

---

# Gwinnett County Public Schools Injury Checklist

---

**Your assigned GCPS Adjuster - Celeste Risbergs**

**Office # - 770-513-6618 / Fax - 678-442-5396**

**[celeste.risbergs@gcpsk12.org](mailto:celeste.risbergs@gcpsk12.org)**

Please contact your adjuster with any questions, or when needing assistance with medical treatment for your injury.

---

## Forms to Complete and return to Risk Management within five (5) business days (PLEASE KEEP A COPY FOR YOUR RECORDS):

- Panel of Physicians – please circle the doctor/facility you would like to treat with and sign at the bottom
- WC Medical Care and Treatment form – sign and date
- Employee Benefit Election form
- WC-207 (only the employee/patient section)
- Long Term Disability Notice form

---

## Forms for the employee to keep:

- Mileage Reimbursement Request form
- Workers' Comp Temporary Prescription ID Card – Medical Services Quotes – give to the pharmacy to fill the prescription given to you by the panel physician, if applicable
- Physical and Occupational Therapy Referral information form
- Retirement Service Credit Notice
- GRS – WC Disability Creditable Service Buyback Notification

---

## After the clinic visit:

- Contact you supervisor and Risk Management adjuster to discuss your work status report.
- Keep follow-up appointments with your panel physician and other recommended treatments.
- Submit your leave request to your supervisor for any time missed during working hours for your appointments into the portal.
- Accept modified duty or transitional employment offered and comply with work restrictions recommended by panel physician.

\*All Workers' Compensation Forms and Information are located on the Risk Management Website:

[HOME/ABOUT US/DIVISIONS AND TEAMS/BUSINESS AND FINANCE/RISK MANAGEMENT](#)

# Gwinnett County Public Schools

## Workers Compensation Medical Care and Treatment

Workers Compensation is governed by state and/or federal laws and as such, has specific requirements.

**REPORTING YOUR WORKERS COMPENSATION CLAIM:** In case of a workplace injury, you will need to report the incident to your Risk Management contact at your school/location and complete the First Report of Injury (Blue form). You will be provided a packet of information to review and complete. There are five forms in the packet that should be returned to your Risk Management Adjuster within five (5) days of receipt. The school district will do everything it can to make sure that you receive the care you need for your work-related injury.

**TREATMENT WITH A PANEL PHYSICIAN:** You will be seeing a Workers Compensation panel doctor or specialist that will be governing your care and any referrals given. A copy of the Panel of Physicians is included in this packet. Please circle a doctor with whom you would like to treat, complete the questions at the bottom of the page, and return the form to the contact person at your school/location. Also included in this packet is a "First Fill Form" to be provided to your pharmacy of choice should you need a prescription filled from your authorized treating physician. The contact information for Select Medical is also available in this packet if physical therapy is prescribed.

**EMERGENCY CARE:** If you should have to receive treatment in a hospital or emergency room, please understand that emergency room physicians are not trained in occupational medicine. Emergency room physicians only provide you with the most urgent care and then they should refer you to someone on the GCPS Panel of Physicians for follow up care. **Before you seek treatment with anyone not on the panel – even for a referral- you need to contact your Risk Management Workers Compensation adjuster at the number or email listed at the bottom of this page.**

**PAPERWORK:** After each visit with your authorized treating physician, you will receive a work status form that indicates your work status, restrictions, referrals, prescriptions, and your next appointment date. You must provide this paperwork to your supervisor and/or the contact person at your school/location after each visit. If you are taken out of work, or released to modified/light duty, please contact your workers compensation adjuster after your visit and wait for further instructions. **Do not return to work until you have spoken with your adjuster.**

### **Risk Management Adjuster**

You must stay in contact with your supervisor, the contact person at your school/location, and with your Workers Compensation adjuster to notify them of any changes in your condition or treatment plan.

