

Here Is The Work Injury Report That You Requested...

“Insurance Companies’ Dirty Little Tricks That Can Ruin Your Health And Financial Future, And The Hidden TRUTH About Work-Related Injuries And The Worker’s Compensation System!”

Discover What Most Insurance Companies, Claim Adjusters, And Employers Don’t Want You, The Injured Worker, To Know!

Keep Reading This Special Report That Reveals:

- *Insurance companies’ dirty little tricks that can adversely affect your health and financial future. (You’ll be shocked at what they often get away with!)*
- *How most employers unknowingly break the law and what you must do to protect yourself from their incompetence!*
- *Why the “Worker’s Compensation Appeals Board” is your friend!*
- *What to do if your case has been “denied” or care has been “unauthorized.”*
- *Why the “RU-90” form is so important!*
- *Why your doctor must have in-depth knowledge of Worker’s Compensation Labor Codes and preferably not be a “company doctor.”*
- *What to do if you are not happy with your doctor.*
- *What to do if Kaiser, Unicare, and Blue Shield HMO won’t treat your work injury.*
- *How to determine if the pains you are having are work-related.*
- **AND MUCH MORE!**

Dear Neighbor,

Few things are as important to you as your employment, and more so, the income it provides you. Without that income, mortgages or rents soon don't get paid, food doesn't get put on the table, and life can become very stressful, very fast. And few things are worse than financial stress.

And when you're hurt at work, and unable to work, the workers compensation insurance carrier becomes your income source; making you feel like they have great power over you. That too is stressful.

Especially When They Don't Pay You, Or Deny You What You Want!

Getting hurt on the job can even make you feel as though your job is at jeopardy. It is often for this reason that you may not get the care or benefits you may be entitled to, or take the actions you should take, simply because you are afraid to do anything about your situation or injury without the employer or the insurance company's approval. All too often this lack of action can backfire on you and, by the time you realize it, your relationship with the employer or the insurance company has changed and you no longer feel as though they are looking out for your best interest.

Further, your completely legitimate claim to benefits may have been reduced by following the advice of the insurance company in seeing one of their “preferred doctors.” In many cases, the



claims adjuster handling your case may be quite pleasant and friendly, and may in fact be doing a good job. But oftentimes...

In An Effort To Minimize Your Benefits, Insurance Adjusters Will Lie, Manipulate, Instill Fear, And Generally Seek To Control You And Your Rights!

It's common practice (an everyday occurrence) that insurance companies will send letters to doctors, employers, and patients "not authorizing" care or "denying" care or treatment without any legal basis for doing so.

In many cases, they even know this, but their own statistics show that this is so effective in reducing costs they do it anyway. Unbelievable, I know, but done every day none-the-less.

Here's just one common insurance company strategy and whatever you do...

"Don't Let This Financial Blackmail Happen To You!"

The insurance company denies your claim until you are soon broke. Without a job or source of income, and as a desperate effort to get some money, you waive your future benefits and agree to a lower settlement.

As a result of misinformation or lack of information, some employers, fearing an increase in insurance premiums, will even unknowingly break the law and...

- Hide the work injury,
- Fire an injured worker before they file a written claim,
- And other unethical behavior.

Otherwise ethical, responsible companies or individual employers that do such things are themselves commonly acting out of fear and unaware of the consequences. They too can be the victims of the fear and manipulation of some industrial insurance profit motivated tactics.

After Happily And Loyal Working For Their Employer For Years, Many Now Injured Workers Experience Complete Betrayal By Their Employer...

- They're treated differently.
- They feel like an outsider.
- Their co-workers ostracize them.

In some companies, if there are no injuries filed for the quarter, everyone gets a bonus...a prize. Imagine how guilty a legitimately injured worker feels when his or her filing is the source of a loss for all his or her co-workers!

Oh, and another thing...

Not very long ago, I was at the Worker's Compensation Appeals Board* and they had two articles posted in the meeting and waiting area; both of them were studies that have been conducted on fraud and revealed that fraudulent claims by employees are much less frequent than first thought, and much less common as people think.

*The Appeals Board is where applicants (injured workers), their attorneys (if they have one), the insurance companies' Attorney (they almost always have one), the insurance adjuster (if they show up at all), and doctors all go before the judge to resolve issues. By the way, how many fraud units do you think are investigating insurance companies? A recent article in the San Francisco Chronicle stated "ZERO" in California in the last four years! Hmmm?

WARNING!

Here's One Of The Most Common Tactics Used By Insurance Adjusters To Keep Legitimate Work Injury Victims From Getting Quality Care They Deserve!...

They send a letter to the patient and his or her doctor and state that "*Care is being denied*"...Then call the patient and tell them that if they continue treatment, they may have to pay for the care out of their pocket.

This denial tactic is so common a practice, it could almost be considered routine!

