WORKERS' COMPENSATION COURT RULES

AS ADOPTED BY THE WORKERS' COMPENSATION COURT IN CONFERENCE ON JANUARY 27, 2012 AND APPROVED AND AMENDED BY THE OKLAHOMA SUPREME COURT BY ORDER AT 2012 OK 19

EFFECTIVE MARCH 6, 2012

RULE 1. ADMINISTRATOR

The Administrator shall perform such duties and responsibilities as authorized by law, and as the judges of the Court may prescribe.

RULE 2. RULES OF THE COURT

Any matter of practice or procedure not specifically dealt with either by the Workers' Compensation Code or by these rules will be guided by practice or procedure followed in the district courts of this state.

RULE 3. FORMS UNDER OLD RULES

A. Forms or other documents which were in conformity or compliance with Court rules when filed shall be given full effect in accordance with the Court procedure in force at the time of their filing.

B. All forms and other documents shall be submitted to the Workers' Compensation Court on letter size, 8 ½" x 11", paper.

RULE 4. DOCUMENTS AND ORDERS - SIGNATURES

A. Any document, correspondence or order submitted to the Court, Court Administrator or to any trial judge thereof, shall be typed or printed legibly and shall bear the typed or printed name and the signature of the person who prepared the document or correspondence; the firm name if applicable; the complete address, including the zip code; the telephone number, including the area code; and the assigned file number, if any. If the document or correspondence has been prepared by an attorney, the attorney's Oklahoma Bar Association number shall also be listed.

B. The signature of an attorney or party constitutes the following:

1. a certification that the form, motion or other paper has been read;

2. that to the best of the attorney's or party's knowledge, information and belief formed after reasonable inquiry, it is well grounded in fact and is warranted by existing law or a good faith argument for the extension, modification or reversal of existing law; and

3. that it is not interposed for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.

C. Any document or correspondence submitted to the Court shall include a certificate of mailing to all parties.

RULE 5. DATE OF FILING - STAMPING - TIME COMPUTATION

All forms filed with the Court shall be file-stamped by the Clerk on the date of receipt. Time limits prescribed by law or these rules shall be computed from the date of filing as reflected by the date of the file stamp on the document. When the period of time prescribed or allowed is less than eleven (11) days, intermediate legal holidays and any other day when the office of the court clerk does not remain open for public business until the regularly scheduled closing time, shall be excluded from the computation.

RULE 6. CORRESPONDENCE WITH THE COURT; PROHIBITED COMMUNICATIONS WITH THE COURT AND COURT APPOINTED PROFESSIONALS

A. All required filings pertaining to any case shall be sent to the Workers' Compensation Court Administrator, 1915 North Stiles Avenue, Oklahoma City, Oklahoma 73105. After the case has been assigned, correspondence may be addressed to the assigned trial judge.

B. Parties, attorneys, mediators, case managers, vocational rehabilitation evaluators, witnesses and medical providers shall have no ex parte communications with the assigned trial judge regarding the merits of a specific matter pending before the assigned judge of the Workers' Compensation Court.

C. 1. Direct or indirect ex parte communications with court appointed professionals regarding specific cases or claimants are prohibited except as provided in this subsection.

2. For purposes of this subsection, "court appointed professionals" means independent medical examiners, vocational rehabilitation counselors, case managers, and others who have been appointed by the Court to provide services or treatment to the claimant. The term also includes the office staff of the professional and any physician who accepts a referral from a court appointed professional for treatment or evaluation of the claimant when such referral is authorized by the Court. The term excludes a Form A physician selected pursuant to 85 O.S., Section 336(E).

3. Permitted communications are the following:

a. Joint letter of the parties requesting information or opinions from the court appointed professional after approval by the assigned judge.

b. Communication with the staff of a court-appointed independent medical examiner to schedule or verify an appointment, or to authorize diagnostic testing, treatment or surgery.

c. Communications with a court appointed case manager concerning light duty issues consistent with the physician's restrictions.

d. Any communication between the claimant and the court appointed professional necessary to complete the claimant's treatment, testing or evaluation.

e. Communication between court appointed professionals.

4. Failure to comply with this subsection may, in the discretion of the assigned judge, result in imposition of costs, citation for contempt of court, or sanctions against the offending party.

5. This subsection applies to the attorneys, agents, and employees of the parties and anyone acting on their behalf.

6. Instances of prohibited communications with a court appointed professional shall be communicated by the court appointed professional to the assigned judge and all counsel, in writing.

RULE 7. APPEARANCE OF PARTIES

A. A party in any proceeding before this Court, including agreed settlements, may appear pro se, by an attorney licensed to practice law in Oklahoma, by an out-of-state attorney admitted to practice before the Court pursuant to rules of the Oklahoma Bar Association, or by a licensed legal intern. Provided further, corporate entities, limited liability companies, insurance companies and own risk employers may appear only by an attorney. No persons except licensed attorneys, pro se litigants, and legal interns knowledgeable of the case may present documents to the judge for signature.

B. Attorneys who will appear before the Court on behalf of a party shall notify the Court of their appearance by filing an entry of appearance. An entry of appearance on behalf of the respondent shall be filed no later than ten (10) days after the respondent's receipt of a file-stamped copy of a Form 3, 3A, 3B or 3F. The entry of appearance for the respondent shall contain language stating whether the employer is an active member of a certified workplace medical plan in which the claimant is potentially enrolled.

C. The attorney of record for the claimant in a case shall be the attorney signing the first Form 3, 3A, 3B or 3F filed in the case. Any other attorney who files an entry of appearance on behalf of any party in the case or who is identified as a substitute attorney pursuant to a notice of substitution of attorney shall also be considered an attorney of record. The Court shall send notices to all attorneys of record until a substitution of attorney has been filed or an Application for Leave to Withdraw as Attorney has been filed and granted by the Court pursuant to Rule 51(B). Various attorneys may appear before the Court in a matter, but notice shall be sent only to those attorneys who are an "attorney of record" as defined in this subsection.

RULE 8. FORMS - PREPARATION AND ADOPTION - USE

The Court shall prepare and adopt such forms for use in matters before the Court as it may deem necessary or advisable. Whenever Court forms are prescribed and are applicable, they shall be used. Printed copies of all forms may be procured in reasonable quantities upon request to the Clerk of the Court, or may be downloaded from the Court's web site.

The following forms have been adopted by the Court:

Form 1A:	Oklahoma Workers' Compensation Notice and Instruction to Employers and Employees.
Form 1B:	Employer's Application for Permission to Carry Its Own Risk Without Insurance.
Form CCS	Certificate to Compromise Settlement.
Form CS-Appendix	Appendix to Compromise Settlement.
Form CS-339-A	Compromise Settlement.
Form CS-339-B	Compromise Settlement – Agreement Between Employer and Employee as to Fact with Relation to an Injury and Payment of Compensation.
Form CSD-337	Compromise Settlement (Death Claim).
Form 2:	Employer's First Notice of Injury.
Form 3:	Employee's First Notice of Accidental Injury and Claim for Compensation.
Form 3A:	Claimant's First Notice of Death and Claim for Compensation.
Form 3B:	Employee's First Notice of Occupational Disease and Claim for Compensation.
Form 3F:	Employee's Notice of Claim for Benefits from the Multiple Injury Trust Fund.
Form 4:	Treating Physician's Report and Notice of Treatment.
Form 5:	Physician's Report on Release and Restrictions.
Form 7:	Designation of Service Agent.
Form 9:	Motion to Set for Trial.

Form 10:	Answer and Pretrial Stipulation Offered by Respondent.
Form 10A:	Respondent's Response to Claimant's Form A Application for Change of Physician
Form 10M:	Response to Request for Payment of Charges for Medical or Rehabilitation Services.
Form 13:	Request for Prehearing Conference.
Form 17:	Physician Disclosure Statement.
Form 18:	Request for Court Administrator Review of Medical Charges.
Form 19:	Part I. Request for Payment of Charges for Health or Rehabilitation Services. Part II. Notice of Appeal of Court Administrator Order.
Form 20:	Proof of Loss (Death Claim).
Form 93:	Application and Order For Leave to Withdraw as Attorney of Record.
Form 99:	Pauper's Affidavit.
Form 100:	Claimant's Application and Order for Dismissal.
Form 463:	Application for Physicians Seeking Appointment as an Independent Medical Examiner.
Form 626:	Application for Medical Case Manager.
Form 862:	Application for Vocational Rehabilitation Evaluator.
Form A:	Claimant's Application for Change of Physician and Request for Hearing.
Form 926	Mediator Application.
NPT Request	Nunc Pro Tunc Request.

Request for Appointment of Independent Medical Examiner, Rehabilitation Evaluator or Medical Case Manager.

RULE 9. NOTICE OF INJURY

An employee shall give oral or written notice of injury to the employer pursuant to 85 O.S., Sections 318 and 323.

RULE 10. COMMENCEMENT OF CLAIM AND DESIGNATION OF A SERVICE AGENT

A. A claim for compensation under the Workers' Compensation Code shall be commenced by filing, in quadruplicate, an executed notice form that includes the employer's Federal Employer Identification Number. The following forms shall be used, as appropriate:

1. Form 3 for accidental injury benefits;

2. Form 3A for death benefits; and

3. Form 3B for occupational disease benefits.

B. A proceeding under Rule 50, to address payment of disputed health service expenses (physician's fees, hospital costs, etc.) shall be commenced by filing a Form 18 or Form 19. A proceeding under Rule 50 to address disputed vocational rehabilitation expenses or medical case management expenses shall be commenced by filing a Form 19. A Form 9 shall be filed to request a hearing on a Form 19 dispute.

C. When the claimant files a claim for compensation (Form 3, Form 3A or Form 3B), the Court shall mail a file-stamped copy of the claim form bearing the assigned file number to a single service agent of the self-insured employer, group self-insurance association, insurance carrier or CompSource Oklahoma which shall be designated on a Form 7 and filed with the Court. The Court shall send all notices and correspondence to the service agent, until an entry of appearance is filed pursuant to Rule 7. If no service agent is designated on a Form 7, notices and correspondence shall be sent to:

1. the signatory on the self-insurance application, if the insurer is a self-insured employer;

2. the Administrator of the group self-insurance association, if the insurer is a group self-insurance association;

3. the person designated to receive notice of service of process for an insurer as provided in 36 O.S., Section 621, if the insurer is a foreign or alien insurance carrier;

4. the President and Chief Executive Officer of CompSource Oklahoma, if the insurer is CompSource Oklahoma; or

5. the service agent on file with the Secretary of State, if the insurer is a domestic insurance carrier.

D. If the employer is uninsured or the Court cannot determine insurance coverage, notices and correspondence shall be sent by certified mail to the employer's last known address until an attorney enters an appearance on behalf of the employer or certified mail from the Court to the employer is twice returned either unclaimed or addressee unknown, whichever occurs first. If certified mail from the Court to the employer is twice returned either unclaimed or addressee

unknown, subsequent mailings from the Court to the employer shall be by United States regular mail and service upon the employer of notice of the compensation claim and proceedings shall be attempted by the claimant pursuant to 12 O.S., Section 2004. The claimant has the burden of establishing that such service was effected.

RULE 11. CLAIMS AGAINST MULTIPLE INJURY TRUST FUND

A. A claim against the Multiple Injury Trust Fund shall be commenced by filing an executed Form 3F. The Form 3F shall list each of the claimant's prior adjudicated claims, the date of each injury, the Court file number and the percentage of permanent partial impairment or disability awarded for each injury. If the claimant claims a pre-existing obvious and apparent disability, the disability shall be fully described on the Form 3F, but no percentage of impairment need be included. A Form 9 shall be filed to request a hearing. Upon filing the Form 9, the claimant or the claimant's attorney shall mail a copy thereof to the Multiple Injury Trust Fund.

B. At the time of filing the Form 3F, the claimant or the claimant's attorney shall certify that a true and correct copy thereof has been mailed to the Multiple Injury Trust Fund.

C. The notation on the Form 3 or Form 3B that the claimant is a previously impaired person shall not be deemed to commence a claim against the Multiple Injury Trust Fund. The Form 3F must be filed in the claim in which benefits are sought and shall use that same Court file number.

D. All requests by the Multiple Injury Trust Fund for the appointment of an independent medical examiner shall be governed by 85 O.S., Section 329 and these rules.

RULE 12. **(Intentionally left blank.)**

RULE 13. DEATH CLAIMS AND REVIVOR ACTIONS

A. Death claims must be filed by the personal representative of the deceased employee's estate if probate proceedings have begun. If no probate proceeding has been brought, a death claim may be filed by the surviving spouse, or where there is no such spouse, then by the next of kin of the deceased employee. If the latter is incompetent or a minor, the guardian of such person shall be the proper party-claimant.

B. All persons who have or may assert a claim for death benefits shall be named in the claim and their addresses and relationship to the deceased shall be given.

