



Employee's Guide To Workers' Compensation

BISD HR/Payroll Department
1426B S. Houston St.
Bullard, Tx 75757

Phone: 903-894-6639
Fax: 903-894-9291

Worker's Compensation Instructions

What to do when you are injured on the job:

1. Report any injury to your supervisor
2. Fill out a 1st Report of Injury with the School Nurse or supervisor on duty.
3. Choose a health care provider.
 - You must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
 - You must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
 - Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
 - The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
 - I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
 - Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
 - If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

The following information will help you recover from your injury, resume your normal work activities, and return to work as soon as possible.

BE SURE TO:

- Go to all your medical appointments.
- Follow your doctor's directions carefully.
- Talk to your doctor to see if you can continue to work, even if you have some restrictions.
- Share a copy of your job description to help your doctor understand your specific work demands.
- Talk to your doctor to make sure you completely understand what you can and cannot do while you are recovering.
- Comply with the medical restrictions set by your doctor at home and at work.

YOU & YOUR EMPLOYER:

- Make sure you have received and reviewed your "Injured Worker rights and Responsibilities"

- Follow all employer policies and requirements associated with your workers' compensation injury.
- Be sure to keep your employer and claims adjuster informed and up-to-date on your recovery and current abilities.
- Talk to your employer about work that you could continue to do during your recovery.
- Notify your employer and claims adjuster immediately if your work status changes.

GETTING BACK TO WORK:

- Communicate with your employer so that you can return to productive work as soon as medically possible.
- Contact your adjuster when your work status changes to ensure that appropriate benefit payments are made.
- Help your employer determine what additional work you could take on as your condition improves.
- If work within your restrictions is not immediately available, keep checking back with your employer. As you continue to recover, the situation may change.
- Be sure to let your employer know about any concerns or problems you might have related to your health and job assignments.

By continuing to work during your recover, healing will likely progress more quickly and effectively than if you perform no work at all for an extended period of time. You will also have a much more productive mindset that can in fact help speed your recovery.

Send the specified copies to your
Workers' Compensation Insurance Carrier
and the injured employee.

*Employers - Do not send this form to the
Texas Department of Insurance, Division of Workers' Compensation,
Unless the Division specifically requests a direct filing.

CLAIM #

CARRIER'S CLAIM #

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (DWC Form-001)

1. Name (Last, First, M.I.)		2. Sex F <input type="checkbox"/> M <input type="checkbox"/>
3. Social Security Number - -	4. Home Phone ()	5. Date of Birth (m-d-y) - -
6. Does the Employee Speak English? If No, Specify Language Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>	8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box City State Zip Code County		
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>		
11. Number of Dependent Children		12. Spouse's Name
13. Doctor's Name		
14. Doctor's Mailing Address (Street or P.O.Box) City State Zip Code		

15. Date of Injury (m-d-y) - -	16. Time of Injury : am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Lost Time Began (m-d-y) - -
18. Nature of Injury*		19. Part of Body Injured or Exposed*
20. How and Why Injury/Illness Occurred*		
21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>	22. Worksite Location of Injury (stairs, dock, etc.)*	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site Street or P.O. Box County City State Zip Code		
24. Cause of Injury (fall, tool, machine, etc.)*		
25. List Witnesses		
26. Return to work date/or expected (m-d-y) - -	27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>	28. Supervisor's Name
		29. Date Reported (m-d-y) - -

30. Date of Hire (m-d-y) - -	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months ____ Years ____	33. Length of Service in Occupation Months ____ Years ____
34. Employee Payroll Classification Code		35. Occupation of Injured Worker	
36. Rate of Pay at this Job \$ ____ Hourly \$ ____ Weekly	37. Full Work Week is: ____ Hours ____ Days	38. Last Paycheck was: \$ ____ for ____ Hours or ____ Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>

40. Name and Title of Person Completing Form		41. Name of Business Bullard ISD	
42. Business Mailing Address and Telephone Number Street or P.O. Box PO Box 250 City State Zip Code Bullard TX 75757		43. Business Location (If different from mailing address) Number and Street City State Zip Code	
44. Federal Tax Identification Number 75-6000292	45. Primary North American Industry Classification System Code: (6 digit)	46. Specific NAICS Code (6 digit)	47. Texas Comptroller Taxpayer No.
48. Workers' Compensation Insurance Company TASB PO Box 2983, Clinton, IA 52733-2983		49. Policy Number	
50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>			
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X _____ Date _____			



INSTRUCTIONS FOR EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS (DWC FORM-001)

Type (or print in black ink) each item on this form. Failure to complete each item may delay the processing of the injury claim.