**Your Workers Compensation adjuster is Celeste Risbergs: [celeste.risbergs@gcpsk12.org](mailto:celeste.risbergs@gcpsk12.org) and 770-513-6618.**

By signing below, I acknowledge the receipt of information regarding filing a claim for Workers Compensation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# Panel of Physicians

## Gwinnett County Public Schools

Workers' Compensation Authorized Treating Physician Panel List 7/1/24

Should you experience a work-related injury & professional medical treatment is needed, you **MUST** select one of the physicians listed below:

### URGENT CARE FACILITIES

Only Locations Listed Below Are Approved

#### **CONCENTRA URGENT CARE**

755 LAWRENCEVILLE-SUWANEE RD,  
Suite 1600  
Lawrenceville, GA 30043  
**770-995-1500**

6475 Jimmy Carter Blvd, Suite 200  
Norcross, GA 30071  
**770-242-7744**

#### **PIEDMONT URGENT CARE**

2925 Buford Drive  
Buford, GA 30519  
**678-535-0400**

1605 Pleasant Hill Rd,  
Duluth, GA 30096  
**770-884-4200**

2118 Scenic Hwy N H,  
Snellville, GA 30078  
**770-558-6017**

3641 Centerville Hwy,  
Snellville, GA 30039  
**770-752-4141**

3330 Sugarloaf Pkwy  
Lawrenceville GA 30044  
**678-710-2727**

4763 Atlanta Highway Suite 420  
Loganville GA 30052  
**470-395-6793**

2637 Peachtree Pkwy  
Suwanee GA 30024  
**470-523-9080**

2594 Loganville Hwy Suite 101  
Grayson GA 30017  
**678-369-2790**

976 Killian Hill Rd, SW  
Lilburn, GA 30047  
**770-752-4142**

6063 Peachtree Pkwy, Suite 201A  
Peachtree Corners, GA 30092  
**770-996-0114**

### ORTHOPEDICS FACILITIES -

Only Doctors And Locations Listed Below Are Approved

#### *Athens Orthopedic Clinic (No Urgent Care) – www.athensorthopedicclinic.com*

David Harkins, DO (Elbow, Shoulder) – Loganville location  
Mason Florence, MD (Ankle, Foot) – Athens, Loganville, Snellville locations  
Logan Fields, MD (General Orthopedic) - Athens location  
Joseph T Johnson, MD (Ankle, Foot) – Athens location  
David Katz, MD (Hand Specialist) – Athens, Loganville locations  
Julian P Price, MD (Spine) – Athens, Loganville locations  
**706.549.1663**  
**1553 Janmar Rd, Suite B, Snellville, GA 30078**  
**3440 Highway 81 South, Loganville, GA 30052**  
**1765 Old West Broad St, Bldg 2, Suite 200, Athens, GA 30606**

#### *Piedmont Orthopedics by OrthoAtlanta - www.orthoatlanta.com*

Brian E Morgan, MD (General Orthopedic)  
Snehal C Dalal, MD (Hand Specialist)  
Douglas B Kasow, DO (Spine) – Only Lawrenceville location  
Jeffrey P Smith, MD (Ankle, Foot)  
Richard B Johnston, III, MD (General Orthopedic)  
**678.957.0757 - 771 Old Norcross Rd, Suite 390, Lawrenceville, GA 30046**  
**678.205.4261 - 6300 Hospital Pkwy, Suite 400, Johns Creek, GA 30097**

#### *Resurgens Orthopaedics - www.resurgens.com*

Scott Middlebrooks, MD (General Orthopedic/Spine) – Lawrenceville location  
Raymond C Hui, MD (General Orthopedic) – Lawrenceville location  
Sami Khan, MD (General Orthopedic) – Suwanee location  
Yvonne E Satterwhite, MD (General Orthopedic) – Suwanee location  
Robert K Yarbrough, MD (General Orthopedic) – Cumming location  
Shaun L Traub, MD (General Orthopedic) – Snellville location  
**404.531.8484**  
**758 Old Norcross Rd, Suite 100, Lawrenceville, GA 30046**  
**4025 Johns Creek Pkwy, Suite 100, Suwanee, GA 30024**  
**4150 Deputy Bill Cantrell Memorial Rd, Suite 300, Cumming, GA 30040**  
**1600 Medical Way, Suite 150, Snellville, GA 30078**

#### *Peachtree Orthopedics - www.peachtreeorthopedics.com*

Douglas H. Murray, MD (Elbow, Shoulder) – Duluth location  
Hal Silcox III, MD (Spine) – Duluth and Cumming locations  
Benjamin B Barden, MD (Elbow, Shoulder, Sports Medicine) – Duluth location  
Fred T Finney, Jr., MD (Ankle, Foot) – Duluth location  
John Chao, MD (Ankle, Foot) – Cumming location  
Timothy Griffith, MD (Elbow, Shoulder) - Cumming location  
Neil Tarabdkar, MD (Elbow, Hand) – Cumming location  
**404.350.4799**  
**3870 Pleasant Hill Rd, Suite 1, Duluth, GA 30096**  
**2860 Ronald Reagan Blvd, Suite 240 & 300, Cumming, GA 30041**