C. If there are any heirs at law or beneficiaries named in the claim whose current whereabouts are not known, notice to such persons shall be obtained by publication in the county in which the decedent last resided, and the county of the last known address of any such heir or beneficiary. Publication shall be for one time per week for three successive weeks.

D. Revivor actions shall be conducted in accordance with 12 O.S., Section 2025(A)(1).

RULE 14. COMMENCEMENT OF TEMPORARY COMPENSATION AND MEDICAL TREATMENT

A. Upon the receipt of notice that an employee has been injured, the employer has an obligation under the Workers' Compensation Code to provide that employee with reasonable and necessary medical treatment, and to commence temporary compensation if the employee is disabled and unable to return to work for more than seven (7) calendar days. It is not necessary for there to be any order of this Court directing the employer to provide these benefits; provided there shall be no payment for the first seven (7) days of the initial period of temporary total disability unless the Court declares the employee to be temporarily totally disabled for more than twenty-one (21) calendar days. Payments of temporary total disability or temporary partial disability or voluntary provision of medical treatment shall not constitute admission by the employer or the insurer as to liability, compensation rate or any other material fact.

B. Once a Form 3 or 3B has been filed, temporary compensation shall be provided to the employee as specified in 85 O.S., Section 332(E), unless the employer has timely denied the claim by filing a Form 10 which specifically notes the denial of the employee's claim for temporary compensation. A Form 9 may be filed by the employee not less than ten (10) days after the employee has filed a Form 3 or Form 3B.

C. Disputes involving multiple insurers or multiple employers regarding liability for temporary disability benefits and/or immediate medical care and the continuing health care expenses of an employee shall be set for prehearing conference before the assigned judge. The judge may direct one carrier or employer to pay for such temporary disability benefits and/or medical care, subject to reimbursement as provided in 85 O.S., Section 409.

RULE 15. TERMINATION OF TEMPORARY COMPENSATION

A. Temporary compensation may be terminated if the worker has no claim for compensation (Form 3 or Form 3B) on file with the Court. If there is a Form 3 or Form 3B on file, the employer may terminate temporary compensation without a Court order only if one of the following events occur:

1. The claimant returns to full-time employment;

2. The claimant fails to:

   a. object within ten (10) days of receipt of written notification from the employer of the employer's intent to terminate temporary total disability benefits for any reason provided in 85 O.S., Section 332(B). Notification from the employer shall be sent to the claimant's attorney of record or to the claimant if unrepresented; or

   b. object within fifteen (15) days of receipt of written notification from the employer of the employer's intent to terminate temporary total disability benefits as provided in 85 O.S., Section 332(G). Notification from the

employer shall be sent to the claimant's attorney of record or to the claimant if unrepresented;

3. Except as otherwise provided in 85 O.S., Section 332(I), the claimant is incarcerated for a misdemeanor or felony conviction in this state or another jurisdiction;

4. The claimant files a permanent partial impairment or permanent total disability rating report or a Form 9 requesting a hearing on permanent partial impairment or permanent total disability;

5. The parties voluntarily agree in writing to terminate temporary compensation;

6. The claimant dies; or

7. Any other event that causes temporary total disability benefits to be lawfully terminated without Court order pursuant to 85 O.S., Section 332 or as otherwise permitted in the Workers' Compensation Code.

B. In all other instances, temporary compensation may be terminated only by Court order. A respondent may request a hearing on the termination of temporary total disability benefits by filing a Form 13 with the Court and concurrently mailing a copy thereof to the opposing parties. The Form 13 mailed to the opposing parties shall include a copy of all evidentiary exhibits relied upon by the respondent in support of terminating temporary compensation.

C. If a respondent is found to have improperly terminated temporary compensation, the Court shall order the compensation reinstated retroactive to the date of termination and assess a fifteen percent (15%) penalty against the respondent on all unpaid benefits as of the date of the trial. The Court also may require the respondent to file a new Form 13 and show full compliance with this rule before a trial on the respondent's request to terminate temporary compensation will be conducted.

D. If the claimant objects to the termination of temporary total disability benefits, the claimant may request an expedited hearing on the issue of reinstatement of temporary total disability benefits as provided in 85 O.S., Section 332(B) or pursuant to 85 O.S., Section 332(G), as applicable.

RULE 16. DENIAL OF CLAIMS - DEFENSES

A. The respondent or its insurance carrier may deny liability of any claim, including a claim for payment of health care services or rehabilitation expenses, or a claim for combined disabilities, by timely filing a Form 10 or Form 10M under Rule 19 or Rule 50, as appropriate.

B. 1. A general denial or failure to timely file a Form 10 or Form 10M shall be taken as admitting all allegations in the claim form except jurisdictional issues; and

a. the extent, if any, of the claimant's disability, for a Form 3 or Form 3B claim; or

b. the amount due, if any, for a death claim.

2. Unless excused by the Court for good cause shown, denials and affirmative defenses shall be asserted on the Form 10 or Form 10M or shall be waived. No reply to the Form 10 or Form 10M is required.

RULE 17. SCHEDULING CONFLICTS INVOLVING MATTERS SET BEFORE THIS COURT

Any attorney with a scheduling conflict shall provide seven (7) days notice in writing to opposing counsel and all assigned judges along with a proposed resolution of the conflict. The judges affected may confer and require the parties to appear earlier than scheduled, or strike and reschedule any affected hearing, all as justice may require. Scheduling conflicts between this court and other courts are governed by the Guidelines for Resolving Scheduling Conflicts adopted by the Oklahoma Supreme Court at 1998 OK 117.

RULE 18. **(Intentionally left blank.)**

RULE 19. MOTIONS TO SET AND PRETRIAL STIPULATIONS

A. Any party may request a trial on any issue by filing a Form 9. When a Form 9 is filed on the issues of permanent partial impairment or permanent total disability, the claimant shall deliver a verified or declared medical report to the opposing attorney(s). The name of the physician and the date of the report shall be noted on the Form 9. No Form 9 may be filed less than ten (10) days from the date the claimant has filed a Form 3, 3A or 3B with the Court.

B. Except for objections to termination of temporary compensation made pursuant to 85 O.S., Section 332(B) or 85 O.S., Section 332(G), which shall be set by the Court on the assigned trial judge's prehearing conference docket, all cases involving a request for temporary compensation or medical treatment shall be set by the Court on a temporary issue scheduling docket prior to the case being docketed for trial, unless otherwise directed by the assigned trial judge. At the time of the temporary issue scheduling docket, all parties, to the best of their ability, shall advise the Court and all parties of the number of witnesses expected to be called at the time of trial.

C. The procedure to request a trial for the termination of temporary compensation is governed by Rule 15.

D. In all cases, the respondent shall file a Form 10 or Form 10M no later than thirty (30) days after the filing of the Form 9. The Form 10 or Form 10M may be amended at any time, not later than twenty (20) days prior to the date of trial.

E. No later than twenty (20) days prior to the date of trial, all parties shall exchange medical reports, all documentary evidence, exhibits and a complete list of witnesses with all

opposing parties. Absent waiver by the opposing party, failure without good cause to comply with this subsection shall result in:

1. Exclusion of the evidence if submitted at trial; or

2. A continuance of the proceedings and assessment of costs against the offending party, including all reasonable charges incurred by the opposing party for deposing the witness or cross-examining the witness regarding the untimely offered medical report, documentary evidence, or exhibit.

F. Both the Form 9, and the Form 10 or Form 10M, shall list the names of all witnesses, including any expert witnesses, which the party intends to call at the time of trial. Any witness not listed shall not be allowed to testify. Failure to comply with this subsection shall result in the exclusion of the evidence, if submitted, at the trial.

G. The provisions of this rule may be excused by the Court for good cause shown.

RULE 20. MEDICAL EVIDENCE

A. Expert medical testimony may be offered by:

1. A verified or declared written medical report signed by the physician;

2. Deposition; or

3. Oral examination in open Court.

B. The Workers' Compensation Court, recognizing that it is costly and time-consuming to have physicians appear at trial to testify, encourages the production of medical evidence by verified or declared written medical reports. The Court encourages but does not require the report to include the following information, as applicable:

1. A complete history of the claimant, including all previous relevant or contributory injuries with a detailed description of the present injury.

2. The complaints of the claimant.

3. The physician's findings on examination, including a description of the examination and any diagnostic tests and x-rays.

4. The date and cause of the alleged injury and whether, in the physician's opinion, it is job-related.

5. The period during which the claimant was temporarily and totally disabled and, if such temporary total disability has ended, the date on which it ended. If temporary total disability continues at the time of the report, the physician should so state.

6. A finding which apportions the percentage of claimant's pre-existing permanent partial impairment, if any.

7. Whether the claimant is capable of returning to light duty or full duty work, and what physical restrictions, if any, should be imposed on the claimant, either temporarily or permanently.

8. Whether the claimant has reached maximum medical improvement.

9. Whether the claimant is able to return to the claimant's former employment or is a candidate for vocational rehabilitation.

10. Whether the claimant is in need of continuing medical care, and if so, the type of continuing medical care needed.

11. The existence or extent of any permanent impairment.

12. An apportionment of injury causation.

13. Any other detailed factors upon which the physician's evaluation of permanent impairment is based.

C. Medical opinions addressing compensability and permanent impairment must be stated within a reasonable degree of medical certainty. Medical opinions concerning the existence or extent of permanent impairment must be supported by objective medical evidence of permanent anatomical abnormality or loss of use, and, in appropriate cases, may include medical evidence that the ability of the employee to earn wages at the same level as before the injury has been impaired. Medical opinions supporting employment as the major cause of occupational disease or age-related deterioration or degeneration, must be supported by objective medical evidence. "Objective medical evidence" includes medical testimony that rests on reliable scientific, technical or specialized knowledge, and assists the Court to understand the evidence or to determine a fact in issue.

D. The medical report must be verified or contain a written declaration, made under the penalty of perjury, that the report is true. The following form of declaration is suggested: "I declare under penalty of perjury that I have examined this report and all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete."

E. A claim for compensation for permanent disability must be supported by competent medical testimony which shall be supported by objective medical evidence and which shall include an evaluation by a physician stating an opinion of the claimant's percentage of permanent impairment and whether or not the impairment is job-related and caused by the accidental injury or occupational disease. The treating physician's evaluation, if any, shall be issued within fourteen (14) calendar days of the treating physician's release of the injured worker from active medical treatment and shall be sent by the treating physician to the parties within seven (7) calendar days of issuance. Unless the treating physician's evaluation is sent to the parties as required by this rule, there shall be deemed to be no treating physician evaluation.

F. 1. Upon receipt of the physician's medical report, the party-recipient may object to the hearsay nature of the report and request cross-examination of the physician by deposition. Written notice of the objection must be given to all parties and to the Court within ten (10) days of receipt of the report or such objection shall be deemed waived.

2. All other objections to the medical report shall be raised at the time of trial or shall be waived.

G. Within ten (10) days after a hearsay objection and request for cross-examination, arrangements for the taking of the physician's deposition shall be made by the offering party; provided, however, if the objection is to an independent medical examiner's report, arrangements for the deposition and payment of such physician's costs shall be made as provided in Rule 28(D). Except in the case of a court-appointed independent medical examiner, the party requesting the deposition testimony of any such physician, shall be responsible for the reasonable charges of the physician for such testimony, preparation time, and the expense of the deposition.

RULE 21. AMA GUIDES

A. Except for scheduled member injuries enumerated in 85 O.S., Section 333(E) and as otherwise provided in Rule 22 and Rule 23, a physician's evaluation of permanent impairment for injuries occurring on or after August 26, 2011 shall be based solely on criteria established by the Fifth Edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment, except for the Diagnosis-Related Estimates (DRE) Method, including the DRE tables set forth in Chapter 15, "The Spine." The examining physician shall not deviate from the Guides or any alternative thereto except as specifically provided for in the Guides or modifications to the Guides adopted as provided in 85 O.S., Section 333(C).

B. Evaluations of permanent impairment which are prepared in support of a Motion for Change of Condition shall be performed using the appropriate edition of the AMA Guides, including any approved alternative method that deviates from or is used in place of or in combination with the Guides, in effect on the date of injury.

RULE 22. HEARING IMPAIRMENT

A. The "Guides to the Evaluation of Permanent Impairment" of the American Medical Association, or any alternative method approved pursuant to 85 O.S., Section 333(C) that deviates from or is used in place of or in combination with the Guides, in effect on the date of injury, shall be used to evaluate permanent impairment caused by hearing loss where the last exposure occurred on or after August 26, 2011. Objective medical evidence necessary to prove physical or anatomical impairment in occupational hearing loss cases shall be established by medically recognized and accepted clinical diagnostic methodologies, including, but not limited to, audiological tests that measure air and bone conduction thresholds and speech discrimination ability.