Section 409.005, Texas Workers' Compensation Act, requires an Employer's First Report of Injury or Illness (DWC FORM-001 Rev. 10/05 to be filed with the Workers' Compensation Insurance Carrier not later than the eighth day after the receipt of notice of occupational disease, or the employee's first day of absence from work due to injury or death. A copy of this report must be sent to the employee or the employee's representative. For purposes of this section, a report is filed when personally delivered, or postmarked. Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. ***Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.**

If a report has not been received by the carrier, the employer has the burden of proving that the report was filed within the required time frame. The employer has the burden of proving that good cause existed if the employer failed to file the report on time.

An employer who fails to file the report without good cause may be assessed an administrative penalty. An employer who fails to file the report without good cause waives the right to reimbursement of voluntary benefits even if no administrative penalty is assessed.

Once the employer has completed all information pertaining to the injury the employer should maintain the copy of this report to serve as the Employer's Record of Injury required by Section 409.006. Send the specified copies to your **Workers' Compensation Insurance Carrier** and the injured employee. ***Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.** The Division's Health and Safety will use data from this report for the Job Safety Information System established in Section 411.032 of the Texas Workers' Compensation Act.

This report may not be considered admission or evidence against the employer or the insurance carrier in any proceeding before the Division or a court in which facts set out in the report are contradicted by the employer or insurance carrier.

"SPECIAL INSTRUCTIONS FOR CERTAIN ITEMS"

- Items 2,7,8: Section 402.082, Texas Workers' Compensation Act requires the Division to maintain information as to the race, ethnicity and sex on every compensable injury. This information will be maintained for non-discriminatory statistical use.
- Item 4: If no home phone, please provide a phone number where the employee can be reached.
- Items 5,15,17, 26,29,30: Enter data in month, day, year format. Example: 08-13-54.
- Item 18: List nature of accident or exposure, e.g., fall from scaffold, contact with radiation, etc. If occupational disease, so state.
- Item 19: List specific body part, e.g., chin, right leg, forehead, left upper arm, etc. If more than one body part is affected, list each part.
- Item 20: Describe in detail (1) the events leading up to the injury/illness, (2) the actual injury, e.g., cut left forearm, broken right foot, etc., and (3) the reason(s) why accident/injury occurred. Use an additional sheet of paper if necessary.
- Item 22: State the exact work-site location of the injury, e.g., construction site, office area, storage area, etc.
- Item 24: List object, substance, or exposure that directly inflicted the injury or illness, e.g., floor, hammer, chemicals, etc.
- Items 32,33: Enter date in month-year format. Example: 02-56.
- Item 37: Enter the number of days or hours that make up a full work week for your employees.
- Item 45: Enter the 6-digit North American Industry Classification System (NAICS) Code of the employer. The primary code is the code which appears in block 5 of Form C-3, "Employer's Quarterly Report" to the Texas Workforce Commission.
- Item 46: For companies with a single NAICS code, the specific code is the same as the primary code. For companies with multiple NAICS codes, enter the code that identifies the specific business, activity, or work-site location the employee was working in at the time of the injury. This may or may not be the same as the primary code.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.

Employee Notice of Alliance Requirements

Important Contact Information

To locate a provider, go to www.pswca.org.

To contact your adjuster at the TASB Risk Management Fund, visit www.tasbrmf.org or call 800.482.7276.

Information, Instructions, Rights, and Obligations

If you are injured at work, tell your supervisor or employer immediately. The information in this notice will help you to seek medical treatment for your injury. Your employer will also help with any questions about how to get treatment. You may also contact your adjuster at the TASB Risk Management Fund (the Fund) for any questions about treatment for a work related injury. The Fund is your employer's workers' compensation coverage provider and they are working with your employer to ensure you receive timely and appropriate health care. The goal is to return you to work as soon as it is safe to do so.

How do I choose a treating doctor?

If you are hurt at work **and** you live in the Alliance service area, you are required to choose a treating doctor from the provider list. This is required for you to receive coverage of healthcare costs for your work related injury. A provider listing is available through the Alliance website at www.pswca.org and a link to that site is also contained on the Fund's website at www.tasbrmf.org. It identifies providers who are taking new patients.

