

# **Workers Compensation Packet**

## **2018 - 2019**

- **Cover Page**
- **Company Nurse Instructions – Employees call FIRST!!**
- **WC - #3 – Employee Payroll Options**
- **WC - #4 – Workers' Compensation Panel of Physicians**
- **WC - #5 – Authorization for Medical Treatment**



# 2018 - 2019

## Workers' Compensation Packet

August 30, 2018

This packet contains forms that **must** be used when completing a Workers' Compensation claim.

Please throw away the previous packet.



## COMPANY NURSE INTRODUCTION

In an effort to more effectively manage our workers' compensation claims, Richmond City Public Schools has implemented an injury management program called Company Nurse®. When you encounter a workplace injury, the supervisor and injured employee will call the Company Nurse® Injury Contact Center as soon as possible after the injury/incident occurs. After the Injury Care Coordinator records the injury and incident information, the attending nurse will provide first aid advice and direct the injured employee to an appropriate workers comp treatment site if needed. COMPANY NURSE® will handle all initial reporting of workplace injuries.

### Here's how it works:

The process is simple. Just call! If an injury is not a medical emergency, the INJURED WORKER will telephone COMPANY NURSE® at **1-888-770-0925** and provide **Organization Code—V276B** before seeking treatment. They will speak with a Registered Nurse who will assist the employee with his or her medical needs and expedite the claims processing. The nurse will talk to the manager first and then the employee to determine what kind of treatment, if any, is necessary for the employee based upon their conversation with them and the manager.

### Important Contact Center facts:

The COMPANY NURSE® INJURY Contact Center is available 24 hours per day, seven days per week.

- Company Nurse® will complete the First Report of Injury form and email or fax it to our claims processing administrator.
- The Injured Worker only needs to report the injury once to Company Nurse®. However, you can call back any time with changes or updates to the report if needed.
- Company Nurse® will handle all initial reporting of employee incidents.

The advantage of a medical professional assisting in directing the employee's medical treatment should result in cost savings and fewer claims if first aid can be applied. Furthermore, employees will receive instant telephonic first aid advice from a Registered Nurse and be referred for further treatment if needed.

Your cooperation and participation are appreciated. Please do not hesitate to contact Company Nurse at 1-888-817-9282 if you have any questions regarding this process.

# EMPLOYEE PAYROLL OPTIONS

I hereby elect to use my SICK or VACATION leave for the first seven (7) days of my absence.

**YES**  **NO**  If NO, it will be **LEAVE WITHOUT PAY**

If injury is deemed compensable and you are completely placed OUT OF WORK by your treating Physician, starting on the 8<sup>th</sup> day, you may supplement the difference in pay with sick or vacation leave.

**YES**  **NO**

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date



**WORKERS' COMPENSATION PANEL OF DOCTORS**

[WC- #4]

**HOW DO I CHOOSE AMONG THE PRIMARY CARE PANEL DOCTORS?**

You may want to select one of the panel doctors who participates in your health insurance plan just in case the claim is not covered by Workers' Compensation.

**\*\*\* All injuries that happen while at work are not necessarily compensable injuries.\*\*\***

Richmond Public Schools uses a panel of physicians to treat workers compensation injuries. **(THE EMERGENCY ROOM MAY BE USED IN EMERGENCY SITUATIONS.)** Employees are **REQUIRED** to select a physician from the panel below for treatment for the injury. This selected panel physician will make any referrals needed. **ONCE EMERGENCY CARE HAS BEEN COMPLETED, A PANEL PHYSICIAN MUST BE SELECTED FOR FOLLOW-UP CARE.**

I have selected \_\_\_\_\_ as my panel physician.

I understand that if I choose a physician that is not on the panel, my medical bills will not be paid under workers' compensation and will be my sole responsibility.

