



WHAT TO DO IF YOU HAVE AN INJURY AT WORK

EMPLOYEE PROCEDURES

- ◆ **NOTIFY YOUR BUILDING OR DEPARTMENT ADMINISTRATOR IMMEDIATELY**
- ◆ Complete an **EMPLOYEE INJURY REPORT WITHIN 24 HOURS OF INJURY**. You can obtain an EMPLOYEE INJURY REPORT from www.lakotaonline.com when logged in as a staff member through OneLogin. Sign the form and give it to your administrator within 24 hours of the incident.
- ◆ Administrator will submit it to workerscomp@lakotaonline.com within **48** hours of the incident.

*****IF AN INJURY IS A TRUE EMERGENCY YOUR FIRST PRIORITY ***
IS TO SEEK APPROPRIATE MEDICAL TREATMENT**

- ◆ If you need to seek medical treatment, verify with the provider that they are a BWC – approved provider.
- ◆ Let all providers know that this is a Workers’ Compensation injury, that Lakota is a self-insured employer and that all medical bills should be submitted directly to Hunter Consulting Company (information is on Workers’ Comp ID card). **DO NOT HAVE YOUR MEDICAL PROVIDERS BILL YOUR HEALTH INSURANCE. FOR WORKERS’ COMP, YOUR SOCIAL SECURITY NUMBER IS YOUR CLAIM NUMBER FOR LAKOTA.**
- ◆ Ask providers to fax all correspondence (including medical bills) to our workers’ compensation third party administrator (HUNTER CONSULTING COMPANY – (513)-231-4325, ATTN: ANGELA BEHREND).
- ◆ If you seek medical treatment, you must get a statement from the doctor that includes a return to work date and any restrictions. Email this information to workerscomp@lakotaonline.com and provide a copy to your administrator as soon as possible. **A DOCTOR’S STATEMENT IS REQUIRED FOR EVERY FULL DAY THAT YOU ARE UNABLE TO WORK DUE TO YOUR WORK-RELATED INJURY. ***If you are released with restrictions by the doctor please contact Human Resources for guidance.***
- ◆ A prescription card is available on www.lakotaonline.com when logged in as a staff member through OneLogin. **THIS SHOULD ONLY BE USED FOR PRESCRIPTIONS RELATED TO YOUR WORKERS’ COMP INJURY.**
- ◆ Compensation for missed days is paid according to the Ohio BWC guidelines (see pamphlet titled “Information for employees of self-insuring employers”). You must turn in a statement from your doctor to account for all days that you are unable to work due to your work-related injury.

- ◆ Contact the Treasurer's Office at 644-1180 if you will miss any workdays due to the injury. There is a seven-day waiting period before compensation due to total disability can be paid. However, if your disability lasts for 14 consecutive days, temporary total disability will become retroactive to day one. **COMPENSATION WILL BE PAID BY HUNTER CONSULTING, NOT ON YOUR REGULAR PAYROLL CHECK.**

ALL WORKERS COMPENSATION ABSENCES MUST BE ENTERED IN AESOP USING THE ABSENCE REASON 'WORKERS COMP'.

EMPLOYEES OFF LESS THAN 8 DAYS MAY USE THEIR AVAILABLE PAID SICK LEAVE.

CONTACT INFORMATION

- ◆ If you have any questions regarding your claim, you may contact Hunter Consulting Company or the Lakota Treasurer's Office:

JENNY GINTZ
Treasurer's Office
Director – Fiscal Human Resources Liaison
workerscomp@lakotaonline.com
(513) 644-1180, option 8
(513) 644-1258 FAX

ANGELA BEHREND
Hunter Consulting Company
abehrend@hunterconsulting.com
(513) 372-8704
(513) 231-4325 FAX

YOU CAN ALSO FIND GENERAL INFORMATION REGARDING WORKERS' COMPENSATION AS WELL AS SPECIFIC INFORMATION REGARDING YOUR CLAIM UNDER THE INJURED WORKERS SECTION OF THE BWC WEBSITE:

<https://info.bwc.ohio.gov>