If your treating doctor leaves the Alliance, we will tell you in writing. You will have the right to choose another treating doctor from the list of Alliance doctors. If your doctor leaves the Alliance and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra **90 days**.

What if I live outside the service area?

If you believe you live outside of the service area, you may request a service area review by calling your adjuster.

How do I change treating doctors?

Within the first 60 days of beginning treatment, if you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of Alliance treating doctors in your service area. The Fund will not deny a choice of an alternate treating doctor. **However, before you can change treating doctors a second time, you must obtain permission from your adjuster.**

How are treating doctor referrals handled?

Referrals for health care services that you or your doctor request will be made available on a timely basis as required by your medical condition. Referrals will be made **no later than 21 days** after the request. Your doctor should refer you to another Alliance provider unless it becomes medically necessary to make a referral outside of the Alliance. You do not have to get a referral if you are in need of emergency care.



Who pays for the healthcare?

Alliance providers have agreed to seek payment from the Fund for your health care. They should not request payment from you. If you obtain health care from a doctor who is not in the Alliance without prior approval from your adjuster, you may have to pay for the cost of that care and your income benefits may be disputed. You may treat with medical providers that are **not contracted** with the Alliance only if one of the following situations occurs:

- Emergencies: You should go to the nearest hospital or emergency care facility.
- You do not live within an Alliance service area.
- Your treating doctor refers you to a provider or facility outside of the Alliance. This referral must be approved by your adjuster.

How to File a Complaint

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of direct contract program operations. This includes a complaint about the program and/or your Alliance doctor. It may also be a general complaint about the Alliance. A complainant can notify the Alliance Grievance Coordinator of a complaint by phone, from the Alliance website www.pswca.org or in writing via mail or fax. Complaints should be forwarded to:

PSWCA (The Alliance)
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767-0763
866-997-7922

A complaint must be filed with the program grievance coordinator **no later than 90 days from the date the issue occurred**. Texas law does not permit the Alliance to retaliate against you if you file a complaint against the program. Nor can the Alliance retaliate if you appeal the decision of the program. The law does not permit the Alliance to retaliate against your treating doctor if he or she files a complaint against the program or appeals the decision of the program on your behalf.

What to do when you are injured on the job

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors in your service area may be available from your employer. A complete list of Alliance treating doctors is also available online at www.pswca.org. Or, you may contact us directly at the following address and/or toll-free telephone number:

TASB Risk Management Fund
P.O. Box 2010
Austin, TX 78768
800.482.7276

In case of an emergency

If you are hurt at work and it is a life threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet



Employee Notice of Alliance Requirements

access call 800.482.7276 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly with acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

Non-emergency care

Report your injury to your employer as soon as you can. Select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access, call 800.482.7276 or contact your employer for a list.

Treatments Requiring Advance Approval

Certain treatments or services prescribed by your doctor need to be approved in advance. Your doctor is required to request approval from the TASB Risk Management Fund before the specific treatment or service is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

The following non-emergency healthcare treatment requests must be approved in advance:

- Inpatient hospital admissions
- Outpatient Surgical or ambulatory surgical services
- Spinal Surgery
- All non-exempted work hardening
- All non-exempted work conditioning
- Physical or occupational therapy except for the first twelve (12) visits if those visits were done within the first 6 months immediately following date of injury or date of surgery
- Any investigational or experimental service
- Psychological testing exceeding 3 hours with no more than four tests, such as MMPI2, BDI, BAI, P-3
- Repeat psychological testing
- Psychotherapy and cognitive/behavioral therapy greater than 6 visits, repeat psychological interviews and biofeedback
- Repeat diagnostic studies greater than \$350.
- All durable medical equipment (DME) in excess of \$500
- Chronic pain management and interdisciplinary pain rehabilitation
- Drugs not included in the TDI Division of Workers' Compensation Formulary
- All narcotic medications dispensed greater than 60 days
- Any treatment or service that exceeds the Official Disability Guidelines

The number your doctor must call to request one of these treatments is 800.482.7276, x6654. If a treatment or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.



Employee Acknowledgement of the Alliance Direct Contracting Program

I have received information that tells me how to get health care under my employer's workers' compensation coverage. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
3. Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
4. The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
5. I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
6. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
7. If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

Signature

____/____/____
Date

Printed Name

I live at: _____
Street Address City, State, Zip Code

Name of Employer: _____
Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance)

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at pswca.org or call your adjuster at 800.482.7276.

