

Sample Workers' Compensation Claims Procedures

Workers' Compensation is designed to get the employee back to work.

Department Heads and Supervisors are primarily **responsible** for the safety and health of their employees.

Employees should be instructed to report **ALL** work-related accidents/injuries/illnesses **immediately** to their department heads and supervisors. The department head or supervisor should complete the workers' compensation forms immediately, or **within the same shift**, after a work-related accident/injury/illness occurs, except when the worker needs urgent medical attention.

NECESSARY STEPS:

1. Workers' Compensation Coordinator

The Workers' Compensation (WC) Coordinator maintains and distributes all claims information vital to processing the claim. The three following forms should be completed and given to the WC Coordinator as soon as possible after the accident/injury/illness or within the same shift.

2. First Report of Injury Form

The Supervisors should complete and sign a rough draft of the First Report of Injury Form. The WC Coordinator may use this draft form to complete the final report. Enough details should be furnished about the accident/injury/illness to clearly inform the claims representative on how the injury occurred. Witness information and their statements should be collected. (This form gives pertinent information used to process a claim. The Supervisor should complete this form, NOT the employee).

3. "HIPPA" Medical Authorization Form

The "HIPPA" Medical Authorization Form should be completed and signed by the employee. (This form is used to help assure the privacy rights of the employee and assists in releasing medical information to process the claim).

4. Physician Of Choice Form

The Physician of Choice Form should be completed and signed **ONLY** by the employee. The supervisor may assist the employee in completing the form. The supervisor should **NEVER** have the employee sign a blank form and then complete the form later without the employee. (This form helps assure there is only one primary treating physician).

5. Work Status Report

Before the claimant seeks medical treatment, the employee should be given the fourth form, the Work Status Report, to deliver directly to the primary treating physician. The Work Status Report assists in getting the employee back to work by determine the work status of the claimant. If the employee is not able to return to full duty, the report asks

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what the claimant is able to do and what restrictions or limitations should be followed. (Emergency room doctors usually will not complete this form and will rely on the primary treating physician for completion.)

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7. Return-To-Work

ALL employees not able to return to their regular duties after an accident/injury/illness should be considered for transitional or modified return-to-work positions. Restrictive or light-duty positions help the employee transition back into his or her regular position. These positions should be temporary and useful jobs, usually within the same department. Decisions on returning employees to return-to-work positions should be made by a 2 or 3 member committee, which consists of the Workers Compensation Coordinator and a member of management, supervisor, and/or human resources.

8. Accident Investigation

Department Heads and Supervisors should conduct an accident investigation to reduce the chance of reoccurrence of a similar accident/injury/illness. Corrective actions should be taken to minimize the hazards and exposures and to help prevent another injury. Accident Investigation Forms and Instructions are provided on the website.

9. Work Release

The claimant may submit a Work Release to their department head or supervisor requesting to return to work. The Work Release should be submitted to the Workers' Compensation Coordinator by the department head or supervisor before the employee is allowed to return to work.

10. Information and Documentation

Continuing information and documentation pertaining to the incident should be given to the Workers' Compensation Coordinator to send to the insurance carrier. The WCC should be notified every time a change occurs. (Any alleged contradictions to reported medical conditions, secondary occupations, or unusual activities performed by the claimants should be reported to the insurance carrier)

Additional Handouts available on the website: www.msmsc.com