

**TITLE 365. INSURANCE DEPARTMENT
CHAPTER 15. PROPERTY AND CASUALTY**

**APPENDIX B. OKLAHOMA WORKERS' COMPENSATION
SMALL DEDUCTIBLE ACCEPTANCE/REJECTION FORM**

Oklahoma law requires insurers to offer a medical claim deductible on all Oklahoma Workers' Compensation policies. Five medical deductible options are available. You are not required to select the medical deductible option, but if you choose to exercise this option, you may choose only one deductible amount. Please carefully review the requirements for the medical deductible option outlined below.

MEDICAL DEDUCTIBLE OPTIONS

The medical claims deductible options are Five Hundred Dollars, (\$500), One Thousand Dollars (\$1,000), One Thousand Five Hundred Dollars (\$1,500), Two Thousand Dollars (\$2,000), and Two Thousand Five Hundred Dollars (\$2,500). If you choose one of these options, you will be liable for the amount of the deductible for the medical benefits paid on **every claim** for bodily injury by accident or disease filed by an injured employee.

EMPLOYER OBLIGATIONS IF MEDICAL DEDUCTIBLE OPTION IS SELECTED

Oklahoma law prohibits you from directly or indirectly charging to or passing on the medical deductible amount to the injured worker or the insurer.

If you choose a medical deductible option, the insurer will pay the entire cost of medical bills directly to the provider of the services and then seek reimbursement from you for the deductible amount. The insurer will bill you for the deductible amount. **WARNING: You must reimburse the insurer within sixty (60) days of a written demand. If you fail to reimburse the insurer within sixty days, the insurer may seek to recover the full amount of such claim from you. In addition, the non-payment of medical deductible amounts shall be treated in the same manner as non-payment of premiums.**

ACCEPTANCE / REJECTION

Yes, I have read the medical deductible information outlined above and want the following medical deductible amount to apply to medical claims under Oklahoma Workers' Compensation Law. I understand that this medical deductible applies to **every claim** for bodily injury by accident or disease filed by an injured employee.

\$ 500

\$1,000

\$1,500

\$2,000

\$2,500

No, I do not want the medical deductible described in this notice.

NAMED INSURED: _____

ADDRESS: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

[Source: Added at 11 Ok Reg 1855, eff 5-15-94]