B. Hearing loss in only one ear shall be rated under the AMA Guides as a monaural hearing loss. Hearing loss in both ears shall be rated under the AMA Guides as a binaural hearing loss and shall not be converted to a whole person rating.

RULE 23. EYE IMPAIRMENT

A. The criteria for measuring and calculating the percentage of eye impairment shall be pursuant to this rule. A physician may deviate from the method of evaluation provided for in this rule or may use some other recognized method of evaluation, if the deviation or the method of evaluation is fully explained.

B. Loss or loss of use of an eye is subject to the schedule of compensation provided in 85 O.S., Section 333(E). Industrial blindness (a visual acuity for distance of 20/200), in both eyes, constitutes statutory permanent total disability per 85 O.S., Section 308(36), regardless of the employee's capacity for gainful employment. Permanent impairment for loss of vision in one eye shall not be converted to the body as a whole. Permanent impairment for loss of vision in both eyes may be combined into impairment to the body as a whole only if the physician rates the loss of each eye separately and then evaluates the combination. It is not necessary to show the percentage of permanent impairment for loss of vision above industrial blindness since there can be no loss greater than one-hundred percent (100%).

C. Physicians should consult the American Medical Association's "Guides to the Evaluation of Permanent Impairment" regarding the equipment necessary to test eye function and for methods of evaluating vision loss. The following Snellen Chart may then be used to compute the percentage of visual efficiency and percentage of permanent eye impairment. Evaluation of visual impairment may be based upon visual acuity for distance and near, visual fields and ocular motility with absence of diplopia.

D. All measurements shall be based upon corrected vision; provided, implantation of an intraocular lens is not a "correction" to the claimant's vision within the purview of this rule. When an artificial lens is surgically implanted to replace the removed lens, it is a permanent restorative device and determination of impairment to vision is based on anatomical or functional loss of sight remaining after the lens is implanted.

SNELLEN CHART

Snellen Notation for distance	Snellen Notation for near	Percentage of Visual Efficiency	Percentage Loss of Vision (Okla.)	Comp. Rate in Weeks (Okla.) For injuries occurring on and after 08-26-11
20/20	14/14	100.0	0.0	0.0
20/25	14/17.5	95.7	4.3	11.83
20/30	14/21	91.7	8.5	23.38
20/35	14/24.5	87.5	12.5	34.38
20/40	14/28	83.6	16.4	45.10
20/45	14/31.5	80.0	20.0	55.0
20/50	14/35	76.5	23.5	64.63
20/60	14/42	69.9	30.0	82.50
20/70	14/49	64.0	36.0	99.0

Snellen Notation for distance	Snellen Notation for near	Percentage of Visual Efficiency	Percentage Loss of Vision (Okla.)	Comp. Rate in Weeks (Okla.) For injuries occurring on and after 08-26-11
20/80	14/56	58.5	41.5	114.13
20/90	14/63	53.4	46.6	128.15
20/100	14/70	48.9	51.1	140.53
20/120	14/84	40.9	59.1	162.53
20/140	14/98	34.2	65.8	180.95
20/160	14/112	28.6	71.4	196.35
20/180	14/126	23.9	76.1	209.28
20/200	14/140	20.0	100.0 (Industrial Blindness)	275.0 [1]

[1] Source: 85 O.S. 2011, Section 333(E).

RULE 24. MEDICAL AND HOSPITAL RECORDS

A. Copies of all relevant medical and hospital records to be introduced at trial shall be provided to opposing parties in a timely manner as required by Rule 19.

B. The Court recognizes that records subject to this rule are widely accepted as exceptions to the hearsay rule and will entertain only the objection that the records are not properly identified. A party wishing to object to the records as not being properly identified shall notify the offering party and the Court, in writing, of the objection within ten (10) days of the receipt of the records. The offering party shall promptly arrange the deposition of the custodian of the records. The inquiry at deposition shall be limited to the identification of the offered records. If the offered records are ultimately admitted in evidence, the cost of the deposition shall be assessed against the objecting party. If the offered records are ultimately excluded from evidence, the cost of the deposition shall be assessed against the offering party.

C. For purposes of this rule, "medical or hospital records" means the regularly kept records of any hospital, clinic, emergency room or other treatment facility and the office records or notes, including summaries, of any physician as defined by 85 O.S., Section 326(D). "Medical and hospital records" do not include any statement, letter, memorandum or report prepared by a physician specifically for use at trial.

D. Medical and hospital records offered in evidence in accordance with this rule are to be received in evidence for historical purposes only.

RULE 25. VOCATIONAL REHABILITATION AND CASE MANAGEMENT EVIDENCE

A. Testimony of a vocational rehabilitation expert or medical case manager shall be presented by:

1. A written verified or declared [as defined in Rule 20(D)] report signed by the vocational rehabilitation expert or medical case manager, as appropriate;

2. Deposition; or

3. Oral examination in open Court.

B. Upon receipt of an adverse party's vocational rehabilitation evaluator's report or medical case manager's report, a court-appointed vocational rehabilitation evaluator's report, or a court-appointed medical case manager's report, the party-recipient may object to the hearsay nature of the report and request cross-examination of the evaluator or case manager by deposition. The objection to the evaluator's or case manager's report must be made within ten (10) days after receipt of the report by giving written notice to all parties and attorneys of record in the case. Unless the objection and request for cross-examination is timely made as set out in this rule, the party-recipient shall be deemed to have waived any hearsay objection to the evaluator's or case manager's report. Within ten (10) days after the objection and request for cross-examination, arrangements for the taking of the evaluator's or case manager's deposition shall be made by the offering party; provided, however, if the objection were to a court-appointed vocational rehabilitation evaluator's report or to a court-appointed medical case manager's report, arrangements for the deposition and payment of such evaluator's or case manager's costs shall be made as provided in Rule 28(D). Except in the case of court-appointed vocational rehabilitation evaluators and court-appointed medical case managers, the party requesting the deposition testimony of any such evaluator or case manager shall be responsible for the reasonable charges of the evaluator or case manager for such testimony, preparation time, and the expense of the deposition. All other objections to the competency, relevancy and probative value of the evaluator's or case manager's report shall be raised at the time of trial or shall be waived.

RULE 26. PHOTOGRAPHS, AND ELECTRONIC OR DIGITAL MEDIA EXHIBITS

A. Video and audio exhibits, video and audio depositions, photographs, and other electronic or digital media products offered at trial are "exhibits" and must be endorsed on pleadings and exchanged with all other parties as specified in Rule 19(E) and Rule 19(F). The expense of preparing and providing each opposing party a copy of the exhibit shall be borne by the party sponsoring the exhibit.

B. 1. Video exhibits and video depositions may be submitted to the Court on DVD. The Court shall maintain video equipment capable of playback of DVD Video. DVDs shall be created in a manner which will allow playback, fast forward and rewind on standard DVD Video players and the format used to create the DVD, for example, .mpeg, .avi, .wmv, etc., must be stated on the DVD. If a DVD is presented to the Court as an exhibit or deposition which is not able to be played back on the Court's DVD Video equipment, the party submitting the DVD shall provide, at the party's expense, the appropriate equipment for playback.

2. Audio exhibits and audio depositions may be submitted to the Court on an Audio CD or CD-R in either .mp3 or .wav format. The Court shall maintain equipment capable of audio playback of Audio CDs and CD-Rs in .mp3 or .wav format. If any other type of audio recording is

presented to the Court which cannot be played back on the equipment maintained by the Court, the party submitting the audio recording shall provide, at the party's expense, the appropriate equipment for playback.

C. An opposing party who receives a sponsoring party's exhibit may object to its identification or authentication by giving written notice of the objection to the sponsoring party within ten (10) days of its receipt, or the objections shall be deemed waived.

D. No party may present an exhibit to the Court appointed independent medical examiner or Court appointed vocational evaluator for review without prior Court approval or agreement of all parties. A prehearing conference may be requested if presentation is not agreed upon by the parties. The exhibit(s) in question must be exchanged with all opposing parties at least three (3) calendar days before the prehearing conference.

E. The charges of the independent medical examiner for reviewing the exhibits for preparation of reports or at a deposition or for review in preparation for a deposition are subject to and controlled by Rule 44.

F. If a party is found to have willfully violated this rule, the Court may exclude the party's exhibits, the independent medical examiner's report and/or deposition, and may impose other appropriate penalties or sanctions requested by opposing parties.

RULE 27. OBJECTIONS TO EVIDENCE

A. All challenges to the legal sufficiency of the opposing party's evidence shall be made by specific objection at the time of trial.

B. An objection to testimony offered by oral examination in open Court shall be made at the time the testimony is sought to be elicited.

C. Except as otherwise provided in Rule 20, an objection to medical testimony offered by a signed, written, verified or declared medical report, shall be interposed at the time it is offered into evidence, if on the grounds that it:

1. is based on inaccurate or incomplete history or is otherwise without probative value; or

2. does not properly evaluate claimant's impairment or disability, as the case may be, in accordance with the Workers' Compensation Code.

D. Unless an objection is timely made, it shall be waived. Any legally inadmissible evidence that stands admitted without objection shall be regarded as admitted as part of the proof in the case.

E. When a timely made objection to offered evidence is sustained, the offering party shall be given the opportunity to elect whether to stand on the evidence offered or be given a chance

to cure the defect, unless the Court finds the defect resulted from bad faith or for the purpose of delay.

RULE 28. COSTS

A. The party who takes the deposition of a witness or of a party shall bear all expenses thereof, including the cost of transcription, except as otherwise provided. The party responsible for the deposition expenses shall furnish upon request to the adverse party or parties, free of charge, one paper copy of the transcribed deposition. If the deposition was recorded on videotape or by other nonstenographic means, the party responsible for the deposition expenses shall also furnish upon request to the adverse party or parties, free of charge, one copy of the videotape or other recording of the deposition. A party desiring to have deposition or other taxable costs taxed to the opposing party in the case must file a motion to tax costs.

B. A fee of One Hundred Forty Dollars ($140.00) per case, including any compromise settlement, shall be collected by the Court Administrator pursuant to 85 O.S., Section 368(A) and paid by the party against whom any award becomes final.

C. A fee of One Hundred Thirty Dollars ($130.00) per action to reopen any case shall be collected by the Court Administrator pursuant to 85 O.S., Section 368(B), from the party filing a Form 9 seeking to reopen.

D. When a hearsay objection and request for cross-examination is timely filed to the medical report of a court-appointed independent medical examiner, a court-appointed vocational rehabilitation evaluation report, or to a report of a court-appointed medical case manager, the claimant is responsible for scheduling the deposition regardless of which party objects. The respondent shall choose the court reporter. All costs associated with the deposition shall be borne by the respondent regardless of which party asserts a hearsay objection.

E. Rule 44 governs reimbursement of a court-appointed independent medical examiner for medical testimony given in person or by deposition. Pursuant to 85 O.S., Section 327(F), a treating physician's charges for preparation for or medical testimony given in person or by deposition shall not exceed Four Hundred Dollars ($400.00) per hour. Other reimbursement related to a treating physician's medical testimony is governed by the Court's Schedule of Medical and Hospital Fees. The fee schedule also governs reimbursement for medical testimony by a physician other than a court-appointed independent medical examiner.

F. The Court shall impose the total cost of any proceeding, including attorney fees, against a party who is determined to have unreasonably brought the proceeding or to have unreasonably denied benefits, including medical benefits.

G. The assigned trial judge in a matter referred to mediation may for good cause shown assess costs, attorney fees and sanctions as provided in 85 O.S., Section 321(I).

RULE 29. PAUPER'S AFFIDAVIT

A. Any party making application to proceed *in forma pauperis* shall file a Form 99 with the Court and provide a copy thereof to all other parties in the proceeding. The Form 99 shall state the applicant's status and inability to pay fees and costs required under the Workers' Compensation Code.

B. The Court shall set the party's Form 99 for prehearing conference before the assigned trial judge prior to any hearing on merits, giving notice to all other parties in the proceeding. Any party may file a Form 99 with an appeal to the Court en banc, as provided under 85 O.S., Section 340. The Form 99 shall be set for prehearing conference before the assigned trial judge before the appeal is docketed for oral argument.

C. An appeal to the Court en banc of a trial judge's denial of pauper status shall be set before the Court en banc on a priority basis with payment of the cost of the appeal (including transcription and filing fee) being deferred pending resolution of the pauper status appeal. If denial of the pauper status is affirmed by the Court en banc, within twenty (20) days, the party either must seek appellate review of the denial before the Supreme Court or pay the filing fee for the appeal and the transcription costs of the same prior to the original, underlying appeal being set for hearing before the Court en banc. Failure to do either shall result in dismissal of the underlying appeal to the Court sitting en banc upon motion of the opposing party. Only one appeal fee is due because the pauper status appeal is part of the original, underlying appeal. If pauper status is found by the Court en banc, the deferred costs and fees shall be borne by the Workers' Compensation Court.

