2951 Flowers Rd S, Suite 211 Atlanta, Georgia 30308 (Main) 404.446.4488 (Fax) 404.446.4499

www.atkinsdavid.com

GEORGIA WORKERS' COMPENSATION – CHEAT SHEET OCTOBER 2025

BENEFIT RATES					
Date of Accident (on or after)	Maximum Weekly TTD/ PPD/ Death Benefits	Max. Weekly TPD			
7/1/07	\$500	\$334			
7/1/13	\$525	\$350			
7/1/15	\$550	\$367			
7/1/16	\$575	\$383			
7/1/19	\$675	\$450			
7/1/22	\$725	\$483			
7/1/23	\$800	\$533			
	Member	Max. Weeks			
	Arm	225			
	Leg	225			
MAXIMUM	Hand	160			
WEEKLY	Foot	135			
	Thumb	60			
BENEFITS FOR	Index Finger	40			
LOSS OF OR	Middle Finger	35			
	Ring Finger	30			
LOSS OF USE OF	Little Finger	25			
_ 000 0_ 00_ 0	Great Toe	30			
SPECIFIC	Other Toes	20			
MEMBERS	Loss of Hearing: One ear	75			
MEMIDERS	Loss of Hearing: Both ears	150			
	Loss of Vision: One eye	150			
	Body as a whole	300			

Mileage Rate: \$.45 per mile (must be submitted within one year of the date the mileage was incurred)

CONTACT INFORMATION

Alissa C. Atkins alissa.atkins@atkinsdavid.com	404.446.4474	Camille A. Guzman <u>camille.guzman@atkinsdavid.com</u>	404.446.4480
Jennifer M. Smith jennifer.smith@atkinsdavid.com	404.446.4481	Madison K. Zgonc madison.zgonc@atkinsdavid.com	404.446.4473
Vincent A. Toreno vince.toreno@atkinsdavid.com	404.446.4476	Carie M. Paine <u>carie.paine@atkinsdavid.com</u>	404.446.4491
Wesley R. Moore wesley.moore@atkinsdavid.com	404.446.4471	Kevin C. Dolliole kevin.dolliole@atkinsdavid.com	404.446.4484
		Aleeza Rasheed aleeza.rasheed@atkinsdavid.com	404.946.9236

SELECTED GEORGIA BOARD FORMS

FORM#	FORM NAME	DEADLINES	PURPOSE	COMMENTS
WC-1	First Report of Injury	21 days for regular claims	Report injury to Board to document Board file; also used to controvert claims or designate as medical only	Board can penalize if not filed - Section A cannot be used against the employer at trial
WC-2	Notice of Payment or Suspension of Benefits	Must file and serve at time benefits are commenced, suspended, or modified	Alert parties and Board of change in benefits status and basis for modification	Failure to file properly can result in additional benefits owed
WC-3	Notice to Controvert	Within 21 days or 81 days (if claim accepted as compensable and later denied)	Deny part or whole of claim and give grounds for doing so	Failure to file does not eliminate rights, but Board can assess penalties and fees
WC-4	Case Progress Report	Within first 180 days; every 12 months; 30 days after closure of file	Used by Board for record keeping and statistical evaluations	Board can penalize if not filed
WC-6	Wage Statement	No specified deadline but should file with WC-1	Demonstrate calculations for benefits	Only required if paying less than statutory maximum
WC-14	Notice of Claim/ Request for Hearing/Request for Mediation	Only deadline relates to tolling statute of limitation	Serves as pleading to request an evidentiary hearing and/or toll statute of limitation	Must notify the Board of the name of counsel within 21 days of hearing notice
WC-102	Request for Documents	30 days to respond	Request documents from either party	Board can penalize if no response within 30 days
WC-102d	Motion/Objection to Motion	15 days to respond	To request court action without need for hearing	Likely granted if no response
WC-104	Notice of Light Duty Release	Within 60 days of release	Can reduce to TPD after 52 consecutive or 78 aggregate weeks of light duty	Will not be valid if do not attach authorized physician's release and file with Board
WC-200b	Motion for Change in Physicians/Additional Medical Treatment	15 days to respond	Change authorized physician or obtain additional treatment	WC-200a used for change by consent
WC-205	Request for Preauthorized Medical Care	5 business days – respond on form and send to doctor directly		Failure to timely respond will result in authorization
WC-240	Offer of Suitable Employment	Send within 60 days of job approval	Notice to claimant of light duty job	Must give 10 days notice
WC-240A	Job Analysis	Should be sent with WC-240	Provides thorough description of job	Not required, but strongly encouraged
WC-R1	Request for Rehabilitation	Within 48 hours of an accepted catastrophic injury; file form within 20 days if Board designates	Acceptance of claim as catastrophic and appointment of rehabilitation supplier	Designate CAT nurse of your choosing
WC-PMT-A	Petition for Medical Treatment (Claimant)	Call with Judge will be scheduled within a week	Request approval of treatment recommended by an authorized doctor	Choices in response are: authorize, controvert, or go forward with the call
WC-PMT-B	Petition for Medical Treatment (Employer/Insurer)	Call with Judge will be scheduled within a week	Require Claimant to attend medical appointment with an authorized treating doctor	Subsequent failure to attend can result in suspension of TTD