



Workers' Compensation Packet

This packet contains forms that MUST be used when completing a Workers' Compensation claim.

Please discard any previous packet (s).

RICHMOND CITY PUBLIC SCHOOLS
Risk Management
301 N. 9th Street 12th 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 NOT Richmond Public Schools (RPS).**
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 Benefits and Compensation 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 Sharonda Hurt RPS Payroll Manager at (804) 780-1882 with any questions.
5. **You are not allowed to be paid more than 100% of your weekly wages.** If you collect 66 2/3 of your weekly wages via worker's compensation plus more than 33 1/3 of your weekly Richmond Public Schools wages, you will be overpaid and your contract will be adjusted (decreased) by the overpayment.
6. **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 the 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 ☐

I understand that I am not allowed to collect more than 100% of what I am contracted to be paid via my Richmond Public Schools (RPS) salary. If I am overpaid (because I have collected indemnity payments and more than 33.33% of my RPS contract), my RPS contract will be adjusted (decreased) to reflect the overpayment amount. Once I return to work, my semi-monthly pay will decrease.

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., 12th Floor, Richmond, VA 23219
(804) 780-7658 (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: _____

Concentra-South Richmond (804) 275-7200 (O) Monday-Friday 8 am to 5 pm
Dr. Dewitt
9211 Burge Ave (804) 742-2525 (F)
Richmond VA 23237

Concentra-Innsbrook (804) 358-0361 (O) Monday-Friday 8 am to 5 pm
Dr. Diana Wine
9900 West Broad Street #C (804) 358-4286 (F)
Glen Allen, VA 23060

Care Now Urgent Care- Willow Lawn 7 Days A Week from 8 am to 8 pm
Dr. Stephanie Schuster and Dr. Catherine Northrop
5215 W. Broad Street (804) 554-5688 (O)
Richmond, VA 23230 (804) 918-4704 (F)

Care Now Urgent Care -Hull Street Road 7 Days a Week from 8 am to 8 pm
Dr. Joseph Andriano (804) 639-7555 (O)
6100 Harbourside Centre Loop (804) 739-4343 (F)
Midlothian, VA 23112

Care Now Urgent Care-Regency Square 7 Days a Week from 8 am to 8 pm
Dr. Vivian Buenafe
1380 N. Parham Road (804) 821-0010 (O)
Richmond, VA 23229 (804) 821-0011 (F)

Care Now Urgent Care-Chester (804) 823-9260 (O) 7 Days a Week from 8 am to 8 pm
Dr. Jeanie Trent (804) 823-9261 (F)
11380 Iron Creek Rd
Chester, VA 23831

Patient 1st
Dr. Brent Miller (804) 359-1337 (O) 7 Days a Week from 8 am to 8 pm
12 N. Thompson Street (804) 358-9861 (F)
Richmond VA 23221

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



VACORP

Workers' Compensation Temporary Prescription ID Card

» 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>