RULE 30. DISCOVERY AND ATTENDANCE

A. The Court's process shall be available to aid any party in pursuit of discovery and to compel attendance of witnesses. Subpoenas for the production of documentary evidence shall be obtained in accordance with Title 12 of the Oklahoma Statutes. A copy of any subpoena that commands production of documents and things or inspection of premises before trial shall be served on each party as provided in 12 O.S., Section 2004.1(B).

B. No depositions, interrogatories, interrogatory answers, requests for production of documents and things, requests for admissions, or responses thereto, shall be filed with the Court, except as ordered by the assigned judge. Discovery disputes may be resolved by filing a Form 13 requesting a prehearing conference.

C. The parties shall advise opposing parties of the desire to take depositions of all persons, excluding physicians, within twenty (20) days after a Form 9 or Form 10 has been timely filed. Parties who fail to complete depositions in a timely manner will be deemed to have waived their right to take a deposition, unless such failure is excused by the Court for good cause shown.

D. The Court may exclude the oral testimony or the verified or declared report of any physician whose report has been withheld from a party who has made timely written demand therefor.

RULE 31. DISPLAY AND USE OF AN INDIVIDUAL'S SOCIAL SECURITY NUMBER

A. Unless otherwise ordered or as otherwise provided by law, every filer may limit the employee's or the employee's dependent's Social Security number to only the last four digits of that number in all pleadings, papers, exhibits or other documents, or Court forms promulgated by the Workers' Compensation Court. The responsibility for following this provision rests solely with counsel, the parties, or any other filer. The Clerk of the Court shall not have any duty to review documents for compliance with this provision. If a filer includes the Social Security number in any document filed with the Court, the document becomes a public record as filed. This subsection shall not apply to the Form 2, Form 3, Form 3A or Form 3B which require inclusion of the complete Social Security number. Nothing in this subsection shall impact the confidentiality of any records the Legislature has determined are confidential.

B. In accordance with 74 O.S., Section 3113, the Court will not furnish information indexed by Social Security number unless specifically authorized to do so by the holder of the Social Security number.

RULE 32. JURISDICTIONAL ISSUES

Any party may raise a jurisdictional issue and request a trial thereon in advance of a trial on the merits, subject to the discretion of the Court. A finding by the Workers' Compensation Court that it has jurisdiction does not finally determine the rights of the parties, and is not an appealable order. Hermetics Switch, Inc. v. Sales, 1982 OK 12, 640 P.2d 963. A finding by the Workers' Compensation Court that denies jurisdiction is an appealable order, subject to de novo review by the Supreme Court. Garrison v. Bechtel Corporation, 1995 OK 2, 889 P.2d 273.

RULE 33. PRIOR PRESENTATION TO JUDGE

When a question of law, fact or procedure has been presented to a judge, the same question shall not thereafter knowingly be presented to another judge without apprising the subsequent judge of the former judge's ruling or, if no ruling has been made, that such question has already been presented in the same case to the former judge.

RULE 34. JOINDER OF ADDITIONAL PARTIES

A. A claimant who desires to add additional respondent(s), shall promptly amend the Form 3, and mail a copy to all parties, including the additional respondent(s) and insurance carrier(s) named. Mailing shall constitute service upon the additional parties.

B. A respondent who desires to add additional respondent(s) shall file a Form 13 requesting a prehearing conference on the issue, and mail a copy of the Form 13 to all parties, including the additional respondent(s) and insurance carrier(s) named. The Court shall notify all parties of the date of the prehearing conference. At the prehearing conference, the Court shall hear argument, and based upon its discretion, enter its order granting or denying the request.

C. The additional respondent(s) and insurance carrier(s) shall comply with Rule 16.

D. The Court, in its discretion, may tax costs against any party who joins an additional party without reasonable grounds.

RULE 35. CHANGE OF CONDITION

Any party to the claim may move to set the cause for trial on a change of condition by filing a Form 9 as provided in Rule 19. The physician's medical report or testimony at the subsequent trial must show that said physician was either the attending, treating or examining physician at the time of the previous award or that the physician has personal knowledge of claimant's condition at that time, or it must show that the physician has examined reports, x-rays and any other medical data referring to claimant's condition at the time of the previous award. A fee of One Hundred Thirty Dollars ($130.00) per action to reopen any case shall be collected by the Court Administrator pursuant to 85 O.S., Section 368(B), from the party filing a Form 9 seeking to reopen.

RULE 36. VENUE AND CASE CONSOLIDATION

A. Cases will be heard by a trial judge of the Workers' Compensation Court in either Oklahoma City or Tulsa, and as otherwise provided by law. The Court shall establish venue for claims pursuant to a proportionate division of the counties of the state as determined by the Court Administrator. Objections to venue shall be filed and submitted to the assigned trial judge within ten (10) days of receipt of the first hearing docket notice.

B. Consolidation of cases involving the same claimant may be made for hearing purposes only at the discretion of the trial judge assigned to the lowest case number, upon request of either party. Cases consolidated for purposes of hearing only shall maintain individual case numbers and shall remain subject to a separate filing fee and costs, as set out in 85 O.S., Section 368(A) and Rule 28. Cases involving the same claim shall be consolidated to the lowest case number. All motions and requests to consolidate shall be set for prehearing conference prior to the entry of a Court order sustaining or overruling the motion for case consolidation.

RULE 37. CONTINUANCES

A. A request for a continuance will not be granted as a matter of course. Any motion for a continuance may be granted only by the assigned judge for good cause shown. All motions for continuance shall be signed by the party on whose behalf the motion is made, or contain a certificate of the movant's attorney, that the attorney's client has knowledge of and has approved the continuance.

B. No continuance of an appeal scheduled for review by the Court en banc is permitted prior to the date of oral argument without approval of the presiding judge, or in the absence of the presiding judge, the duty judge. Continuances requested on the date of oral argument will be granted only upon a majority vote of the Court en banc.

RULE 38. DISQUALIFICATION OF TRIAL JUDGE OR TRANSFER OF CLAIM TO PRESIDING JUDGE - REVIEW

A. Any party who feels that a fair and impartial trial or other hearing cannot be received from the trial judge to whom the matter is assigned, shall make written motion requesting such judge to withdraw from the case. That application need not set forth specific reasons. The trial judge may withdraw without further proceeding and immediately refer the matter to the presiding judge for reassignment.

B. Any party aggrieved by an order of a trial judge who refused to grant a written request to disqualify, or transfer a claim to the presiding judge for reassignment, may seek corrective relief by invoking the appellate jurisdiction of the Court en banc in the manner and within the time provided by 85 O.S., Section 340(A).

C. The Supreme Court will not entertain an original proceeding to disqualify a trial judge of the Workers' Compensation Court or direct such judge to transfer a claim to the presiding judge of that court for reassignment unless it is shown that the relief sought by the petitioner was previously denied by the Court en banc. An order of the assigned trial judge or the Court en banc which is favorable to the moving party may not be reviewed in any tribunal either by appeal or in any other procedural framework.

RULE 39. TRAVEL EXPENSES - MEDICAL AND VOCATIONAL REHABILITATION

A. Upon reasonable advance notice from the respondent, the claimant must submit to a medical examination by a physician selected by the respondent. If the claimant refuses to submit to the examination, the respondent may file a Form 13 requesting the claimant's compensation and right to prosecute any proceeding under the Workers' Compensation Code be suspended during the period of refusal as provided in 85 O.S., Section 326(I). The claimant must show cause at the hearing why the respondent's request should not be granted. If the claimant's failure to appear for the scheduled examination was without good cause, the Court shall order the claimant to reimburse the respondent for payment of the physician's charge for the missed examination, but not in excess of Two Hundred Dollars ($200.00).

B. The respondent shall reimburse the employee for the actual mileage in excess of twenty (20) miles round-trip to and from the claimant's home to the location of a medical service provider for all reasonable and necessary medical treatment, for an evaluation by an independent medical examiner and for any evaluation, including an evaluation for vocational rehabilitation or vocational retraining, made at the respondent's request, but in no event in excess of six hundred (600) miles round-trip. Mileage and necessary lodging expenses are limited to the provisions of the State Travel Reimbursement Act, 74 O.S., Section 500.1 et. seq. Meals will be reimbursed at the rate of Eight Dollars ($8.00) per meal per four hours of travel status, not to exceed three meals per day.

C. The respondent shall reimburse the claimant for travel expenses as provided in this rule within sixty (60) days from receipt of a request for reimbursement. If the respondent fails to

timely reimburse the claimant, the Court shall assess a Five Hundred Dollar ($500.00) penalty against the respondent, payable to the claimant.

RULE 40. APPLICATION FOR CHANGE OF PHYSICIAN

A. A claimant seeking a change of physician pursuant to 85 O.S., Section 326(E) shall file a Form-A application with the Court. Within ten (10) days after the application is filed, the respondent shall choose one of the three physicians listed by the claimant, file a Form 10A, or object to the application by filing a Form 13.

B. If the Court determines a change of physician is proper, and the parties are unable to agree upon a physician from among the physicians named by the parties, or if the respondent fails to timely file a Form 10A or to object to the application, the Court may select a physician who is qualified, and available within a reasonable time, to treat the body part affected, giving preference to a physician who is on the Court's list of independent medical examiners.

RULE 41. INDEPENDENT MEDICAL EXAMINERS - APPOINTMENTS

A. Qualifications. To be eligible for appointment by the Court to the list of qualified independent medical examiners and for retention on the list, the physician must:

1. be a licensed physician in good standing as provided in the Workers' Compensation Code;

2. be highly experienced and competent in the physician's specific field of expertise and in the treatment of work-related injuries;

3. be knowledgeable of workers' compensation principles and the workers' compensation system in Oklahoma, as demonstrated by prior experience and/or education;

4. have in force and effect health care provider professional liability insurance from a domestic, foreign or alien insurer authorized to transact insurance in Oklahoma or in the state where the physician practices, if different from Oklahoma. The per claim and aggregate limits of the insurance must be at least One Million Dollars ($1,000,000.00). This insurance requirement shall not apply to physicians requesting their services under the independent medical examiner system to be restricted to providing opinions regarding the nature and extent of permanent impairment, if any, and/or opinions in claims against the last employer for combined disabilities or against the Multiple Injury Trust Fund;

5. have no felony conviction under federal or state law within seven (7) years before the date of the physician's application to serve as a qualified independent medical examiner;

6. have a valid Oklahoma State Bureau of Narcotics and Dangerous Drugs Control (BNDD) registration (or comparable registration from the state where the physician is licensed and practices if other than Oklahoma) and federal Drug Enforcement Agency (DEA) registration, as authorized by law for the physician's professional license; and

7. have a valid, unrestricted professional license as a physician which is not probationary.

B. Appointment. Appointment of physicians to the list of qualified independent medical examiners, and maintenance and periodic validation of such list shall be by a majority vote of the judges of the Court. Physician appointments shall be for a two-year period.

C. Application for Appointment. To request appointment to the list of qualified independent medical examiners, a physician shall:

1. Submit a signed and completed application Form 463 and a signed and completed physician disclosure Form 17 to the following address: Oklahoma Workers' Compensation Court, Attention: Medical, 1915 N. Stiles Avenue, Oklahoma City, Oklahoma 73105-4918. Illegible, incomplete or unsigned applications and disclosures will not be considered by the Court and shall be returned. A copy of the application Form 463 and physician disclosure Form 17 may be obtained from the Court at the address set forth in this paragraph, or from the Court's web site;

2. Submit a current curriculum vitae, together with the application Form 463 and physician disclosure Form 17, to the address set forth in preceding paragraph; and

3. Verify that the physician, if appointed, will:

a. provide independent, impartial and objective medical findings in all cases that come before the physician;

b. decline a request to serve as an independent medical examiner only for good cause shown;

c. conduct an examination, if necessary, within thirty (30) calendar days from the date of the order appointing the examiner, unless otherwise approved by the Court, when necessary to render findings on the questions and issues submitted;

d. prepare a written report in accordance with Rule 20 which addresses the issues set out in the order of appointment;

e. submit the report to the parties and the Court within fourteen (14) calendar days of a required examination of the claimant and/or completion of necessary tests, or within fourteen (14) calendar days after receipt of necessary records and information if no examination and/or tests are required;

f. accept as payment in full for services rendered as an independent medical examiner the fees established pursuant to Rule 44;

g. submit to a review pursuant to Rule 42 and 85 O.S., Section 329(I);

h. submit annually to the Workers' Compensation Court written verification of valid health care provider professional liability insurance as and if required in subsection A of this rule;

i. notify the Workers' Compensation Court in writing upon any change affecting the physician's qualifications as provided in subsection A of this rule; and

j. comply with all applicable statutes and Court rules.

D. Disclosure. As part of the application, the physician shall identify, on the physician disclosure Form 17 any ownership or interest in a healthcare facility, business or diagnostic center that is not the physician's primary place of business, including any employee leasing arrangement between the physician and any health care facility that is not the physician's primary place of business. Failure to do so may result in disqualification by the Court Administrator from providing treatment under the Workers' Compensation Code.