To be completed by the employer only

Please indicate whether this is the:

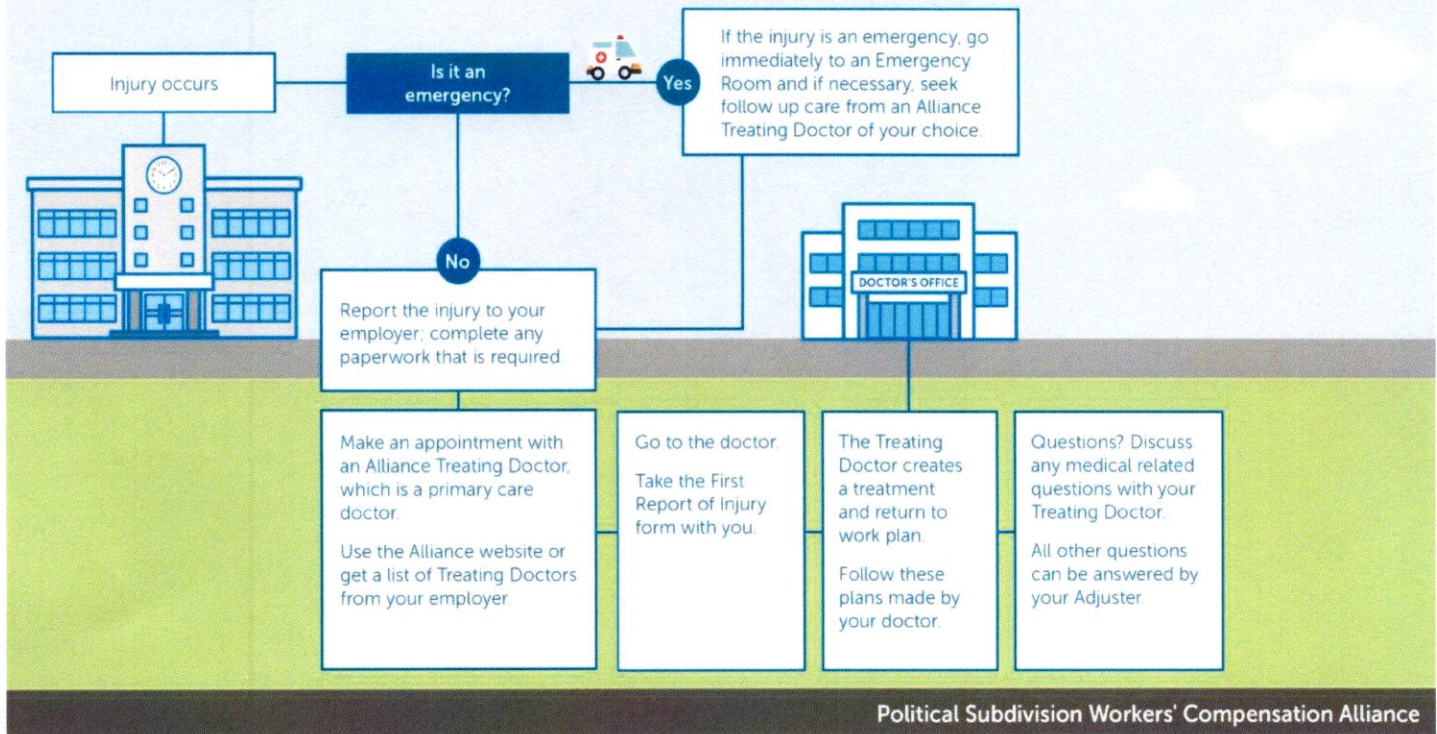
- ☐ Initial Employee Notification
☐ Injury Notification (Date of Injury: ____/____/____)

Do not return this form to the TASB Risk Management Fund unless requested.



What to do when you are injured at work

Every employer is different, so be sure to follow your employer's policies and procedures. The process below is a general description.



Where to go when you are injured at work

EMERGENCY INJURY: If your injury is an emergency, go immediately to an emergency room of your choice. See optional list of local emergency rooms/urgent care centers provided below. After your emergency visit, schedule a follow-up visit with a treating doctor on the Alliance Primary Care Provider list provided below.

