

FILED

Katrina Stephenson
COURT CLERK

Number: xxx-xx-1878

THAT at time of injury, claimant's wage were sufficient to establish the rate of compensation at \$359.00 per week for permanent partial disability.

- 3 -

THAT determination of the rate of temporary total disability of compensation is reserved for future hearing.

- 4 -

THAT as a result of said injury, claimant sustained 30 percent permanent partial disability to the LOW BACK (injections, surgeries- 1st - L4-5 laminectomy and discectomy; 2nd- posterior interbody fusion at L4-5 and repeat decompression of left L4-5 with resection of scar tissue, range of motion loss, weakness, neuropathy), for which claimant is entitled to compensation for 150 weeks at \$359.00 per week, or the total amount of \$53,850.00 of which 46 weeks have accrued and shall be paid in a lump sum of \$16,514.00.

- 5 -

THAT the Court finds claimant's need for prescription medication is due to a subsequent injury and not as a result of this injury.

- 6 -

THAT respondent and/or insurance carrier shall pay all reasonable and necessary medical expenses incurred by claimant as a result of said injury.

- 7 -

THAT respondent or insurance carrier shall pay claimant the accrued portion of the award herein in lump sum of \$16,514.00 and pay the balance of said award at the rate of \$359.00 per week until the total award of \$53,850.00 (less attorney fee) has been paid to claimant.

- 8 -

THAT Respondent shall pay court costs; Special Occupational Health and Safety Fund Tax of three-fourths of one percent (0.75%) of the amounts paid in lump sum of \$403.88 is levied against the Respondent; three-fourths of one percent of the continuing benefits awarded in this case shall be computed and paid as the same comes due. Pursuant to 85 O.S., Section 407, as amended by Laws 2013, HB 2201, c. 254, Section 49, eff. January 1, 2015, Respondent, if Own Risk, shall pay \$1,077.00 to the Workers' Compensation Administration Fund created by 85 O.S. Section 407, to be used for the costs of administering the Workers' Compensation Code as applicable to the Oklahoma Workers' Compensation Court of Existing Claims, representing two percent (2%) of the permanent disability award herein.

- 9 -

THAT pursuant to Title 85 O.S. Section 368, a final award fee of one hundred forty dollars (\$140.00) is taxed as a cost in this matter, and shall be paid by respondent.

- 10 -

THAT the sum of \$10,770.00 shall be deducted from the award herein and paid in lump sum to claimant's attorney as a fair and reasonable attorney fee; within twenty (20) days from the date of filing of this order, respondent or insurance carrier shall comply herewith.

BY ORDER OF:

/s/ *Michael W McGivern*

MICHAEL W MCGIVERN, JUDGE

pg/FBennett

A copy of the above and foregoing Court Order was mailed, by regular or Certified United States Mail, on this filed stamped date to:

Claimant's Attorney: RICHARD A BELL
3151 W TECUMSEH RD SUITE 100
NORMAN, OK 73072-

Respondent's Attorney: JEANNE SNIDER
PO BOX 370
NORMAN, OK 73070-

I do hereby certify that the above and foregoing is a true and correct copy of the original order signed by the Judge herein. Witness by my hand and the official seal of this court on this date.

Kathrina Saplins

Court Clerk
July 6, 2015