RULE 42. INDEPENDENT MEDICAL EXAMINERS - REVOCATION OF APPOINTMENT

A. Removal of a physician from the list of qualified independent medical examiners shall be by request of the independent medical examiner or by a majority vote of the judges of the Court.

B. The Court may remove a physician from the list of qualified independent medical examiners for cause, including, but not limited to the following grounds:

1. a material misrepresentation on the Form 463 application for appointment to the list of qualified independent medical examiners or on the physician disclosure Form 17;

2. refusal or substantial failure to notify the Court of any change affecting the physician's qualifications as provided in Rule 41(A); or

3. refusal or substantial failure to comply with the provisions of Rules 41 through 45, 85 O.S., Section 329, or other applicable Court rules and statutes.

C. In arriving at a determination regarding whether to remove a physician from the list, the Court may consider the character of the alleged violation and all of the attendant circumstances, and may confer with the Physician Advisory Committee (85 O.S., Section 373), or other public or private medical consultants.

D. A physician whose qualification to serve as independent medical examiner has been revoked by the Court is not eligible to be selected as an independent medical examiner during the period of revocation.

RULE 43. INDEPENDENT MEDICAL EXAMINERS - REQUESTS FOR ASSIGNMENT

A. Appointment of an independent medical examiner from the Court's list of independent medical examiners is governed by this rule. Appointments shall take into account the specialty, availability and location of the examiner.

B. In order to be eligible for appointment, a qualified independent medical examiner:

1. shall not have a financial interest in the claimant's award; and

2. in a case involving permanent disability, shall not be a treating physician of the injured employee or have treated the injured employee with respect to the injury for which the claim is being made or the benefits are being paid.

C. Requests for the appointment of an independent medical examiner may be set for a prehearing conference, at the discretion of the Court.

D. The parties shall send the employee's medical records to the independent medical examiner by regular mail within ten (10) calendar days of receipt of the Court order assigning the examiner. If necessary, the independent medical examiner may contact persons in whose possession the records or information is located solely for the purpose of obtaining such records or information.

E. An independent medical examiner may decline to accept the Court's appointment only for good cause shown.

F. Disputes relating to treatment provided or to be provided through a certified workplace medical plan, including requests for change of physician within the plan, shall be timely processed as provided by 85 O.S. Section 328(D)(1)(e), through the internal dispute resolution procedures of the certified workplace medical plan before pursuing remedies in the Workers' Compensation Court.

RULE 44. INDEPENDENT MEDICAL EXAMINERS - FEES AND COSTS

A. Fees for services performed by a Court appointed independent medical examiner shall be paid according to the following schedule:

1. Diagnostic tests relevant to the questions or issues in dispute shall be paid by the respondent in accordance with the Court's Schedule of Medical and Hospital Fees; provided, diagnostic tests repeated sooner than six (6) months from the date of the test are not authorized for payment unless agreed to by the parties or ordered by the Court.

2. The review of records and information, including any treating physician evaluation and/or medical reports submitted by the parties, the performance of any necessary examinations, and the preparation of the verified or declared written report pursuant to Rule 20, shall be billed at the physician's usual and customary rate, not to exceed Three Hundred Dollars ($300.00) per hour or any portion thereof, not to exceed a maximum reimbursement of One Thousand Six Hundred

Dollars ($1,600.00) per case. The Court may permit exception to this provision, for good cause shown. Subject to reimbursement if appropriate, these costs shall be billed to, and initially paid by, the respondent.

3. Reimbursement for medical testimony given in person or by deposition shall be paid by the respondent in accordance with the independent medical examiner's usual and customary charges, not to exceed Four Hundred Dollars ($400.00) per hour or any portion thereof, plus an allowance of One Hundred Dollars ($100.00) for 15 minute increments thereafter. Preparation time shall be reimbursed at the examiner's usual and customary charge, not to exceed Four Hundred Dollars ($400.00). A physician may receive not more than Two Hundred Dollars ($200.00) in advance in order to schedule a deposition. The advance payment shall be applied against amounts owed for testimony fees. A Four Hundred Dollar ($400.00) charge is allowable whenever a deposition or scheduled testimony is canceled by any party within three working days before the scheduled start of the deposition or scheduled testimony. The party canceling the deposition or scheduled testimony is responsible for the incurred cost.

4. Amounts owed to the independent medical examiner for services are payable upon submission of the examiner's verified or declared written report.

5. The independent medical examiner may charge and receive up to Two Hundred Dollars ($200.00), to be paid initially by the respondent in the event the employee fails to appear for any scheduled examination, or if the examination is canceled by the employee or the respondent within forty-eight (48) hours of the scheduled time. The respondent shall be reimbursed by the employee if the failure to appear or the cancellation by the employee was without good cause. The independent medical examiner may not assess a cancellation charge for appointments canceled by the examiner.

B. Failure to timely pay a Court appointed independent medical examiner for services rendered pursuant to Court order may result in the imposition of assessments or sanctions by the Court. Disputes regarding payment for services rendered by a Court appointed independent medical examiner that cannot be resolved by the examiner and the parties themselves, may be addressed by filing a Form 13 or Form 19, or by mediation, as appropriate.

RULE 45. INDEPENDENT MEDICAL EXAMINERS - APPLICATION RENEWAL PROCESS

A. The Court shall notify the independent medical examiner of the end of the examiner's two-year qualification period at least sixty (60) calendar days before the expiration of that period and shall provide the examiner with an application Form 463 and physician disclosure Form 17 for reapplication as an independent medical examiner.

B. Criteria for reapplication shall be governed by Rule 41. If a curriculum vitae (CV) has been previously submitted to the Court with a request for independent medical examiner status, the physician does not have to resubmit the physician's CV.

RULE 46. MEDICAL CASE MANAGERS - APPOINTMENTS

A. Qualifications. To be eligible for appointment by the Court to the list of qualified independent medical case managers and for retention on the list, the applicant must:

1. be a registered nurse with a current, active unencumbered license from the Oklahoma Board of Nursing, or possess one or more of the following certifications:

a. Certified Disability Management Specialist (CDMS);

b. Certified Case Manager (CCM);

c. Certified Rehabilitation Registered Nurse (CRRN);

d. Case Manager - Certified (CMC);

e. Certified Occupational Health Nurse (COHN); or

f. Certified Occupational Health Nurse Specialist (COHN-S);

2. be highly experienced and competent in the field of medical case management as it relates to the care and treatment of work related injuries;

3. be knowledgeable of workers' compensation principles and the workers' compensation system in Oklahoma as demonstrated by prior experience and/or education;

4. have no felony conviction under federal or state law within seven (7) years before the date of the applicant's application to serve as a qualified independent medical case manager; and

5. have a valid professional license as a nurse or case manager certification as provided in paragraph 1 of this subsection, which is not probationary or restricted.

B. Appointment. Appointment of applicants to the list of qualified independent medical case managers, and maintenance and periodic validation of such list shall be by a majority vote of the judges of the Court. Medical case manager appointments to the list shall be for a two year period.

C. Application for Appointment. To request appointment to the list of qualified medical case managers, an applicant shall:

1. Submit a signed and completed application Form 626 to the following address: Oklahoma Workers' Compensation Court, Attention: Medical, 1915 N. Stiles Avenue, Oklahoma City, Oklahoma, 73105-4918. Illegible and incomplete or unsigned applications will not be considered for submission to the judges, and shall be returned. A copy of the application Form 626 may be obtained from the Court at the address set forth in this paragraph, or from the Court's web site;

2. Submit a current resume, together with the application Form 626 to the Court; and

3. Verify that the applicant, if appointed, will:

a. provide independent, impartial and objective medical case management services in all cases assigned to the case manager;

b. decline a request to serve as a medical case manager only for good cause shown;

c. meet with the claimant and appear at any appointments with treating physicians, as directed by the Court, and when necessary to report findings or respond to questions and issues submitted by the Court;

d. submit an initial written report to the parties and Court within twenty (20) calendar days from the date of the order appointing the case manager, or sooner as the particular circumstances of the medical care or treatment or inquiries from the Court may necessitate. Progress reports shall be submitted as the particular circumstances of each case warrant, or as directed by the Court;

e. notify the Workers' Compensation Court in writing upon any change affecting the medical case manager's qualifications as provided by statute or this rule; and

f. comply with all applicable statutes, Court rules, and orders in the case assigned.

D. Disclosure. As part of the application, the case manager shall identify, on the application form, any employer, insurer, employee group, certified workplace medical plan, or representatives of the above with whom the case manager is under contract, or who regularly uses the services of the case manager.

RULE 47. MEDICAL CASE MANAGERS - REVOCATION OF APPOINTMENT

A. Removal of a case manager from the list of qualified independent medical case managers shall be at the request of the case manager, or by a majority vote of the judges of the Court.

B. Grounds for removal include, but are not limited to:

1. a material misrepresentation on the Form 626 application for appointment to the list of qualified independent medical case managers;

2. refusal or substantial failure to notify the Court of any change affecting the case manager's qualifications as provided by statute or this rule; or

3. refusal or substantial failure to comply with the provisions of Rules 46 through 49, or other applicable Court rules, statutes or orders in the specific case assigned.

C. In arriving at a determination regarding whether to remove a case manager from the list, the Court may consider the character of the alleged violation and all of the attendant circumstances, and may confer with the Physician Advisory Committee (85 O.S., Section 373), or other public or private medical or case management consultants.

D. A case manager whose qualification to serve as an independent medical case manager has been revoked by the Court is not eligible to be selected as an independent medical case manager during the period of revocation.

RULE 48. MEDICAL CASE MANAGERS - REQUESTS FOR ASSIGNMENT

A. For cases not covered by a certified workplace medical plan, and where the employer, insurance company, or own risk employer does not provide case management, the Court may grant case management on the request of any party or when the Court, on its own motion, determines that case management is appropriate. Nothing in this rule shall limit the Court's ability to appoint a case manager by agreement of the parties, or as otherwise allowed by law.

B. If the parties to a dispute cannot agree on an independent medical case manager of their own choosing, the Court may appoint one from the list of qualified independent medical case managers maintained by the Court.

C. In order to be eligible for appointment in any given case, a qualified medical case manager:

1. shall not have a financial interest in the claimant's award; and

2. shall not have any financial interest in the employer's or insurer's business, nor regularly contract with or serve as a case manager for the employer, insurer, or employer's own risk group, or a certified workplace medical plan with which the employer or employer's own risk group contracts.

D. The parties are encouraged to request the appointment of an independent medical case manager at a prehearing conference in accordance with Rule 54.

E. Requests for the appointment of an independent medical case manager may be set for a prehearing conference, at the discretion of the Court.

F. Upon appointment, the parties shall send information and all medical records to the independent medical case manager, by regular mail, within ten (10) calendar days of receipt of the Court order assigning the case manager.

G. If a party makes a good faith effort to get medical records (including diagnostic films) and the records are unobtainable, then a letter to this effect shall be sent to the case manager with

copies to all other parties and the Court, together with information as to the known location of any such records or information not in either the attorney's or client's possession. If necessary, the case manager may contact persons in whose possession the records or information is located solely for the purpose of obtaining such records or information.

H. The respondent shall pay all reasonable and customary charges of a medical case manager appointed by the Court. Failure to timely pay a Court appointed independent medical case manager for services rendered pursuant to Court order may result in the imposition of assessments and sanctions by the Court.

RULE 49. MEDICAL CASE MANAGERS - APPLICATION RENEWAL PROCESS

A. The Court shall notify the independent medical case manager of the end of the case manager's two-year qualification period at least sixty (60) calendar days before the expiration of that period and shall provide the examiner with an application Form 626, for reapplication as an independent medical case manager.

B. Criteria for reapplication shall be governed by Rule 46. If a resume has been previously submitted to the Court with a request for independent medical case manager status, the case manager does not have to resubmit the case manager's resume, unless there have been material changes that would have bearing upon the applicant's qualifications.

RULE 50. DISPUTES REGARDING PAYMENT FOR HEALTH OR REHABILITATION SERVICES

A. General: Disputes regarding payment for health or rehabilitation services rendered pursuant to the Workers' Compensation Code may be addressed as set out in this rule. A Form 18 proceeding is a review of disputed medical charges by the Court Administrator when there are conflicting interpretations of the Schedule of Medical and Hospital Fees. A Form 19 proceeding may involve judicial resolution of disputed charges for health services. Mediation refers to a process of resolving disputes with the assistance of a mediator outside of a formal court proceeding.

B. Jurisdictional requirement: No Form 18 or Form 19 will be processed by the Workers' Compensation Court unless a Form 2, 3, 3A or 3B is filed with the Court; provided, a Form 18 may be processed if the payer's legal representative executes and provides the Court with a submission to limited jurisdiction.