The insurance companies know you don't know that in most instances they must pay, and a lot of doctors offices don't know the laws that protect the patient and the doctor, so the insurance company will try this tactic and oftentimes get away with it!

But here's the truth of the matter...

Laws specifically state that no matter what, the doctor must bill your industrial insurance company and CANNOT directly charge you for care for your work-related injury!...And If payment is denied, the doctor must seek to get paid through the Worker's Compensation Appeals Board for the State of California by filing a lien and litigating the bill before a judge.

Now, it is also true that many insurance adjusters, employers, and insurance companies follow the law, treat injured workers very fair, and provide great service to the employer, the injured employee, and the doctors who treat them.

But those people who have that experience are usually not the ones ordering this FREE REPORT.

What I commonly find is angered, frustrated, and many times financially devastated injured workers who just don't really know what to do.

I have met people who have just quit their job and gave up or were driven to quit by the treatment and abuse they received at work.

Another common occurrence is patients who need treatment and are not getting it, or getting treatment that isn't helping, or they don't like or want, for example, medications they would prefer not to take, or endless physical therapy visits that oftentimes are nothing more than supervised exercise sessions that don't address the actual cause of the problem, pain, or dysfunction.

Here Are Some Common Questions I Get From Frustrated Injured Workers...

1. "What should I do if I am told who I can and cannot go to for my work injury?"

Answer: It is not uncommon for any doctor to be denied authorization to treat the injured workers. That often means absolutely nothing. Only after hearing about the details of your situation can I determine if I can help you or not. Just because you are told where you can and cannot go doesn't mean you are being told the truth.

2. "I want to get care, but I belong to Kaiser, Unicare, Blue Shield HMO, Etc...and they don't cover chiropractic. What should I do?"

Answer: Your personal health insurance has absolutely nothing to do with worker's compensation or what your treatment options are. Industrial or worker's compensation insurance is just that; insurance for on-the-job injuries. The employer pays for it by law. The employee never pays for it by law. The State of California has specific laws that apply to this area. One of the biggest is you don't pay for your treatment.

3. "The insurance company says it will absolutely not authorize care. What can I do?"

Answer: Although there are some legitimate reasons, there are many illegitimate reasons as well. If that is the case, then schedule an appointment with my office immediately. Explain to me what is going on, and I will help you get this handled. The fact is that there is no way I can effectively explain to you in this free report the entire law that applies to this area. Just know it IS extensive, and that it is not that easy to legally deny care that is needed to an injured worker. What they're telling you is oftentimes not the FINAL ANSWER!

4. "Do I need to talk to an attorney?"

Answer: You may, you may not. Until I talk to you and know your situation, it would be difficult to advise you on that. Many injured workers have attorneys, and many do not. But unfortunately, there are some attorneys that do not want you to get better! The more you recover from your injury, the more your disability rating goes down. That cuts the total settlement down. This means the attorney gets paid a percentage of a small number.

This can be the reason why they will tell you not to seek this or that treatment. You may think there is a logical reason, but there's a financial reason! I know it's sick, but it does

happen. And the worst part is that we are not talking much in terms of money compared to the pain and agony of you not getting better!

5. **“My pain is making doing my work difficult. What should I do?”**

Answer: There is a form called an **RU-90** form. You and your employer should fill this out. It covers things like how long you stand, sit, lift, keyboard on the computer, and so on.

This is a key document I use to determine if you should or should not be working, or what modifications, if any, may be necessary. I may take you off work; I may have you do modified work. **We can request this form for you!**

And The Three Most Common Questions Of All...

6. **“Can you take me off work?”**

Answer: Yes, if you need to be off work due to pain or an inability to perform the essential duties of your job. However, if there is an alternative light duty work I think you can do that is offered, I will send you back to work while treating you. It is a judgment call for every doctor, and your input is considered. I take this responsibility very seriously.

7. **“I am not being paid disability by my work. What do I do?”**

Answer: If your claim is being disputed, or your claim is being investigated during the first 90 days following a filing and you aren't working, you may not be paid disability. In this situation, you would need to go on State Disability to receive payments until the investigation is finished or the dispute is resolved.

The State would then recover from the insurance company at a later time by having a lien against your disability benefits. This form is available with the State Disability Office. This claim form is filled out by you and by me, then I sign it and mail it in.

8. **“I have a doctor now that I am happy with. Why would I see you?”**

Answer: If you have a doctor that you are happy with, and things are going well with the insurance company and your employer, then you are the exception to the majority who request this report.

If you live in the area and are not seeing a Doctor of Chiropractic with the experience and qualifications to effectively care for injured workers, then please quickly read these injured worker studies. In a moment, I will introduce myself and explain why having me review your case might be a good idea...

THE FLORIDA STUDY: This large State of Florida study examined 10,652 patients who sustained back-related injuries on the job. Their findings revealed that individuals who received chiropractic care compared with standard medical care for similar diagnoses experienced a (i) 51.3 percent shorter temporary total disability duration; (ii) lower

treatment cost by 58.8 percent (\$558 vs. \$1,100 per case); and (iii) 20.3 percent hospitalization rate in the chiropractic care group vs. 52.2 percent rate in the medical care group.

