

RICHMOND CITY PUBLIC SCHOOLS
Risk Management Department
301 N. 9th Street 13th Floor
Richmond, VA 23219
(804) 780-8225 or (804) 780-7658 OFFICE
(804) 780-8279 FAX

Important: Notice to all RPS employees with Workers' Compensation claims

Information you need to know:

1. Workers' Compensation does not pay wage benefits for the first seven (7) calendar days of disability for a compensable work-related injury or illness unless the injured worker loses more than twenty-one (21) days of excused time from work. During the first 7 days that an employee is out of work, he/she must use his/her own leave (sick or vacation). **Please note, the Workers Compensation carrier (VACORP) determines whether or not an injury is compensable.**
2. Follow-up appointments **must** be approved by the Workers' Compensation carrier. Please call 1-888-822-6772 with any questions or if you need assistance/authorization in setting up follow-up appointments. Injured employees are required to schedule doctor or physical therapy appointments **after** work hours or **around** your work schedule. **If not, you will be charged sick leave.**
3. **It is your responsibility** to continue payment for your voluntary benefits (Health, Dental, Life, Cancer, Accident, Disability insurance, etc.) when out on Workers' Compensation leave. Please contact Sherrie Brown at (804) 780-8234 in the Talent Office with any questions about your status regarding premium payments.
4. When your claim is accepted, you may supplement benefits payable under the Virginia Compensation Act (66 2/3 of weekly wages subject to a maximum amount allowable), for the first six months of disability, using 1/3 of your accumulated sick leave. **Please remember to check your leave option and sign the leave form in the RPS WC packet.** If you have no leave time, the payroll dept. will adjust your contract. Please contact the RPS Payroll Manager with any questions.
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5. **You are instructed to keep in contact with your supervisor and VACORP after all doctor visits.** If you are unable to return to full duty, **but with restrictions**, please contact your Supervisor and Risk Management Department **immediately** for your assignment.

Please contact Michael Bourne or Donita Jackson in Risk Management for questions pertaining to Workers' Compensation.



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, should it become necessary.

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 8th day, you may supplement the difference in pay with sick or vacation leave.

YES NO

Employee Signature

Date

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, 1819 Electric Rd., Roanoke, VA 24018, 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: _____

RETURN TO MODIFIED WORK ON: _____

No Duty Yet _____

COMMENTS:

WAS PRESCRIPTION MEDICATION GIVEN?

YES NO

NEXT APPOINTMENT: _____

TIME: _____

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: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

BILLING INFORMATION:

VACORP
1819 Electric Road
Roanoke, VA 24018

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

WORKERS' COMPENSATION PANEL OF DOCTORS

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: _____

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|--|--|---------------------------------|
| Concentra-South Richmond
9211 Burge Ave
Richmond VA 23237 | (804) 275-7200 (O)
(804) 742-2525 (F) | Monday-Friday 8 am to 5 pm |
| Concentra-Innsbrook
9900 West Broad Street #C
Glen Allen, VA 23060 | (804) 358-0361 (O)
(804) 358-4286 (F) | Monday-Friday 8 am to 5 pm |
| BetterMed Urgent Care- Willow Lawn
5215 W. Broad Street
Richmond, VA 23230 | (804) 554-5688 (O)
(804) 918-4704 (F) | 7 Days A Week from 8 am to 8 pm |
| BetterMed Urgent Care -Hull Street Road
Dr. Joseph Andriano
6100 Harbourside Centre Loop
Midlothian, VA 23112 | (804) 639-7555 (O)
(804) 739-4343 (F) | 7 Days a Week from 8 am to 8 pm |
| BetterMed Urgent Care-Regency Square
Dr. Jeff Reihl
1380 N. Parham Road
Richmond, VA 23229 | (804) 821-0010 (O)
(804) 821-0011 (F) | 7 Days a Week from 8 am to 8 pm |
| BetterMed Urgent Care-Chester
Dr. Jeanie Trent
11380 Iron Creek Rd
Chester, VA 23831 | (804) 823-9260 (O)
(804) 823-9261 (F) | 7 Days a Week from 8 am to 8 pm |
| Patient 1 st
12 N. Thompson Street
Richmond VA 23221 | (804) 359-1337 (O)
(804) 358-9861 (F) | 7 Days a Week from 8 am to 8 pm |

WHAT IF I HAVE A QUESTION? Any questions regarding Workers' Compensation, call Risk Management at 804-780- 7658 or 804-780-8235.



Workers' Compensation Temporary Prescription ID Card

VACORP

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury
(enter in DOI field in the format YYYYMMDD)

Express Scripts

ID #: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: **M5L2017** _____

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name



EXPRESS SCRIPTS®

Participating Retail Network Pharmacies

Accredo Health Group	Giant Discount Drug	Richmond Treatment Center
Beckley ARH Pharmacy	Giant Eagle	Rite Aid
Bloom Pharmacy	Giant Pharmacy	Rx Service
Broadwater Drug By Wags	Harris Teeter Pharmacy	Safeway Pharmacy
CarePoint Partners	Home Care Pharmacy	Sam's Club
Continuum Care Pharmacy	Jefferson Pharmacy	Shoppers Pharmacy
Costco	Jefferson Urgent Care	Sterling Automated Refill Cntr
Critical Care Systems	Kaiser Permanente Phcy	Super Aid Pharmacy
CVS	Kmart Pharmacy	Target Pharmacy
Dulles Urgent Care Center	Kroger Pharmacy	Ukrop's Pharmacy
Emergency Phys Immediate Care	Martins Pharmacy	Walgreen's
ER Physicians Immediate Care	Martin's Pharmacy	Wal-Mart
Extended Care Associates	NeighborCare Pharmacy	Wegmans Food Markets
Farm Fresh Pharmacy	Patient First	Wegmans Pharmacy
Food City Pharmacy	PharMerica	Weis Pharmacy
Food Lion Pharmacy	Progress Pharmacy Services	Williamsons Pharmacy
Fork Union Pharmacy	Richmond Southside Trtmnt Cntr	

Other participating pharmacies can be identified using Express-Scripts' pharmacy lookup at <https://oasis.express-scripts.com/oasis/pharmacySearch.html>