#### *Sports Medicine South – www.sportsmedsouth.com*

Gary Levensgood, MD (General Orthopedic, Sports Medicine)  
Clay C Guynn, DO (Neck, Spine)  
**770.237.3475**  
**1900 Riverside Pkwy, Lawrenceville, GA 30043**

### **I UNDERSTAND THAT:**

- In the event I determine that medical attention is necessary, I understand that I may choose a treating physician from Gwinnett County Public Schools panel of physicians. **WORKERS' COMPENSATION IS NOT RESPONSIBLE FOR ANY MEDICAL TREATMENT UNLESS A PANEL PHYSICIAN IS CONSULTED.**
1. The panel has been shown and explained to me. Therefore, I choose \_\_\_\_\_ (Panel Physician) as the authorized treating physician for my work-related injury, which occurred on \_\_\_\_\_ (Date of Injury).

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE \_\_\_\_\_

EMPLOYEE I.D. # \_\_\_\_\_

SCHOOL LOCATION \_\_\_\_\_

**Gwinnett County Public Schools**  
**Employee Election of Workers Compensation Benefits**

Name of Employee \_\_\_\_\_

Work Location \_\_\_\_\_

Employee ID # \_\_\_\_\_

Date of Injury \_\_\_\_\_

Under the provisions of the Georgia Workers Compensation Act, an employee who is disabled in a work-related accident is entitled to weekly Workers Compensation benefits equal to two-thirds (2/3) of the employee's average weekly wage, up to maximum of \$800.00 per week. These benefits commence on the eighth (8) calendar day of disability. Injured employees are not eligible for Workers' Compensation wages for the first seven (7) days of absence unless disabled by a panel physician for 21 consecutive days.

Instead of receiving weekly indemnity benefits, an employee may elect to receive full salary in lieu of Workers' Compensation benefits if the employee is eligible for and has sufficient sick leave to cover such an absence. Sick leave and Workers Compensation wages cannot be paid at the same time. All employees who are absent for more than 10 consecutive working days MUST complete and submit a Leave Request form electronically through the portal.

Please indicate in the appropriate space below which option you wish to choose:

\_\_\_\_\_ 1. Sick leave for the duration of the work-related injury. If all sick leave is used before being returned to work, Workers' Compensation benefits will pay for the remaining period of disability.

\_\_\_\_\_ 2. Sick leave for the first seven (7) calendar days, then Workers' Compensation benefits begin on the eighth (8) calendar day of disability.

\_\_\_\_\_ 3. Leave without pay until Workers' Compensation benefits begin on the eighth (8) calendar day.

An employee's annual salary shall be subject to an adjustment on a pro rata basis for the number of days the employee does not work during the annual pay period when there is no accumulated leave to cover an absence. Days missed while receiving workers compensation benefits will not count as "days worked" in your revised salary calculation.

In electing to use Sick Leave in lieu of Workers Compensation benefits, the employee agrees to return any Workers' Compensation monies that are received that cover the same period that has already been paid by Sick Leave. If still employed with Gwinnett County Public Schools, the employee's signature herewith authorizes Gwinnett County Public Schools to withhold this amount from future earnings.

I understand that my election is irrevocable.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

Instructions: This form shall not be filed with the Board, unless otherwise requested

<b>TO:</b>		
Print Name and Title		
Address		
City	State	Zip Code

<b>RE: Employee / Patient</b>		
Last Name	First Name	M.I.
SSN	Date of Injury	Birthdate

This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical practitioner is authorized to release medical information to Gwinnett County Public Schools in accordance with applicable State and Federal laws.

The information covered by this Authorization and Consent to Release is that authorized by O.C.G.A. §34-9-207 which reads as follows:

(a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician, including, but not limited to, communications with psychiatrists or psychologist. This waiver shall apply to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Notwithstanding any other provision of law to the contrary, when requested by the employer, any physician who has examined, treated, or tested the employee or consulted about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to an examination, treatment, testing, or consultation concerning the employee.

(b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, the employee, upon request, shall provide the employer with a signed release for medical records and information related to the claim or history or treatment of injury arising from the incident, including information related to the treatment for any mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Said release shall designate the provider to whom the release is directed. If a hearing is pending, any release shall expire on the date of the hearing.

