

IF YOU ARE INJURED ON THE JOB ...

Whether or not your injury/illness incurred as a result of your job is serious enough to warrant a trip to a health care provider, **you still must complete an online [EMPLOYEE ACCIDENT REPORT](#)**.

Select *Employee Accident Reports* and then *Accident Reporting* located near the top of the screen. Follow the prompts to complete the online accident report. You do not have to print a copy of the completed report unless you want to keep it for your records.

The Troy Schools Accident Report MUST be completed within 24 hours of the incident.

In cases where you need to receive treatment for the injury/illness, see the school nurse, clinic assistant or school secretary for the packet from 3-HAB. You need this packet **ONLY if you will be receiving treatment for a work-related injury beyond any first-aid you received at work.**

Fill in your portion of the **FIRST REPORT OF INJURY** included in the packet and give it to the health care provider for completion of the form.

A **PHYSICIAN'S REPORT OF WORK ABILITY** is included for use by the attending physician if you must miss work or return to work with restrictions. **This form must be returned to Human Resources within 24 hours.**

WORKERS' COMPENSATION MANAGED CARE ORGANIZATION (MCO) IDENTIFICATION CARD – you must show this to any provider treating this particular injury/illness. Information on the card provides the address for mailing additional medical information and bills for payment.

A card with **KEY INFORMATION** is provided 3-HAB so you have various addresses and phone numbers that might be needed during the lifetime of this BWC claim.

This packet belongs to YOU. Please read the information as it could be helpful.

IF A BUREAU OF WORKERS' COMPENSATION (BWC) CLAIM IS FILED ...

- ★ Let Human Resources know immediately that a claim has been filed and the status of your return to work.

WHO TO CALL ...

- ★ If your injury is a life-threatening emergency, call 9-1-1, or go directly to the nearest hospital.
- ★ For injury reporting (FROI), fax 3-HAB at 800-869-1872 ~ or call 1-800-869-1871

EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE OHIO BUREAU OF WORKERS' COMPENSATION SYSTEM ...

You must report the work-related injury/illness to your supervisor or employer as soon as possible after the incident.

Your employer will inform you of the primary treatment site location (during workday: Outpatient Care Center, 98 S Dorset Road, Troy, Ohio, Ph: 937-440-4000) where you will go to receive initial treatment for the work-related injury/illness. Your employer will provide you with 3-HAB Reporting Packet. 3-HAB is the MCO that will medically manage your care.

If you need additional medical treatment after initial treatment, contact 3-HAB (8 AM – 5 PM) at 1-800-869-1871 for a list of BWC Certified Providers. You can also access the information at www.ohiobwc.com. Click on MEDICAL PROVIDERS, select LOOKUPS, and choose BWC-CERTIFIED PROVIDERS LOOK-UP. If the provider you are seeing is not BWC-certified, payment for services will only be authorized under limited conditions:

Initial or emergency treatment

Under limited conditions as authorized by the MCO

If these conditions are not met, and you continue treatment with a non-BWC-certified provider, you will be responsible for payment of your medical bills.

Notify your MCO in writing if you would like to change providers.

If you have any questions, contact Troy City School Human Resources at 937-332-6015.