C. Payment of Charges: Payment for medical care required by the Workers' Compensation Code is due within forty-five (45) days of the employer's or insurance carrier's receipt of a complete and accurate invoice. The late payment of medical charges, absent good cause, may subject the payer to a Court ordered penalty, payable to the provider, of up to twenty-five percent (25%) of any amount due under the Court's Schedule of Medical and Hospital Fees that remains unpaid. The Court also may assess a civil penalty of up to Five Thousand Dollars ($5,000.00) per occurrence if the Court finds a payer has engaged in a pattern of willfully and knowingly delaying payments for medical care, payable as directed by the Court.

D. Form 18 Proceedings:

1. Disputes arising after a medical charge has been paid, involving conflicting interpretations of the Schedule of Medical and Hospital Fees may be addressed by filing a Form 18. A copy of the Form 18 and all supplemental materials, including the specific general instruction, ground rule, or other provision of the Schedule of Medical and Hospital Fees serving as the basis for the requested reimbursement, shall be sent by the medical provider to the employer or its insurance carrier if insured. A copy of the actual medical bill in dispute must include dates of service, procedure codes, charges for services rendered and any payment received, and an explanation of unusual services or circumstances. Once appropriate jurisdictional requirements are met, the Administrator shall notify all parties of the right within thirty (30) days to submit further evidence, documentation or clarifications as part of the Form 18 review. The payer must submit a written explanation of benefits to the Administrator that states clear and persuasive reasons for contesting the payment of any item specific to the medical provider's billing, including the citing of the appropriate specific general instruction, ground rule, or other provision of the Schedule of Medical and Hospital Fees supporting the payer's reasons for contesting payment. The Administrator may schedule a hearing with all parties before rendering an order disposing of the Form 18 issue. The Administrator may refer the Form 18 matter to a regularly assigned judge of the Court for fact finding and determination and possible imposition of sanctions against a payer for failure for good cause to pay for medical care within forty-five (45) days of receipt of a complete and accurate invoice, for a pattern of delayed payment for medical care, or for inappropriate use of the Form 18 process.

2. Either party aggrieved by the Administrator's order directing or denying the payment of medical charges may appeal such order to a judge of the Workers' Compensation Court by filing a Form 19 and a Form 9 within ten (10) days after the Administrator's order is entered. The Form 19 must be appropriately marked to indicate that it is being used to appeal the Administrator's order. The following shall be attached to the Form 9 when filed:

a. A copy of the order appealed from;

b. Copies of all materials submitted to the Administrator in the review proceedings;

c. A statement identifying each portion of the Administrator's order claimed to be in error; and

d. An explanation of how each portion of the Administrator's order urged in error conflicts with the Schedule of Medical and Hospital Fees.

The appealing party must mail a copy of all materials which are filed in the appeal to each opposing party. No response to the appeal of the Administrator's order is required.

E. Form 19 Proceedings:

1. A rehabilitation provider, case manager or a medical provider may institute proceedings to recover charges rendered for rehabilitation or health services, medicines or supplies which have been provided to a claimant, by the filing of a Form 19, Part I, if the provider has not received payment within forty-five (45) days of the employer's or insurance carrier's receipt of a complete and accurate invoice. A Form 19 may also be filed if the uninsured or own risk employer or insurance carrier has refused liability for the payment of the charges on one or more of the following grounds:

a. Length of treatment;

b. Necessity of treatment;

c. Unauthorized physician;

d. Denial of compensability of the claimant's accidental injury or occupational disease; or

e. Any other objection requiring a judicial determination for resolution.

2. A provider may request a trial for a determination of the issues raised on the Form 19 by filing a Form 9. The provider shall mail a copy of the Form 9, together with a copy of the Form 19 and itemized bill(s), to the uninsured or own risk employer or insurance carrier in the case. The uninsured or own risk employer or insurance carrier shall file a Form 10M no later than thirty (30) days after the Form 9 is filed.

3. A medical report signed by a physician shall be offered by both parties in any claim made for the payment or non-payment of medical services when the dispute involves the necessity of the medical services, including claims for treatment rendered in excess of applicable treatment guidelines.

4. Audits of medical bills to determine the amount allowable under the appropriate Schedule of Medical and Hospital Fees may be offered by either party. Audits prepared by billing review services, medical bill audit services or in-house auditors may be submitted as evidence reflecting the methodology of the application of the Schedule of Medical and Hospital Fees. The Schedule of Medical and Hospital Fees sets maximum amounts allowable but does not prohibit a party from asserting a lesser amount should be paid.

5. Form 19 hearings may be scheduled periodically for the Administrator's docket to determine the status of the payment of disputed rehabilitation, case management and medical charges. If the rehabilitation, case management or medical charges are not paid before the hearing or the parties are unable to resolve the dispute at the hearing, the dispute shall be assigned to a judge of the Workers' Compensation Court for hearing on the same date. All parties involved in a Form 19 hearing shall be prepared for trial on such disputed charges.

F. Appearances: Appearances are governed by Rule 7.

G. Mediation: Mediation is governed by Rule 52 and Rule 53.

RULE 51. DISPUTED ATTORNEY FEES - WITHDRAWAL OF ATTORNEY - CHANGE OF ADDRESS

A. When a dispute arises among several attorneys as to the identity of claimant's attorney of record, or when several successive attorneys lay claim to a fee in the same case, the trial judge shall decide the issues raised and allocate the fee allowed in proportion to the services rendered.

B. 1. Before any attorney may withdraw as an attorney from a Workers' Compensation Court case, the attorney shall obtain leave of Court to withdraw, for good cause shown.

2. The attorney filing the Application for Leave to Withdraw as Attorney of Record shall send a copy of the application to the attorney's client and to all attorneys of record. All applications shall be signed by the party on whose behalf the attorney has previously appeared or contain a certificate of the movant attorney that:

a. the client has knowledge of and has approved or refused to approve the withdrawal; or

b. the attorney has made a good faith effort to notify the client and the client cannot be located.

3. In all cases, the moving attorney shall certify whether or not:

a. the case is set for trial or mediation;

b. the case is pending for an order;

c. the case is pending on appeal;

d. a permanent total disability order has been entered; or

e. a death claim order has been entered.

4. All applications to withdraw shall include an order for the Court.

5. A Form 93 has been adopted by the Court that may be used for this purpose.

6. The filing of a Form 93 does not perfect an attorney lien.

C. Except when an attorney's representation has been terminated at the client's initiative, no attorney shall be allowed to withdraw as an attorney for a party when that attorney has signed the pleadings necessary to perfect an appeal to the Court en banc. This prohibition shall

apply until the appeal has been fully submitted to the Court en banc for consideration. This prohibition shall not apply if another attorney has entered an appearance for the appealing party before the filing of the application to withdraw.

D. Any attorney of record shall give notice of a change of address by mailing to the docket office, a copy of the letterhead containing the new address and a list containing the Oklahoma Bar Association number of each attorney member of the firm who regularly appears in Court. A party acting pro se shall mail notice of the change of address to the docket office. Attorneys of record who change firms shall notify the Court of the status of the representation of their clients, and shall immediately withdraw, when appropriate.

RULE 52. MEDIATION

A. It is the policy of the Workers' Compensation Court to encourage the use of alternative dispute resolution procedures for the early disposition of pending litigation. Such informal procedures can achieve the just, efficient, and economical resolution of controversies while preserving the right to a full trial on demand.

B. 1. The Court, on its own motion, upon request of any party or by agreement of the parties, may refer any case, or portion thereof, for mediation, except for disputes related to medical care under a certified workplace medical plan or claims against the Multiple Injury Trust Fund. A referral may be made at any time. More than one referral may be made in any case.

2. The order of referral to mediation shall be entered by the Court, and provided to the parties.

C. A list of mediators is available from the Court Administrator's office and is posted on the Court's web site. To be eligible for appointment by the Court to the list of certified workers' compensation mediators, the individual must meet the following minimum requirements:

1. be an active or senior member in good standing of the Oklahoma Bar Association or a mediator certified pursuant to the requirements of the Dispute Resolution Act, 12 O.S., Section 1801 et seq.;

2. be knowledgeable of workers' compensation principles and the workers' compensation system in Oklahoma, as demonstrated by prior experience and/or education in the area of Oklahoma workers' compensation benefits for at least five (5) years immediately preceding the application for appointment as a mediator; and

3. except as otherwise provided in this paragraph, within twelve months immediately preceding the application for appointment to the Court's list of certified workers' compensation mediators:

a. complete a minimum of six (6) hours of mediation training, which training is Court sponsored or has been approved by the Mandatory Continuing Legal Education Commission of the Oklahoma Bar Association, and

b. observe or have mediated a minimum of two (2) workers' compensation mediation proceedings.

The requirements of paragraph 3 of this subsection do not apply to former judges of the Workers' Compensation Court who served on the bench for a period of at least five (5) years.

D. 1. Appointment of individuals to the list of certified workers' compensation mediators, and maintenance and periodic validation of such list, shall be by a majority vote of the judges of the Court. Individual appointments shall be for a five-year period. Review of requests for appointment or reappointment to the list of qualified mediators shall be conducted every six months beginning January 1, 2007.

2. Certified mediators must complete at least six (6) hours of continuing education per two-year period in the areas of mediation and workers' compensation, which education is Court sponsored or has been approved by the Mandatory Continuing Legal Education Commission of the Oklahoma Bar Association. Proof of compliance with this requirement shall be submitted to the Court Administrator. This continuing education requirement is in addition to any other general requirement which may be required by the Oklahoma Bar Association.

3. The Court shall notify a certified mediator of the end of the mediator's five-year qualification period at least sixty (60) calendar days before the expiration of that period. Criteria for reappointment is the same criteria as for initial appointment in effect at the time of reappointment.

E. To request appointment to the list of certified workers' compensation mediators, an individual shall:

1. Provide the following information to the Court's Counselor Department, 1915 N. Stiles Avenue, Oklahoma City, Oklahoma 73105-4918:

a. name;

b. address;

c. telephone number;

d. profession or occupation (e.g. attorney, retired judge);

e. training and/or experience as a mediator;

f. training and/or experience evidencing knowledge of workers' compensation principles and the Oklahoma workers' compensation system; and

g. a statement certifying that the individual meets the minimum requirements set forth in this rule; and

2. Verify that the individual, if appointed, will:

a. schedule a mediation session within thirty (30) days of the order appointing the mediator, unless otherwise agreed to by the parties;

b. schedule mediations for a minimum two (2) hour block of time, and not schedule more than one mediation to take place at a time;

c. if requested by the Court, conduct not to exceed two pro bono mediations annually;

d. submit biennially to the Court Administrator written verification of compliance with the continuing education requirements of this rule;

e. accept as payment in full for services rendered as a certified workers' compensation mediator compensation not exceeding such rate or fee provided in Rule 53; and

f. comply with all applicable statutes and Court rules, including all applicable standards of confidentiality and impartiality.

F. Removal of an individual from the list of certified workers' compensation mediators shall be by request of the mediator or by a majority vote of the judges of the Court. The Court may remove an individual from the list of certified workers' compensation mediators for cause, including, but not limited to the following grounds:

1. a material misrepresentation in information submitted to apply for appointment to the Court's list of certified workers' compensation mediators; or

2. refusal or substantial failure to comply with the provisions of this rule or other applicable Court rules, including rules of the Court Administrator, and statutes.

G. Nothing in this rule shall preclude the parties from agreeing to voluntarily participate in mediation by a mediator of their choice, independent of an order of this Court.

H. Final disposition of all issues and matters in a claim resolved by mediation shall be completed upon the filing of a Court approved compromise settlement Form CSD-337 or Form CS-339-A, or a Form 100 Order of Dismissal, as appropriate. Final disposition of all issues and matters in a claim resolved by mediation may not be completed by the filing of a Form CS-339-B.

RULE 53. MEDIATION PROCESS AND FEES

A. General: Mediation in workers' compensation is governed by 85 O.S., Section 321, Rule 52, and this rule. Mediation refers to the process of resolving disputes with the assistance of a mediator, outside of a formal court proceeding. All workers' compensation issues may be mediated except for disputes related to medical care under a certified workplace medical plan or

claims against the Multiple Injury Trust Fund. Mediation may be by mutual agreement of the parties or pursuant to Court order. Recommendations of a mediator are not binding unless the parties enter into a settlement agreement. General information about mediation in workers' compensation may be obtained from the Workers' Compensation Court Counselor (Ombudsman) Department.