(c) If the employee refuses to provide a signed release for medical information as required by this Code section and, in the opinion of the Board, the refusal was not justified under the terms of this Code section, then such employee shall not be entitled to any compensation at any time during the continuance of such refusal or to a hearing on the issues of compensability arising from the claim.

**Federal regulations (42 CFR Part 2), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512(1) which reads as follows: "The covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related illnesses or injury without regard to fault." Anyone who receives information under this authorization receives the same under all limitations set forth in Federal and State law regarding further dissemination of such information.**

**This release shall expire in 180 days or upon written notice of revocation by the patient. If a hearing is pending, this release shall remain in effect until the hearing and shall expire on the date the hearing is held.**

Employee / Patient Signature	Date
------------------------------	------

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.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).

**Gwinnett County Public Schools  
Workers' Compensation  
Prescription Payment Authorization Form**

\*Please keep a copy of this Authorization Form on file with the script for auditing purposes\*

**Pharmacy:**

This is a temporary workers' compensation Rx payment authorization form. Please submit the prescription using the processing information listed below. If you have any questions or need assistance, please contact the MedicalServiceQuotes.com Customer Service Team at 888-894-3599.

**Processing Information:**

<b>Processor:</b>	EHO (Employer Health Options)
<b>Bin #:</b>	<b>004527 (primary – most pharmacies use this number)</b>
	Specific pharmacy chains that require special codes to process use the following
<b>Envoy/WebMD:</b>	003241
<b>CVS Condor Code:</b>	15721
<b>Eckerd's/Rite Aid:</b>	2185
<b>Version:</b>	D.O

**Patient Information:**

Last Name:	_____		
First Name:	_____		
Group#:	87115	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
ID#/SSN#:	_____		
Date of Birth:	_____	Date of Injury:	_____
Prior Authorization #:	_____	<b>Retain this number for future use</b>	
	PA# = DOI in YYYYMMDD format (ex: January 1, 2018 would be 180101)		
Date Sent:	_____		

Disclaimer: The information contained on this form may be privileged and protected from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately and delete it from your computer. Thank you.



# Physical and Occupational Therapy Referrals

---

If you have received a physician referral for therapy and have not been contacted to set up an initial appointment, please contact **THE REFERRAL OFFICE:**



**Phone: [844-294-6923](tel:844-294-6923)**

**Email: [ezreferrals@selectmedical.com](mailto:ezreferrals@selectmedical.com)**

*You will be scheduled with one of our  
preferred therapy providers:*



**EMORY**  
REHABILITATION  
OUTPATIENT CENTER  
In Partnership with Select Physical Therapy

***Thank you!***

**All employees who are absent for more than 10 consecutive working days MUST complete and submit a Leave Request form electronically by following these simple steps:**

1. Log into the Employee Portal (<https://www.gcpsk12.org>)
2. Click on *About Me*
3. Click on *Leave Administration*
4. Click *Create a New Leave Request*
5. Complete and submit the request

The screenshot shows the 'Leave Administration' page of the Gwinnett County Public Schools Employee Portal. The page has a dark red header with the school logo and navigation links for 'Parents', 'Employees', and 'MY eGLASS'. Below the header, there are navigation tabs for 'About Me', 'Data & Reporting', and 'Tools'. The main content area is divided into two columns. The left column is titled 'Leave Administration' and contains a welcome message, a list of 'Examples of Leave Reasons' (Personal Illness, Maternity, Adoption, Workers' Compensation, Care of Newborn/Adoption, Military, Illness of a Family Member, Extended Leave of Absence, Parental Leave), and a prominent blue button labeled 'Create a New Leave Request'. Below the button, it states: 'Select this option if you will miss more than 10 consecutive working days.' The right column is titled 'Need Assistance?' and provides links for 'Leave Orientation Session Registration', 'Leave Presentation', 'Forms' (with examples like Medical, Parental and FMLA), 'Read the FAQs', and 'Technical issues'.







**IMPORTANT NOTICE  
REGARDING  
LONG TERM DISABILITY**

If you become disabled while working for Gwinnett County Public Schools and meet the GRS Plan definition of Disability, you may qualify for GRS Long Term Disability benefits.

