PIERCE COUNTY SCHOOLS

834 Main Street
Blackshear, GA 31516
PHONE 912·449·2044
FAX 912·449·2046

Mrs. Dara Bennett
Superintendent

Workers' Compensation Injury Packet

Pierce County Board of Education, in compliance with Georgia Law, provides workers' compensation insurance for school employees. This packet is designed to simplify and streamline the information that Supervisors and employees must provide after an on-the-job injury.

If the employee needs emergency medical attention,
please send them to the nearest hospital
and notify your supervisor and the Human Resources Dept.

https://sbwc.georgia.gov
Visit sbwc.georgia.gov for the latest information.

https://sbwc.georgia.gov/frequently-asked-questions/workers-compensation-law-faqs
Visit this site for a list of frequently asked questions (and answers).

What paperwork is needed when an employee is injured on the job?

1. Supervisor's Accident Report
    a. The Accident Report needs to include as much detail about "how" the injury happened and the specific part of the body injured. For example; left hand or index finger on left hand, lower back, etc…
    b. Be sure the person filling it out, signs the completed accident report
2. Selection (or decline) of Workers Comp doctor
3. Send all paperwork/information to Melanie Helms (email: melaniehelms@pierce.k12.ga.us or cell 912-816-6564) as soon as possible.
4. Once received, a claim will be made and a claim number generated. Employees do not need a claim number prior to going to the doctor.

Notes for supervisor:

- Make sure to do due diligence (witness statements, video saved, etc)
- Prescription Card – please fill out prescription card information (top of form) and send the card with employee.

Updated 02/20/2023

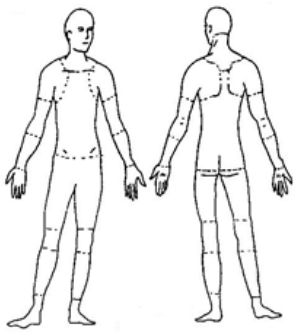
Employee Accident/Injury Report

Instructions: Please fill out this form completely for all accidents/injuries. Email a copy to Melanie Helms as soon as possible.

EMPLOYER:

Pierce County Board of Education 834 E. Main Street Blackshear, GA 31516	**Worker's Comp – System Contact**	Melanie Helms 912-449-2044 x 109 melaniehelms@pierce.k12.ga.us

EMPLOYEE:

Name	School	Job Title	
Mailing Address	City	State	Zip
Phone Number	Email Address		
Supervisor:	Employee SS#	Employee Hire Date	
Have you told your supervisor about this injury? ❑ Yes ❑ No			
Date of injury:	Time of injury:		
Names of witnesses (if any):			
Where, exactly, did it happen?			
Describe Injury (type/how occurred)	What parts of your body were injured? 		
Did you lose time from work? ❑ Yes ❑ No If so, when did the time out of work start? _____ When did the time out of work end? _____			
Did you see a doctor about this injury/illness? ❑ Yes ❑ No If yes, whom did you see?	Are you anticipating seeing a doctor about this injury/illness? ❑ Yes ❑ No		
Has this part of your body been injured before? ❑ Yes ❑ No If yes, When? _____ Name of Treating Physician: _____ Did you have any of the following treatments? ❑ MRI ❑ Surgery ❑ Diagnostic Testing ❑ Other _____			
Gender ❑ Male ❑ Female Date of Birth:_____	List any current medical problems/conditions:	Were you taking any medications prior to the accident? ❑ Yes ❑ No	
Person filling out form: Printed name: _____ Signature:		Date:	

Updated 02/20/2023

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

PANEL OF PHYSICIANS

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (See Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

GSBA
Insurer Name

P O Box 436499, Louisville, KY 40253 — address
888-245-4722 — phone

PHYSICIANS' NAMES

Bone and Joint Institute of South Georgia *(Orthopedic Surgery)*	1912 Memorial Dr Suite D Waycross, GA 31501	912.427.0800
Clark Eye Clinic *(Ophthalmology)*	502 Isabella Street Waycross, GA 31501	912.285.2020
Peachtree Immediate Care *(Telehealth, Urgent Care)*	1912 Memorial Dr Waycross, GA 31501	912.283.7100
Elite Primary Care *(Family Medicine)*	1720 Reynolds St Waycross, GA 31501	912.283.1359
Memorial Satilla Specialists - Orthopedic Surgery *(Orthopedic Surgery)*	305 Pineview Dr Waycross, GA 31501	912.283.8444
McKinney Medical Center *(Family Medicine)*	218 Quarterman St Waycross, GA 31501	912.287.9140
Henderson Family Practice *(Family Practice)*	624 Tebeau St Waycross, GA 31501	912.809.6052
Seaside Ophthalmology *(Ophthalmology)*	101 Darling Ave Waycross, GA 31501	912.584.0047