B. Mediation Without Court Order: Unless ordered by the Workers' Compensation Court, mediation shall be voluntary, and shall not be conducted without the consent of the parties. Parties to a workers' compensation dispute subject to mediation may mutually agree to mediation by a mediator certified by the Workers' Compensation Court, or may schedule and proceed with mediation independent of the Court's processes and with a mediator of their choice. A party may initiate voluntary mediation with a Court certified mediator by submitting a request for mediation in writing to the Court Administrator. The Administrator shall contact the opposing party to ascertain whether or not there is an agreement to mediate. Failure of the opposing party to respond to a request for mediation within fifteen (15) days of notification thereof shall be deemed a refusal to mediate. If mediation is agreed to, the parties shall enter into and submit to the Administrator a signed, written consent to mediate. If the parties are unable to agree upon a mediator from the Court's list of certified mediators, the Administrator shall assign a certified mediator.

C. Mediation Pursuant to Court Order: The Court may order mediation on its own motion, upon a party's Form 13 request for mediation order, or by agreement of the parties. If mediation is determined to be beneficial to a prompt and efficient resolution of the claim, the Court shall appoint the mediator by Court order.

D. Effect on Claim: A mediation conference shall not be cause for the delay of other proceedings in a case pending before the Workers' Compensation Court, including the completion of discovery, and the filing or hearing of motions, except by order of the Court. Mediation does not toll any limitations period found in 85 O.S., Section 318.

E. Scheduling: The mediator shall contact the parties and schedule a mediation session within thirty (30) days of the order of appointment, unless otherwise agreed to by the parties. The purpose of the initial mediation session shall be for exchanging preliminary information, setting further scheduling, and possible settlement. A mediator must schedule mediations for a minimum two (2) hour block of time, and may not schedule more than one mediation to take place at a time. Unless the parties and the mediator agree otherwise, the mediation conference shall be held at a time and location specified by the mediator. The mediator shall be responsible for reserving a place and making arrangements for the conference and for giving timely notice to all attorneys and unrepresented parties of the time and location of the conference. The mediator may recess the conference at any time and may set times for reconvening. No further notification is required for persons present at the recessed conference.

F. Pre-mediation Statement: Prior to the scheduled mediation session, the mediator may require each party to provide the mediator with a brief statement setting forth each party's position with regard to the issues that need to be resolved. At the direction of the mediator, the parties shall exchange the statements submitted to the mediator.

G. Conduct at Mediation: The mediator will conduct an orderly session. Parties, if represented, will give the representative attending the mediation session full settlement authority. Failure of a party to have full settlement authority or to participate in good faith in the mediation process shall be reported by the mediator to the assigned trial judge who may for good cause shown assess costs, attorney fees, and sanctions against the offending party. The mediator will be impartial in any mediation session, shall not coerce any party to resolve the dispute or disputes, or to settle the claim and shall avoid the appearance of coercing any party to do so.

H. Mediator Powers and Responsibilities: The mediator:

1. has a duty to be impartial and to advise all parties of any circumstances bearing on possible bias, prejudice or partiality;

2. does not have the authority to impose a settlement upon the parties, but shall assist the parties to reach a satisfactory resolution of their dispute;

3. may direct questions to any of the parties or their respective representatives to supplement or clarify information;

4. may obtain expert advice concerning technical aspects of a claim, whenever necessary and with the consent of the parties;

5. may conduct separate meetings ("caucuses") with each party, but shall not use these meetings as a time to coerce any party to settle. No information from a caucus may be divulged without permission of the party participating in the caucus; and

6. immediately following conclusion of mediation proceedings per subsection J of this rule, shall report the results of the mediation to the Court Administrator on a form prescribed by the Administrator. The report is required for all cases mediated by mutual agreement of the parties or pursuant to Court order, whether or not the parties reached an agreement.

I. Confidentiality of Proceedings:

1. Mediation sessions are private and shall not be recorded or transcribed in any way. Those in attendance may take notes during the mediation but all notes shall be collected by the mediator at the end of each session and held in a confidential file until the mediation process is completed. When the mediation process is completed, whether or not an agreement is reached, all notes and other writings produced while a mediation is in session, except the written agreement or memorandum of understanding, shall be destroyed.

2. The parties and one representative may attend mediation sessions. The claimant shall be in attendance unless all parties agree otherwise. A claimant may participate in mediation without counsel. Other persons may attend only with the consent of all parties and the mediator. Non-parties to the claim shall be advised by the mediator regarding confidentiality and are not allowed to participate in the mediation but may confer privately with their sponsoring party. All persons

attending a mediation session shall respect and maintain the total confidentiality of the session. Attendance at a mediation session shall be in person, except as otherwise authorized in advance by the assigned trial judge, if any, or by agreement of the parties and the mediator.

3. Evidence of statements made and conduct occurring in a mediation conference shall not be subject to discovery and shall be inadmissible in any proceeding in the action or other actions on the same claim. However, no evidence otherwise discoverable shall be inadmissible merely because it is presented or discussed in a mediation conference.

4. No mediator shall be compelled to testify or produce evidence concerning statements made and conduct occurring in a mediation conference in any civil proceeding for any purpose, except for proceedings of the State Bar Association, disciplinary proceedings of any agency established to enforce standards of conduct for mediators, and proceedings to enforce laws concerning juvenile or elder care.

5. Statistical information regarding use of mediation in workers' compensation is subject to public disclosure.

J. Concluding Mediation: During the mediation conference, the parties may agree to resolve a particular issue, settle the entire claim or conclude the mediation without reaching an agreement or settlement. A mediation conference may be concluded by any party at any time, by the mediator if in the mediator's discretion it is necessary or an impasse exists, or upon an agreement being reached by the parties. If an agreement is reached, the agreement shall be reduced to writing by the mediator, then read and signed by the parties and their counsel, if any, and the mediator. If the agreement requires a Court order, the order must be presented for approval. Whether or not the parties reached an agreement or mediated by mutual agreement or pursuant to Court order, the mediator shall report the results of the mediation as provided in subsection H of this rule.

K. Fees: A certified mediator shall be entitled to a fee that does not exceed One Hundred Dollars ($100.00) per hour, or portion thereof, for mediation conferences, not to exceed a total fee of Eight Hundred Dollars ($800.00) for any mediation conference, even though the conference may recess and reconvene subsequently on one or more dates. The respondent shall pay the mediator Two Hundred Dollars ($200.00) on or before the initial mediation session. This payment shall be applied against the Eight Hundred Dollars ($800.00) owed for the mediation conference. If the mediation is concluded at the initial mediation session, the mediator shall bill the respondent the remaining balance of the total fee. If the mediation conference is recessed and reconvened by the mediator, the respondent shall pay the remaining balance to the mediator on or before the first reconvened date. The mediator shall disclose the mediator's fees to the parties when scheduling the initial mediation session. Mediators shall be entitled to reimbursement for mileage and necessary lodging expenses, limited to the provisions of the State Travel Reimbursement Act, 74 O.S. Section 500.1 et. seq. These reimbursements shall be in addition to the fees set forth in this subsection. Nothing in this subsection shall prohibit a mediator from charging a flat fee for a mediation conference, subject to the limits specified in this subsection.

RULE 54. PREHEARING AND PRETRIAL CONFERENCES

A. The assigned trial judge shall set a prehearing conference at the earliest available time after the filing of the Form 13.

B. Nothing in this rule shall limit a party's right to request a pretrial conference with the trial judge at the time of trial.

C. The Court, in its discretion, may order the appearance of any party or attorney at any prehearing or pretrial conference. Nothing in this rule shall limit the authority of a judge of the Workers' Compensation Court to order a prehearing or pretrial conference.

D. The Court, in its discretion, in order to assist in the efficient management of the dockets, may establish additional pretrial dockets.

E. Failure to appear at a conference, appearance at a conference substantially unprepared or failure to participate in good faith may result in any of the following sanctions:

1. the striking of the hearing;

2. holding the proceeding in abeyance;

3. an order entered by default;

4. assessment of expenses and fees (either against a party or the attorney individually); or

5. such other order as the Court may deem just and appropriate.

F. If during a prehearing conference, the trial judge finds the party seeking the prehearing conference has done so in an effort to delay, harass or increase costs, the judge shall assess all costs and attorney fees for such conference against the party requesting the conference.

G. All regularly scheduled conferences with the Court shall be governed by the prehearing conference rules of procedure as set out herein.

H. If any party requests a prehearing conference, that party must certify, on the request for prehearing conference, that the parties have conferred or attempted to confer in good faith, but sincere efforts to resolve the issue have been unavailing.

RULE 55. PERMANENT TOTAL DISABILITY STATUS REVIEW

A. Pursuant to 85 O.S., Section 336(C), every three years following the file-stamped date of an award for permanent total disability, the Court shall notify the respondent in writing of the ability to review the claimant's permanent total disability status by filing a Form 13. A copy of the notice shall be sent to the claimant's attorney of record or to the claimant if unrepresented. The

Court will not set the issue for hearing unless a Form 13 is filed. This rule shall apply only to permanent total disability awards entered against an employer on and after August 26, 2011. The rule is not applicable to combined disability awards against an employer or the Multiple Injury Trust Fund.

B. The Court provided notice pursuant to this rule shall be discontinued upon the respondent's written request, the respondent's written notice that the award was paid or the benefits abated by operation of law, or pursuant to a Court ordered change in condition for the better. Failure of the respondent to notify the Court upon payment of the award or abatement of the benefits may result in sanctions against the respondent.

RULE 56. COMPROMISE SETTLEMENTS

A. The parties in interest to a claim for compensation may settle upon and determine any and all issues and matters by agreement, in accordance with 85 O.S., Section 337 or 85 O.S., Section 339, subject to the terms and conditions of this rule.

B. Any agreement submitted to the Court for approval shall be set forth in a Form CSD-337 as authorized by 85 O.S., Section 337 for a beneficiary of a deceased worker in a death claim, or in a Form CS-339-A as authorized by 85 O.S., Section 339 for all other claims except claims for payment of medical and rehabilitation services rendered before the file-stamped date of the Form CSD-337 or Form CS-339-A agreement or combined disabilities claims against the Multiple Injury Trust Fund; provided, an agreement between an employer and employee as to facts in relation to an injury and payment of compensation which is subject to reopen on change of condition, shall be set forth in a Form CS-339-B. Nothing in this rule shall preclude the Multiple Injury Trust Fund from compromising a claim as authorized by 85 O.S., Section 404(F).

C. No Form CSD-337 agreement shall be binding on the parties in interest unless it is approved by a judge of the Workers' Compensation Court. No Form CS-339-A or Form CS-339-B agreement shall be binding on the parties in interest unless it is approved by a judge of the Workers' Compensation Court or the Court Administrator. The agreement, including any attached appendix identifying the outstanding issues that are subject to the Court's continuing jurisdiction, shall be approved unless it is determined that:

1. The agreement is unfair, unconscionable, or improper as a matter of law; or

2. The agreement is the result of an intentional misrepresentation of a material fact; or

3. The agreement, if for permanent partial impairment, is not supported by competent medical evidence as required by 85 O.S., Section 333(A).

D. As used in this rule, "parties in interest" means the respondent (employer and the employer's insurance carrier if insured), and an employee or the employee's beneficiary in a death claim. An employee who is not represented by legal counsel may effect a compromise settlement upon the employer's filing of a Form 2, or the employee's filing of a claim for compensation (Form 3 or Form 3B), regarding the injury or occupational disease which is the subject of the compromise

settlement. An employee's beneficiary in a death claim may effect a compromise settlement only upon the filing of a Form 3A and a duly executed and authenticated proof of loss (Form 20).

E. In no instance shall the total attorney's fee amount provided for in a compromise settlement exceed the maximum attorney fee allowed by law.

F. No compromise settlement shall be made upon written interrogatory or deposition except in cases where the claimant is currently engaged in the military service of the United States, is outside of the state, is a nonresident of Oklahoma, or in cases of extreme circumstances.

G. 1. A record of the terms and conditions of an approved Form CSD-337 or Form CS-339-A and the understanding of the employee or employee's beneficiary, as applicable, concerning the effect of the settlement must be made and transcribed at the expense of the respondent. The transcript shall be prepared and provided to the parties within ninety (90) days. If any respondent prefers to be billed immediately for the transcript, it may request the court reporter to determine the charge at the time the record is made. The court reporter may then contract for services rendered and submit a statement to the respondent in conformity with the agreement. Medical reports and other exhibits submitted in support of a Form CSD-337 or Form CS-339-A shall not be transcribed unless the parties request otherwise. If the reports or exhibits are not transcribed, the original exhibits or duplicate copies thereof shall be affixed to the original transcript and placed in the Court file.

2. No record of the terms and conditions of an approved Form CS-339-B is required unless testimony, other than medical testimony submitted by written narrative report, is required to effect the compromise settlement. When a record is prepared, medical reports and other exhibits submitted in support of a Form CS-339-B shall not be transcribed unless the parties request otherwise. If the reports or exhibits are not transcribed, the original exhibits or duplicate copies thereof shall be affixed to the original transcript and placed in the Court file.

H. A file-stamped copy of an approved Form CSD-337, Form CS-339-A or Form CS-339-B shall be mailed by the Court to all unrepresented parties and attorneys of record.

