MANAGED CARE & WORKER'S COMPENSATION TRAINING FORM

If you are injured at work, notify your supervisor immediately!

Your supervisor will direct you to your designated school administrator. Your school administrator will supply you with a packet of information to be reviewed and completed.

YOU ARE REQUIRED TO REPORT ALL WORK RELATED INJURIES TO YOUR SUPERVISOR PRIOR TO LEAVING THE WORK PREMISES.

EMERGENCY CARE

1. If your injury necessitates emergency medical care, go to the nearest emergency room immediately.
2. You must notify your supervisor within 24 hours of your initial emergency treatment
3. If additional medical care is needed, you may select a gatekeeper provider from the Managed Care Network Provider Listing which can be obtained from the designated person at your location or from the district's website.

PROGRAM REQUIREMENTS

All employees reporting an injury must complete paperwork. This paperwork is available from the office of your work assignment.

By acknowledging you are certifying that you understand the following:

1. First report of injury or illness (IA-1), Accident Investigation Report, & Medical Waiver and Consent must be completed whether you seek treatment or not. Medical Waiver and Consent form must also be completed.
2. Your supervisor or his/her designee will complete an Identification Card for you to take to the pharmacy on your first visit should you have medication prescribed.
3. The treatment plan form should be taken with you if you go for treatment. The school's designated person should complete the patient, employer, and medical provider information boxes across the top of the form.
4. You should return a copy of the treatment plan form OR a work status statement to your school and to the Benefits Manager at Central Office. This should be done each and every time you have a visit with the provider.
5. There is a physician provider list available at your work location. In the case of non-emergency, the employee must initially visit a gatekeeper on the list. In case of an emergency, the employee can visit the nearest medical facility. For physicians in counties other than what is on the list you can visit the Benefits Manager at Central Office for a complete Worker's Compensation Provider Directory. There is also a list of participating pharmacies at your work location. All of this information is also on the district's website.

- I have read the overview and understand that I am responsible for immediately reporting any injury at work to my supervisor
- I understand the program as outlined above and I am aware that I can direct any program questions to my immediate supervisor or the Benefits Manager at 270-781-5150