NON-EMERGENCY INJURY: If your injury is NOT an emergency, please select a treating doctor on the Alliance Primary Care Provider list provided below and call to schedule a visit. Most providers offer same day visits.

Visit the Alliance website at www.pswca.org to search a current list of approved providers. This list is updated frequently during the year and can provide more options depending on your preferred location for care.



**POLITICAL SUBDIVISION
WORKERS' COMPENSATION
ALLIANCE**

Local Emergency Room and Urgent Care Centers



Tyler Area

CHRISTUS Mother Frances - South Tyler – Emergency Room

Address: 8389 S Broadway Ave, Tyler, TX 75703

Phone: (903) 606-6500

UT Health - Emergency Center

Address: 6210 S Broadway Ave, Tyler, TX 75701

Phone: (903) 579-2800

Tyler Complete Care – Freestanding Emergency Center

1809 Capital Dr., Tyler, TX 75701

Phone: (903) 508-4886

Hospitality Health – Freestanding Emergency Room

3943 Old Jacksonville Hwy, Tyler, TX 75701

Phone: (903) 593-1212

Concentra – Tyler Urgent Care

4025 S Broadway Ave Suite 500

Tyler, TX 75701-8727

Phone: (903) 561-2690

UT Health Tyler – Emergency Room

Address: 1000 S Beckham Ave, Tyler, TX 75701

Phone: (903) 597-0351

CHRISTUS Mother Frances – Tyler – Emergency Room

Address: 800 E Dawson St, Tyler, TX 75702

Phone: (903) 593-8441

Jacksonville Area

UT Health Jacksonville – Emergency Room

Address: 501 S Ragsdale St, Jacksonville, TX 75766

Phone: (903) 541-5000

UT Health East Texas – Urgent Care

1602 S Jackson St, Jacksonville, TX 75766

Phone: (430) 205-4150

CHRISTUS Mother Frances – Jacksonville – Emergency Room

Address: 2026 S Jackson St, Jacksonville, TX 75766

Phone: (903) 541-4500



Provider Listing - 11/18/2024

Primary Care Providers

Within 30 miles of 75757, TX

8 Providers Located

UT Health East Texas Urgent Care Centers , UT Health East Texas Urgent Care Center
Urgent Care

1602 S. Jackson St.
Jacksonville, TX 75766
Phone: (430) 205-4150
Fax: (430) 205-1854

12.1 miles

Concentra Medical Centers , Occupational Health Centers of the Southwest, P.A.
Occupational Medicine, PRIMARY CARE CLINIC, Urgent Care Clinic

4025 S. Broadway Ave.
Tyler, TX 75701
Phone: (903) 561-2690
Fax: (903) 561-2681

14 miles

Nova Medical Centers , Nova Medical Center - Tyler
Occupational Medicine

747 S. Beckham Ave.
Tyler, TX 75701
Phone: (903) 705-4232
Fax: (903) 705-4233

16.5 miles

Christiana Osuagwu NP, The University of Texas Health Science Center at Tyler
Nurse Practitioner

11937 US Hwy. 271
Tyler, TX 75708
Phone: (903) 877-7930
Fax: (903) 877-7361

23.5 miles

Cynthia Ball DO, The University of Texas Health Science Center at Tyler
Occupational Medicine

11937 US Hwy. 271
Tyler, TX 75708
Phone: (903) 877-7930
Fax: (903) 877-7361

23.5 miles

Dalia Nessim MD, The University of Texas Health Science Center at Tyler
Occupational Medicine

11937 US Hwy. 271
Tyler, TX 75708
Phone: (903) 877-7930
Fax: (903) 877-7361

23.5 miles

Foster Lerner DO, The University of Texas Health Science Center at Tyler
Occupational Medicine

11937 US Hwy. 271
Tyler, TX 75708
Phone: (903) 877-7930
Fax: (903) 877-7361

23.5 miles

Integrity Urgent Care , Integrity Urgent Care
Urgent Care

1115 E. Tyler St.
Athens, TX 75751
Phone: (903) 292-5015
Fax: (903) 292-5021

29.1 miles

Please share this information with your doctor:

Please submit all claim and medical billing information to:

TASB

P.O. Box 2983

Clinton, IA 52733-2983

Phone: 800.732.0153

Fax: 732.212.7009

eBill Information

Clearinghouse: WorkComp EDI

Clearinghouse website: www.workcompedi.com

TASB's Payer ID: WR902

Pre-Authorization

Phone: 800.482.7276, x9907

Fax: 888.777.8272

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.




Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Mgmt. Fund	Bullard ISD
CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com .	

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC	Envoy
RxBIN	004261 or 002538	
RxPCN	CAL or Envoy Acct. #	
GROUP	TASBFF	

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

Worker Compensation Waiting Period

ATTACHED IS AN ELECTION FORM FOR UTILIZATION OF SICK LEAVE. COMPLETE THE FORM AND RETURN TO THE ADDRESS BELOW.

Workers' Compensation has a 7 day waiting period for income benefits when an employee is off work due to a workers' compensation claim.

The employee will use sick days for the 1st seven days if their Doctor takes the employee off work. If the employee is absent for 14 days, workers compensation will come back and pay the 1st seven days.

Workers Compensation will pay 70% (75% if employee makes less than \$8.50 a hour) for the first 26 weeks.

Election 1-Employee can choose to designate the number of available paid leave days to use at this time.

Election 2-Employee may use all available paid leave days.

Election 3-Employee may choose to NOT use any available paid leave at this time.

When an employee is on restricted duty, it is the employees responsibility to check with their supervisor for available restricted duties.

Please return the attached form within 7 days. If the form has not been returned in 7 days, Bullard ISD will use accumulated sick leave to bring the employee's salary to 100%.

Please return attached form to: Stephanie.Yates@bullardisd.net or

**Bullard ISD
Stephanie Yates
PO Box 250
Bullard, Tx 75757**

FAX: 903-894-9291

Seven Day Waiting Period

If the injured employee is unable to return to work, indemnity benefits will begin effective the 8th day of disability. The first seven (7) days of lost time are considered a waiting period. The first seven (7) days of lost time are not paid unless the injured employee loses at least 14 days. (Example: Day 1-7 =no check. Day 8-14= 1 check. Day 15—21= 1 check. Day 22-28 = 2 checks are issued, 1 check for days 22-28 and 1 check for days 1-7).

****Division of Workers' Compensation counts Saturdays and Sundays in as a week****

If the injured employee is able to return to work without losing 7 or more days from work (including Saturday and Sunday, even if the employee would not normally work on these days), then this claim will remain a Medical Only claim type and only medical benefits are paid.

At some point during their treatment, all Injured employees should be given an impairment rating, even if it is a 0% or No Impairment. Numerical impairment ratings are given as a percentage. Impairment Income Benefits are paid based on the Impairment percentage. The Injured employee is entitled to three (3) weeks of benefits for each percentage point. (Example: An Impairment rating of 10% = 30 weeks of benefits.)

BULLARD ISD
ELECT LEAVE BENEFITS WITH WORKERS' COMPENSATION

Name _____ Employee number _____

Position _____ Department/Campus _____

This employee is absent from duty because of a job-related illness or injury beginning on (date of first absence attributable to illness or injury). If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

District authorized signature

Date

Employee choice:

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that _____ [employer name] will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on paid leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on unpaid leave that is not FMLA leave. I choose the following option:

- ☐ I choose to use only _____ days of available paid leave at this time.
- ☐ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- ☐ I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from _____ [employer name] while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will receive only workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

Employee signature

Date

For Claims Reporting Purposes Only:

For all employees:

Amount of leave paid to employee: \$ _____

Daily rate: \$ _____

Period of payment: from ____/____/____ through ____/____/____
for ____ days or ____ weeks

For hourly employees only:

Hourly rate: \$ _____

Number of hours paid: _____



HR Services



OFFICE OF INJURED EMPLOYEE COUNSEL

NORMAN DARWIN, PUBLIC COUNSEL

NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel. This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the state agency that administers the system through the Division of Workers' Compensation.