(Additional doctors may be added on a separate sheet)

Pierce County Schools - 834 E. Main Street, Blackshear, GA 31516
2/13/23

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT https://sbwc.georgia.gov
Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to $10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

WC-P1 (7/2022)

Employee Selection of Workers' Comp Physician

Please fill out one section (top or bottom).

Employee's Name _____

Check one

	Clark Eye Clinic *(Ophthalmology)* 502 Isabella Street Waycross, GA 31501 912.285.2020
	Peachtree Immediate Care *(Telehealth, Urgent Care)* 1912 Memorial Dr Waycross, GA 31501 912.283.7100
	Elite Primary Care *(Family Medicine)* 1720 Reynolds St Waycross, GA 31501 912.283.1359
	McKinney Medical Center *(Family Medicine)* 218 Quarterman St Waycross, GA 31501 912.287.9140

	Bone and Joint Institute of South Georgia *(Orthopedic Surgery)* 1912 Memorial Dr Suite D Waycross, GA 31501 912.427.0800
	Memorial Satilla Specialists - Orthopedic Surgery *(Orthopedic Surgery)* 305 Pineview Dr Waycross, GA 31501 912.283.8444
	Henderson Family Practice *(Family Practice)* 624 Tebeau St. Waycross, GA 31501 912-809-6052
	Seaside Ophthalmology *(Ophthalmology)* 101 Darling Ave. Waycross, GA 31501 912.584.0047

Employee Signature _____

DECLINE OF MEDICAL TREATMENT

I _____, acknowledge that I have reported an on-the-job incident. The facility has offered me medical attention to be administered by the facilities' designated workers' compensation physician. However, at this time I feel I do not require medical attention and by signing this form, I am stating that I can safely complete the essential functions of my job without compromising the safety of my coworkers or myself. I understand that if my condition changes in relation to this work related incident that I must notify the facility's administrator before seeking any medical attention. By signing this form, I am declining medical attention by a physician at this time.

Employee _____ Date _____

Supervisor _____ Date _____

****ATTENTION INJURED WORKER****

- The information below must be provided to the Treating Physician or Facility
- Do Not give them your personal insurance information
- If you receive an invoice/bill from the provider, you MUST bring it to the Human Resources Dept to insure prompt payment.

Employer Pierce County Board of Education 834 E. Main Street Blackshear, GA 31516 Phone: 912-449-2044 Fax: 912-449-2046	Worker's Comp Contact Information GSBA P O Box 436499, Louisville, KY 40253 888-245-4722
Human Resources – Worker's Comp Contact **Melanie Helms** Phone: 912-449-2044 Ext: 109 melaniehelms@pierce.k12.ga.us	Your supervisor may give you a prescription card. If you do not use it, please return it to your supervisor.

	Clark Eye Clinic *(Ophthalmology)* 502 Isabella Street Waycross, GA 31501 912.285.2020
	Peachtree Immediate Care *(Telehealth, Urgent Care)* 1912 Memorial Dr Waycross, GA 31501 912.283.7100
	Elite Primary Care *(Family Medicine)* 1720 Reynolds St Waycross, GA 31501 912.283.1359
	McKinney Medical Center *(Family Medicine)* 218 Quarterman St Waycross, GA 31501 912.287.9140

	Bone and Joint Institute of South Georgia *(Orthopedic Surgery)* 1912 Memorial Dr Suite D Waycross, GA 31501 912.427.0800
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Updated 02/20/2023

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.

2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.

3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.

4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.

5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than $575 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.

6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than $575 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than $383 per week, not to exceed 350 weeks.

7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than $383 per week for no longer than 350 weeks.

8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to $7,500 and two-thirds of your average weekly wage, but not more than $575 per week. A widowed spouse with no children will be paid a maximum of $230,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.

2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.

3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.

4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.

5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.

6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.

7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.

8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.

9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.

10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.

11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.

12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than $10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: http://www.sbwc.georgia.gov. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.