An Analysis of Florida Workers' Compensation Medical Claims for Back-Related Injuries.
Wolk S. Foundation for Chiropractic Education and Research, Arlington, VA. - 1988.

THE CALIFORNIA STUDY: In this study, Richard Wolf, M.D. followed 500 individuals sent for chiropractic treatments and 500 individuals sent to medical doctors for treatment. Those who received chiropractic treatments returned to work in an average of 15.6 days vs. 32 days in those who received treatments from medical doctors.

Industrial Back Injury. Wolf CR. International Review of Chiropractic - 1974;26:6-7.

THE OREGON STUDY: This Oregon study found that individuals with worker's compensation claims returned to work significantly faster under chiropractic care compared with medical care. In fact, under chiropractic care 82% were able to return to work after one week compared with only 41% of those who received medical care.

A Study of Time Loss Back Claims. Portland, OR. Workers' Compensation Board, State of Oregon, March 1971.

THE AUSTRALIAN STUDY: In this Australian study, 1,996 workers' compensation cases were evaluated in patients who experienced work-related mechanical low back pain. It was found that those individuals who received chiropractic care for their back pain returned to work 4 times faster (6.26 days vs. 25.56 days) and had treatment that cost four times less (\$392 vs. \$1,569) than those who received treatments from medical doctors. Also, in those patients who received chiropractic care, there was a significantly lower incidence of progression to a chronic low back pain status.

Mechanical Low-Back Pain: A Comparison of Medical and Chiropractic Management

Did You Know?...

1. **You may receive treatment for up to five years** following an injury in many cases, and in some instances, even if your claim has been “closed.” (I once had an adjuster tell me, “But Doctor, that file is closed.”...So I said, “Well, open it!”)
2. If your current symptoms are from the injury, even if it was in 1995, 1996, and so on, you may be entitled to re-open your claim for treatment. I have had to do this for patients when their condition **progressively got worse** or when their current condition is from a flare-up of an older injury.

In case you don't already know, my name is Dr. Matt Costantino, an authority in the accurate documentation and appropriate care of work-related injuries.

For over 10 years, I've been very successful in treating:

- CARPAL TUNNEL SYNDROME
- WRIST/HAND INJURIES
- LOW BACK INJURIES
- NECK INJURIES
- OTHER INDUSTRIAL-RELATED INJURIES
- AUTO ACCIDENT INJURIES

It has been both my experience and frustration that injured workers are often denied benefits they are entitled to; including things like...

- Appropriate health care by a doctor experienced in working within the worker's compensation system and successfully caring for work-related injuries
- Vocational Rehabilitation (job re-training)
- Disability Benefits

“My staff and I understand the worker's compensation system!”

I would like to make an appointment. Do I need to call the insurance company myself first? Or what do I do?



If you have been injured and would like a free consultation, second opinion, or need care for your injury, call one of my offices and I will be happy to help you. You do NOT need pre-authorization from the insurance company, and you do NOT need to call them first.

Thank you for your time and I hope reading this report was helpful to you!

Sincerely,

Dr. Matt Costantino
Doctor of Chiropractic

P.S. - If you are undecided on becoming a patient, need help, have more questions, or need more information, set up a free consultation and let my staff know that you only want a consultation. Bring all your documents you have, such as MRI results, reports, and other correspondence. I will be happy to help you sort it out.

P.P.S. - I have had patients tell me that having a consultation with me helped them understand more about their workers compensation claim than talking with their attorney. If you told me you had an attorney who never or rarely returned your calls, I would not be surprised, because I hear that a lot.

Let's wrap it up: There are usually a bunch of letters that you have been sent which may include terms you do not understand, or raise questions about what you should do. Although I do not give legal advice, I can often clear up what is happening, explain what benefits are available, and how they would apply to you. I think it is hard enough having a work-related injury without understanding what is going on, or worse, not getting the treatment you want and need. These claims can and often do drag on and on until they are finally resolved. In the meantime, being in a complete mystery as to what is happening is never helpful, it just adds to the stress and often the upset of it all. Please feel free to call my office if you need some help. That's what I am here for!

Our Office Is Here To Serve You!

I have an injury care center in Hermosa Beach: **1-310-798-3227**

(We are extremely competent and busy. If your call goes to voice mail, do not call back - just leave a message!)

My Office Hours Are:

Monday, Wednesday & Friday 8:00 AM - 6:30 PM • Tuesday 4:00 PM - 6:00 PM.

WARNING: Making a false or fraudulent worker's compensation claim is a felony subject to up to five (5) years in prison or a fine of up to \$50,000 or double the value of the fraud, whichever is greater, or by both imprisonment and fine.