**I decline medical treatment at this time – submit as “RECORD ONLY”**

Employee's signature \_\_\_\_\_ DATE: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**WHAT IF I NEED A SPECIALIST? Your panel physician will refer you to any specialist you may need**

PRIMARY CARE PANEL DOCTORS		
Joseph Andriano, MD The Retreat Hospital 2621 Grove Avenue Richmond, VA 23220	804-254-5467(O) 804-254-9898 (F)	Monday thru Friday 8:00AM – 4:00 PM 24 hours/Accident Care
Joseph Andriano, MD CJW Medical Center 7153 Jahnke Road Richmond, VA 23225	804-483-1708(O) 804-320-3593 (F)	Monday thru Friday 8:00AM – 5:00PM 24 hours/Accident Care
Better Med Urgent Care Willow Lawn, Near West End 5215 W. Broad St. Richmond, VA 23230	804-554-5688(O)	Open 7 days a week from 8:00 a.m. to 8:00 p.m.
Better Med Urgent Care 6100 Harbourside Ctr Loop Midlothian, VA 23112	804-639-7555(O)	Open 7 days a week from 8:00 a.m. to 8:00 p.m.
Better Med Urgent Care 4600 Puddledock Rd. Prince George, VA 23112	804-704-8655 (O)	Open 7 days a week from 8:00 a.m. to 8:00 p.m.
Dale Slagel, MD Henrico Doctor's Hospital 7700 E. Parham Road Richmond, VA 23294	804-747-5627(O) 804-747-5702(F)	Monday –Friday 8:00AM – 4:00PM 24 hours/Accident Care

**WHAT IF I HAVE A QUESTION?** Any questions regarding Workers' Compensation, call Risk Management at 804-780-4120 or 804-780-8235.



# Authorization for Medical Treatment

## SECTION A: MEDICAL AUTHORIZATION (TO BE SIGNED BY EMPLOYEE)

In accordance with VA state law, I hereby authorize any physician or nurse who attended me, or a hospital at which I have been confined, to furnish to my authorized representative of VACORP, 1315 Franklin Rd., SW, Roanoke, VA 24016, any and all information which may be requested regarding my physical condition and treatment rendered thereof and if necessary, to allow them or any physician appointed to me to examine any X-ray picture(s) taken of me, or to review records regarding my physical condition or treatment. A photocopy of this authorization is to be given the same force and effect as the original.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION B: NOTES TO DOCTOR

Richmond Public Schools offers Modified Duty and will attempt to accommodate all employees who are eligible to return to work in a Modified Duty Capacity.

1. If you release this employee for selective work only, please specify activities to be avoided such as bending, lifting, climbing, excessive walking, operation of motor vehicle, etc.
2. The employee must be examined by the physician signing this form.
3. Please examine and give necessary treatment to this employee, who claims an injury in the course and scope of their job, and check the appropriate boxes below.

### EMPLOYEE INFORMATION

NAME: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

IMMEDIATE SUPERVISOR/PHONE #: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

### WORK STATUS

Return to Regular Work On: \_\_\_\_\_ 2018

Return to Modified Work On: \_\_\_\_\_ 2018

No Duty Yet \_\_\_\_\_

COMMENTS:

---



---



---



---

### WAS PRESCRIPTION MEDICATION GIVEN?

No \_\_\_\_\_

Yes \_\_\_\_\_

### MODIFIED WORK AS INDICATED BELOW

No Prolonged Standing /Walking or Sitting

\_\_\_\_\_ Min/Hr ----- \_\_\_\_\_ Hrs/Day

- No Climbing, Bending or Stooping
- Limited Use of Right / Left Hand
- Right / Left Hand Work Only
- No Work Near Moving Machinery
- No Overhead Reaching or Lifting
- Weight Lifting Restriction
  - 0 - 5 lbs
  - 6 - 10 lbs
  - 11 - 25 lbs
  - 26 - 50 lbs

Driving Restriction \_\_\_\_\_ Hrs / Day

Modified Work Hours \_\_\_\_\_ Hrs / Day

Other: \_\_\_\_\_

NEXT APPOINTMENT: \_\_\_\_\_

TIME: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Billing Information:

VACORP  
1315 Franklin Rd. SW  
Roanoke, VA 24016

Fax completed forms to Risk Management at (804) 780-8279  
(804) 780-4120 (O)  
301 N. 9<sup>th</sup> St., 13<sup>th</sup> Floor, Richmond, VA 23219