- ✓ You can contact the Office of Injured Employee Counsel by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Also, more information is available on the Internet at: www.oiec.state.tx.us
- ✓ You can contact the Division of Workers' Compensation by calling the toll-free telephone number 1-800-252-7031. More information about the Division of Workers' Compensation is available on the Internet at: <http://www.tdi.state.tx.us/wc/indexwc.html>

YOUR RIGHTS IN THE TEXAS WORKERS' COMPENSATION SYSTEM

1. You may have the right to receive benefits. You may receive benefits regardless of who was at fault for your injury with certain exceptions, such as:
 - ✓ You were intoxicated at the time of the injury.
 - ✓ You injured yourself on purpose or while trying to injure someone else.
 - ✓ You were injured by another person for personal reasons.
 - ✓ You were injured by an act of God.
 - ✓ Your injury occurred during horseplay.
 - ✓ Your injury occurred while voluntarily participating in an off-duty recreational, social, or athletic activity.
2. You have the right to receive medical care to treat your workplace injury or illness. There is no time limit to receive this medical care as long as it is medically necessary and related to the workplace injury.
3. Choosing a treating doctor:
 - ✓ If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list.
 - ✓ If you are not in a network, you may choose any doctor who is willing to treat your workers' compensation injury.
 - ✓ If you are employed by a political subdivision (e.g. city, county, school district), you must follow its rules for choosing a treating doctor.
 - ✓ It is important to follow all the rules in the workers' compensation system. If you don't follow these rules, you may be held responsible for payment of medical bills.
4. You have the right to hire an attorney at any time to help you with your claim.
5. You have the right to receive information and assistance from the Office of Injured Employee Counsel at no cost.
 - ✓ Staff is available to answer your questions and explain your rights and responsibilities by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432) or visiting any Division of Workers' Compensation/Office of Injured Employee Counsel local field office.

6. You have the right to receive ombudsman assistance if you do not have an attorney and a dispute resolution proceeding about your claim has been scheduled. An ombudsman is an employee of the Office of Injured Employee Counsel. Ombudsmen are trained in the field of workers' compensation and provide free assistance to injured employees who are not represented by attorneys. At least one Ombudsman is located in each local field office to assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot sign documents for you, make decisions for you, or give legal advice.
7. You have the right for your claim information to be kept confidential. In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from the Division of Workers' Compensation.

YOUR RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM

1. You have the responsibility to tell your employer if you have been injured at work or in the scope of your employment. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.
2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network). If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. Your employer must give you a copy of the TDI network rules. Read the rules carefully. If there is something you do not understand, ask your employer or call the Office of Injured Employee Counsel. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.state.tx.us/consumer/complfrm.html#wc>
3. If you worked for a political subdivision (e.g. city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment. Your employer should be able to provide you with the information you will need in order to determine which health care provider can treat you for your workplace injury.
4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.
5. You have the responsibility to send a completed claim form (DWC-41) to the Division of Workers' Compensation. You have one year to send the form after you were injured or first knew that your illness might be work related. Send the completed DWC-41 form even if you already are receiving benefits. You may lose your right to benefits if you do not send the completed claim form to the Division of Workers' Compensation. Call 1-800-252-7031 or 1-866-393-6432 for a copy of the DWC-41 form.
6. You have the responsibility to provide your current address, telephone number, and employer information to the Division of Workers' Compensation and the insurance carrier.
7. You have the responsibility to tell the Division of Workers' Compensation and the insurance carrier any time there is a change in your employment status or wages. Examples include:
 - ✓ You stop working because of your injury.
 - ✓ You start working.
 - ✓ You are offered a job.



Return-to-work checklist

One of the main goals of the workers' compensation system is to help you return to work as soon as possible after your work-related injury. During your recovery, staying active and continuing to follow your doctor's instructions will help you heal faster. Use this checklist to help you stay at work or return to work.

Your doctor

- ☐ Give your doctor this information:
 - Your workers' compensation insurance carrier's name and your claim number. If you do not have this information, ask your employer for it.
 - The Division of Workers' Compensation's (DWC) claim number.
 - Your workers' compensation insurance adjuster's name and phone number. If you don't have this information, ask your employer for it.
 - Your employer's name, address, and phone number where you work.
- ☐ Go to all of your medical appointments.
- ☐ Tell your doctor about the activities you do at your job.
- ☐ Make sure you understand what tasks, functions, and activities you can and can't do while you heal.
- ☐ Follow your doctor's instructions.

Your employer

- ☐ Talk to your employer about whether there is work you can do while you recover.
- ☐ Give your employer your doctor's name and phone number.
- ☐ Follow your employer's rules about work-related injuries.
- ☐ Talk to your employer often about your recovery and the kinds of work you can do.

The insurance carrier

- ☐ Give the insurance carrier or adjuster your address and phone number.
- ☐ Call the insurance carrier or adjuster if your ability to work or your pay changes.

If you have questions, call DWC customer service at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.