For the first 30 pages, 65¢ per page, and for all other pages 50¢ per page, and a clerical fee for searching and handling not to exceed \$15.00 per request, plus actual postage and applicable sales tax.

Mileage Reimbursement

Mileage more than five miles away from home in the amount of 50¢ per mile and actual costs of reasonable overnight lodging and subsistence when necessary.

Indemnity Benefits

Temporary Total Disability

If the disability exceeds 7 days, benefits not to exceed the maximum state rate. (R. 67-503)

Temporary Partial Disability

66 2/3% of the difference between the AWW before the injury and amount able to earn after the injury. (§42-9-20)

Permanent Partial Disability

Limited to schedule if only one body part is involved. (§42-9-30) Wage loss claim optional if more than one body part or unscheduled body part is involved for no greater than 340 weeks. (§42-9-20)

Permanent and Total Disability

Limited to 500 weeks except catastrophic cases can receive lifetime benefits. (§42-9-10)

Average Weekly Wage

Total wages paid in the 4 quarters preceding the date of injury divided by 52. If the Claimant worked less than 52 weeks divide by actual weeks worked. (§42-1-40)

Death Benefits

500 weeks are paid to dependents for death. Burial expenses of \$2500 are also allowed. (§42-9-290)

Maximum Compensation

January 1, 2010	\$689.71	January 1, 2007	\$645.94
January 1, 2009	\$681.36	January 1, 2006	\$616.48
January 1, 2008	\$661.29	January 1, 2005	\$592.56