I. A Form CSD-337 that fully and finally resolves all issues in a death claim between the employee's beneficiary and the respondent, and a Form CS-339-A that fully and finally resolves all issues in a claim for compensation between the employee and the respondent, shall not be deemed an adjudication of the rights between the medical or rehabilitation provider and the employer for reasonable and necessary medical and rehabilitation expenses incurred by the employee due to the injury before the file-stamped date of the approved Form CSD-337 or Form CS-339-A.

J. Within seven (7) days of the date a medical provider provides initial treatment for a work-related accident, the medical provider shall provide notice in writing to the Workers' Compensation Court, if and only if, a Form 3, Form 3A or Form 3B has been filed with the Court, and in all cases shall provide notice in writing to the patient's employer, and if known, the employer's insurance carrier. If the medical provider fails to provide the required notification, the medical provider forfeits any rights to future notification, including those circumstances where a

case is fully and finally settled by a Form CS-339-A, unless the medical provider is actually known to the respondent or is listed by the employee.

K. If the issue of medical treatment is fully and finally settled by a Form CS-339-A, at the time of the Form CS-339-A, the employee shall provide to the respondent a list of all medical providers known to the employee. The Form CCS shall be used for that purpose. Within ten (10) days from the file-stamped date of the Form CS-339-A, the respondent shall send notice of the Form CS-339-A to all medical providers listed by the employee and to all medical providers known to the respondent. The employee is liable for payment of any medical services rendered after the Form CS-339-A is filed. The employee also is responsible for informing any future medical providers that the case or issue of medical treatment was fully and finally disposed of by a Form CS-339-A and that the employee, rather than the respondent, is the party financially responsible for such services.

RULE 57. NUNC PRO TUNC ORDERS

A. Within twenty (20) days of the date a final order was sent to the parties the Workers' Compensation Court's power to correct it nunc pro tunc is coextensive with that of the district court. After the lapse of twenty (20) days that power is limited only to correcting facially apparent clerical errors or omissions, mathematical miscalculations, and other facially apparent mistakes in recording judicial acts.

B. No nunc pro tunc change may be made in any order without a written application therefor made by the filing of a form Nunc Pro Tunc Request, followed by an adversary hearing set upon notice to the opposite parties or a written consent by those parties. A nunc pro tunc correction order made within twenty (20) days of a final order's entry must be entered and sent to the parties within those twenty (20) days. See, Ferguson v. Ferguson Motor Co., 1988 OK 137, 766 P.2d 335.

RULE 58. CERTIFICATION OF AWARDS

An application for an order directing certification to district court of any workers' compensation award may be heard after notice to the respondent and insurance carrier has been given at least ten (10) days before the scheduled trial thereon. At such trial the respondent and insurance carrier shall be afforded an opportunity to show good cause why the application should not be granted.

RULE 59. PROOF OF PRIOR ADJUDICATION

A. If, in the course of a litigated proceeding, a party desires to establish the fact of a prior adjudication either by the State Industrial Court, the Workmen's Compensation Court or by the Workers' Compensation Court, the proof thereof shall be made by offering a certified copy of the judgment roll, rather than by offering the Court's case file. For purposes of this rule, the judgment roll shall consist of: (1) the notice and claim for compensation form for accidental injury, death, occupational disease or combined disabilities; and (2) the orders and awards made in the case.

B. Any other part of the case file in a previously adjudicated claim shall be offered in a similar manner.

RULE 60. APPEALS

A. Appeals to the Court en banc may be taken by filing an original and two (2) copies of a Request for Review within ten (10) days from the date the order appealed from was filed with the Court as reflected by the date of the file stamp thereon. No party may file a Motion For New Trial, a Motion For Reconsideration or a Petition for Rehearing before the assigned trial judge. The Request for Review shall include:

1. The name of the trial judge from whose decision the appeal is taken;

2. A copy of the order appealed;

3. A specific statement of each conclusion of law and finding of fact urged as error. General allegations of error do not suffice. The party or parties appealing to the Court en banc will be bound by the allegations of error contained in the Request for Review and will be deemed to have waived all others; and

4. A brief statement of the relief sought.

B. No response to a Request for Review is necessary. A motion to Dismiss an Appeal for lack of jurisdiction based upon the time lines of the appeal, may be filed by the non-appealing party. Appeals to the Court en banc shall be strictly on the record made before the trial court. No new evidence shall be allowed. The Request for Review shall be accompanied by a non-refundable filing fee in the sum of One Hundred Seventy-five Dollars ($175.00).

C. A designation of record shall be filed by the appealing party and a copy submitted to the court reporter and all other parties in the case concurrently with or before filing a Request for Review in all actions which are appealed to the Court en banc. The cost of preparing the transcript shall be advanced immediately by the designating party. The transcript shall be prepared and sent to all parties to the appeal within forty-five (45) days from the date the designation of record is filed.

D. 1. Where a party believes that a memoranda brief would aid the Court en banc in its determination, the party may submit the brief and two copies thereof to the Court en banc on the date of oral argument. The party shall provide all opposing parties with a copy of the memoranda brief not later than three (3) days prior to oral argument.

2. Memoranda brief shall not exceed five pages in length. The brief shall be submitted on 8 ½" x 11", paper with one inch margins and shall be double-spaced and prepared in no less than ten point type. No appendix or other documents shall be attached to the brief.

E. The presiding judge, or in the absence of the presiding judge, the judge who is the most senior in terms of service or designee, shall preside at oral argument.

F. Oral argument shall be limited to ten (10) minutes to each side unless the time is enlarged by leave of the Court. Any party failing to appear when the appeal is called for oral argument shall be deemed as having waived the right to argue the case and the appeal shall be

considered as being submitted on the record. If a basis of the appeal involves medical evidence, other disputed questions of fact, or if there is controlling or significant appellate authority, three sets of relevant documents, excerpts of the trial transcript, deposition testimony, or decisions shall be presented to the Court en banc at the time of oral argument and shall be exchanged with opposing parties prior to oral argument.

G. All proceedings of the Court en banc shall be recorded by a court reporter of the Court. Any party requesting a transcript of the proceedings shall bear the costs associated with its preparation. Any designation of the record for the Court en banc shall be governed by the applicable Rules of Appellate Procedure in civil cases as adopted by the Oklahoma Supreme Court. During the pendency of an appeal to the Court en banc, the trial court shall retain jurisdiction over any issue not affected by the eventual ruling of the appellate body. See, Waddle v. State Industrial Court, 1964 OK 169, 394 P.2d 511.

RULE 61. CONTEMPT

A. Direct Contempt:

1. Power of the Court. The court has the power to punish any contempt in order to protect the rights of the parties and the interests of the public by assuring that the administration of justice shall not be thwarted. The trial judge has the power to cite and if necessary punish anyone who, in the judge's presence in open court, willfully obstructs the court or judicial proceedings after an opportunity to be heard has been afforded.

2. Admonition and Warning. Censure should not be imposed by the trial judge unless:

   a. it is clear from the identity of the offender and the character of the acts that disruptive conduct was willfully contemptuous; or

   b. the conduct warranting the sanction was preceded by a clear warning that the conduct is impermissible and that specified sanctions may be imposed for its repetition.

3. Notice of Intent to Use Contempt Power. Postponement of Adjudication:

   a. The trial judge, as soon as practicable after being satisfied that courtroom misconduct requires contempt proceedings, should inform the alleged offender of the judge's intention to institute such proceedings.

   b. The trial judge should consider the advisability of deferring adjudication of contempt for courtroom misconduct of a party, an attorney or a witness until after the trial, and should defer such a proceeding unless prompt punishment is imperative.

4. Notice of Charges and Opportunity to be Heard. Before imposing any punishment for contempt, the judge should give the offender notice of the charges and at least a summary opportunity to adduce evidence or argument relevant to guilt or punishment.

5. Referral to Another Judge. The judge before whom courtroom misconduct occurs may impose appropriate sanctions, including punishment for contempt, but should refer the matter to the Court Administrator for assignment to another judge, if the judge's conduct was so integrated with the contempt that the judge contributed to it or was otherwise involved, or the judge's objectivity can reasonably be questioned.

B. Indirect Contempt for Refusal to Comply With Subpoena.

1. Power of the Court. The court has the power to punish a witness for willful disobedience of, or willful resistance to, a subpoena lawfully issued or made by the court.

2. Attachment of a Witness for Nonattendance. When a witness fails to attend in obedience to a subpoena, except in case of a demand and failure to pay witness fees, the trial judge before whom attendance by the witness is required may issue an attachment to the sheriff of the county where the witness resides, or where the witness may be at the time, commanding the sheriff to arrest and bring the person named in the subpoena before the trial judge at a time and place to be fixed in the attachment, to give testimony and answer for the contempt. If the attachment does not require the witness to be immediately brought before the trial judge, a sum may be fixed in which the witness may give an undertaking, with surety, for their appearance. Such sum shall be endorsed on the back of the attachment. If no sum for the undertaking is fixed and endorsed on the attachment, it shall be One Hundred Dollars ($100.00). If the witness is not personally served with the attachment, the court may order the witness to show cause why an attachment should not issue against him or her. Charges for service of the attachment shall be paid by the party moving the Court for an order of contempt against the witness for refusal to comply with the subpoena.

3. Punishment for Contempt. The punishment for failure of a witness to attend in obedience to a subpoena lawfully issued by the Workers' Compensation Court shall be limited to a fine not exceeding One Thousand Dollars ($1,000.00), payable by the witness to the Workers' Compensation Court for credit to the Administrator of Workers' Compensation Revolving Fund created pursuant to 85 O.S., Section 370(A).

C. Indirect Contempt for Disobedience To Court Order. Obedience of any person to an order of the Workers' Compensation Court, other than a subpoena to testify as a witness, may be compelled by attachment proceedings through the district court upon application of the Workers' Compensation Court judge pursuant to 85 O.S., Section 347.

RULE 62. ACTIVE RETIRED JUDGES

Active retired judges assigned to the Workers' Compensation Court by the Chief Justice of the Oklahoma Supreme Court shall perform such duties and responsibilities as authorized by law, and as a majority of the judges of the Workers' Compensation Court may prescribe.

RULE 63. CERTIFICATE OF COVERAGE FOR INSURANCE

A. Any insurer issuing a policy to provide benefits pursuant to the Workers' Compensation Code, or group self-insurance association approved by the Court Administrator, must report its statutorily required notices of insurance coverage and cancellation electronically with the Administrator using the National Council on Compensation Insurance (NCCI) Proof of Coverage (POC) system. To do so, the insurer must elect with the NCCI to use the NCCI POC system, authorize the NCCI to make the required filings on behalf of the insurer, and report its policy information, including, but not limited to, new and renewal policies, binders, cancellations, reinstatements, and endorsements, with the NCCI in accordance with NCCI reporting requirements for the State of Oklahoma.

B. Compliance with 85 O.S., Section 356(G) is required to effect cancellation of a workers' compensation insurance policy. Notice of intent to cancel provided to NCCI or to the Workers' Compensation Court pursuant to 85 O.S., Section 356(G) does not constitute service upon the insured employer of notice of intent to cancel.

C. A policy must be reported to the NCCI no later than thirty (30) days after the effective date of the policy. Every named insured and covered location in the State of Oklahoma must be reported as well. The date the POC information is received by the NCCI will count as the received date for purposes of this deadline. Any insurer who fails to timely or accurately file their policies with the NCCI, may be liable for an administrative violation and subject to a fine by the Administrator of not more than One Thousand Dollars ($1,000.00), as provided in 85 O.S., Section 351.

D. Any expense incurred by the Court or any party resulting from continuances necessitated by the failure of the respondent or its insurer to comply with this rule, may be assessed by the Court against the party responsible.

E. Each certified workplace medical plan shall file, and maintain, with the Court Administrator a current list of its network providers and dispute resolution form, for public disclosure. This filing requirement may be complied with by submission of the required information in writing, or electronically if approved in advance by the Court Administrator. Alternatively, the plan may notify the Administrator in writing of the appropriate InterNet web site address through which the required information may be accessed by the public electronically.

RULE 64. MOTION TO REVOKE INSURANCE LICENSE

Motions to revoke or suspend the insurance license of any carrier, pursuant to 85 O.S., Section 346(B), shall be submitted to the Court Administrator for disposition. The Administrator may refer the matter to a regularly assigned judge of the Court for fact finding and determination. Appeals from the Administrator's or trial judge's decision are subject to Rule 60. If it is determined that an insurer's license should be suspended or revoked, a recommendation to that effect shall be made to the Insurance Commissioner.

RULE 65. ORDERS SUPPLEMENTING RULES

When authorized by a majority of the judges of the Workers' Compensation Court, the Presiding Judge may enter orders consistent with these rules for the general conduct of business.

RULE 66. EFFECTIVE DATE

These rules, as amended, shall become effective on March 6, 2012.