*GRS Plan Definition of Disability:*

A medically determinable physical, and or mental impairment that is severe enough to prevent an individual from doing “substantial gainful work” (as defined below), resulting from an anatomical, physiological, or psychological abnormality which is demonstrable by medically acceptable clinical and laboratory diagnostic techniques and which is expected to last for at least twelve (12) months or to result in death. During the first 24 months, “substantial gainful work” shall mean the duties that the individual was hired to perform for the Board. After the first 24 months, “substantial gainful work” shall mean any occupation for which the individual is reasonably suited by reason of education, training or experience. Disability shall not include any physical or mental impairment occurring within five (5) years following date of Employment for which medical treatment was provided within twelve (12) months immediately preceding Employment.

The determination of whether you meet the definition of Disability will be made by the Committee (or its delegate), in their sole discretion, in accordance with uniform principles consistently applied, upon the basis of such evidence as the Committee deems necessary and desirable.

Should you become disabled prior to your normal retirement date, you will be entitled to a monthly income equal to one-twelfth of sixty percent (60%) of your Earnings in the twelve (12) month period preceding your Disability. Disability Income Benefits will be the amounts necessary, when added to benefits available under other plans, to provide the 60% benefit level. Other plans include the Teachers Retirement System of Georgia, the Public School Employees Retirement System of Georgia, workers’ compensation, Social Security, and any successors thereto. You must first apply for benefits from such other plans. If you do not apply for benefits from another plan for which you could be eligible, no Disability Income Benefits are payable or will accrue under the Plan. A Participant who wishes to receive Disability Income Benefits must file a completed Disability application with the Director at the Department of Retirement Services of the Gwinnett County Public Schools. **The completed Disability application must include supporting medical documentation by the Participant’s Physician and must be submitted within 180 days of the date of Disability.**

Disability Income Benefits will begin on the first day of the month following the completion of the last of the following conditions:

- You must have completed a leave of absence lasting 180 consecutive days from the first day you were absent from employment based on your disability.
- You must have been determined to meet the Plan's definition of Disability.
- You must have exhausted all other paid absence benefits, including short-term disability payments, sick leave payments, and paid vacation.

Should you recover from Disability before your Normal Retirement Date, your Disability Benefits will terminate and you will begin to accrue Retirement Benefits upon your re-employment. If you do not return to work and remain employed, your Employment will be considered to have terminated as of your Severance from Service Date and you may be entitled to Termination Benefits calculated as of your Severance from Service Date.

For additional information or to request an LTD Application, please contact Sharon Waldon, GRS Long-Term Disability Case Management Specialist. at 678.301.6276.

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

\_\_\_\_\_  
GCPS EMPLOYEE ID

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE SIGNED



## Workers' Compensation Disability Creditable Service Buyback Notification

---

A contributing PSERS or TRS employee returning to employment with an employer after a period of leave without pay or temporary disability due to a job-related accident, disease, illness or disorder, may be eligible to establish retirement credit for a portion of the period of the absence up to a maximum of 12 months.

### **PSERS Employees**

If you are a contributing **PSERS** employee and return to employment with an employer after a period of leave without pay (LWOP) due to a physical or mental illness or disorder caused by a job-related disease or accident, you may establish creditable service for a portion of the period of the absence. The maximum creditable service that you may receive in this manner is 12 months of such absence during any five-year period. You must:

- File a written request to establish the service
- Make a payment to PSERS equal to the applicable employee contributions, plus 4% interest
- Make the payment within six months of the date you return to employment

Your employer must verify that the cause of your disability meets the criteria noted above.

Detailed guidelines for contributing PSERS employees returning to employment with an employer after a period of leave without pay interested in establishing creditable service can be found in the PSERS Handbook available for download at <https://www.ers.ga.gov/post/psers-handbook>.

### **TRS Employees**

If you are a contributing **TRS** employee, you may be eligible to establish retirement credit for a temporary disability caused by a job-related disease or accident. The maximum period is 12 months and must be applied for within 6 months of returning to service following the temporary disability. The cost will be the employee contributions based on the salary you were receiving immediately prior to the disability, plus interest.

Documentation for proof of the temporary disability will be required. In most cases, the required documents will be the Employer's First Report of Injury form and the Notice of Payment or Suspension of Benefits.

Detailed guidelines for a contributing TRS employee returning to employment with an employer after a temporary disability interested in establishing retirement credit for a portion of the period of absence can be found in the Member's Guide located at <http://www.trsga.com/publications>.