Dear Staff Member:

In conjunction with the priority, we place on workplace safety and personal wellness, this packet is designed to assist you in obtaining appropriate treatment for workplace injury. Please review this information carefully and follow each step as prescribed.

Please see the enclosed page, PROCEDURES FOR TREATING WORK INJURIES, for additional information on the Priority One Health Center, and other treatment-specific clinic options.

- Providers will **NOT** treat your injury without the proper completed and signed authorization form.
- These forms are available at each work site and must be signed by your supervisor, nurse or building administrator. **Please be sure to take the signed authorization form to the clinic to receive treatment.**

All injuries require you to complete an on-line incident report no later than TWO days after your injury.

- Your school nurse, secretary or building administrator will need to complete this report.
- You will also need to sign the form attached to this packet and return it to Jennifer Lumley at the CAA (8200 W. 71st Street).
- It is important to understand that invoices related to your medical treatment cannot be paid without an incident report and this completed and signed form.

After your injury has been treated.

- You will be given a report that indicates any physical/work restrictions you may have, or a report that releases you to return to work without restrictions.
- The doctor's report serves as communication between the clinic and your employer.
- **A copy of the doctor's report should be returned to your supervisor to make them aware of any restrictions. Another copy of this information must be submitted to the workers compensation office at** Center for Academic Achievement **(CAA).**
- The doctor's report also provides critical information for the payroll department should you need to be absent from work for an extended period.

Your injury will be reported to the State of Kansas. State law requires that you be adequately informed of your rights; therefore, you will receive communications from the Department of Labor, Division of Workers Compensation. Feel free to contact our office at (913) 993-6497 if you have questions or concerns.

On occasion, you receive invoices at your homes for medical care required for work injuries.

- Please forward any received invoices to me at the CAA, via fax, email, in person, or via Interschool mail.
- If we do not receive invoices, the medical provider could begin collection procedures.

If you have any questions, please contact me directly. The district is contracted with a third-party administrative services firm, Thomas McGee, to provide additional support. If you would like to discuss your claim with our case manager, please contact Kassidy Kleve at 314-297-0831.

Sincerely,
Jennifer Lumley
Direct Dial: 913-993-6497
Fax: 913-993-6283
jenniferlumley@smsd.org

WHAT YOU SHOULD KNOW ABOUT WORKERS COMPENSATION

It is every staff member's responsibility to perform their responsibilities in a manner that prevents accidents and/or injuries to themselves and fellow employees.

- If you are aware of unsafe conditions, please immediately refer this information to your supervisor.
- Understanding accidents do occur, all staff must be aware of school district policy and Kansas statutes concerning workers' compensation.
- **All injuries should be immediately communicated to the school nurse, supervisor or administrator**

Kansas statutes control workers compensation coverage, and benefits are subject to legislative changes. **The state statutes require employees to report their work injuries within 30 days.**

- An injury is covered according to the rules in force during the fiscal year in which the injury occurred.
    - An individual who is injured on the job on June 30 might receive a different weekly workers compensation benefit for lost wages than an individual injured on July 1.
- During this school year, July 1, 2026, through June 30, 2027 an injured employee is entitled to a weekly amount of 66-2/3% of his/her average wage up to a maximum of $905.00 to offset lost wages.

If the injury results in permanent disability, the Kansas Compensation law provides for additional benefits. An injured employee is entitled to all medical services reasonably necessary to cure and relieve the employee from the effects of the injury. Under Kansas Statute 44-515, the Shawnee Mission School District has the right to select the doctor who will treat the injury.

The Shawnee Mission School District is self-insured for workers compensation and has contracted a third-party administrator, Thomas McGee (314-297-0831) to manage claims and pay medical bills. Funds used to pay workers compensation benefits come from tax revenue.

It is very important to get completed and signed paperwork to the Center for Academic Achievement (CAA) as immediately as possible.

- Once a claim is filed, an adjuster from Thomas McGee will be assigned to your case and personal contact will be made with you to ensure that you will receive the most appropriate care
- Thomas McGee cannot pay medical expenses for any claims until your paperwork is filed.
- These adjusters are very knowledgeable in workers' compensation benefits and medical management, and they are interested in helping you get back to 100%. Please be sure to communicate any questions or concerns with your adjuster.
- If you experience challenges related to your claim and feel uncomfortable discussing this with your adjuster, please feel free to contact Jennifer Lumley at the CAA (913-993-6497) or contact a representative at the Claims Advisory/Ombudsman of the Division of Workers Compensation, at 1-800-332-0353 (toll-free).

Additional information may be found in district booklets published annually for our employees. Policies for certified personnel are published in the Negotiated Agreement between the board of education and NEA, and classified policies are printed in the Personnel Policies for Classified Employees handbook.

Check with your administrator or supervisor and be familiar with where the workers' compensation forms are kept in your building so you will be prepared if an injury does occur.

PROCEDURES FOR TREATING WORK INJURIES

If you or one of your co-workers is injured on the job, ***NOTIFY YOUR SUPERVISOR IMMEDIATELY***.

- Administer first aid. If the injury is life threatening, call 911 and send the injured person to the nearest hospital.
- If the injury is **not** life threatening, but an ambulance is needed, please have the injured employee transported to Advent Health Shawnee Mission 9100 W 74" St Merriam, KS 66204. **Advent Health Shawnee Mission is the ONLY approved ER.**
- The building administrator, nurse or department supervisor should provide the injured employee with the medical authorization form.
- Clinics will not treat an employee without authorization.

Shawnee Mission School District workers' compensation clinics:

Priority One – Marathon (CAA) Located at the Center for Academic Achievement. NW corner of the building 8200 W 71st Street Overland Park, KS 66204 913-549-9970 Mon., Wed., Fri. 7:00am – 4:00pm Tues., Thu. 9:00am – 6:00pm Appointments Only	KU Med west Occupational Health Clinic, Suite D 7405 Renner Road Shawnee, KS 66217 913-588-2200 Monday – Friday 7:30am – 7:00pm Saturday - 8:00am – 4:00pm Sunday - CLOSED *Walk – ins accepted
Concentra 14809 West 95th Street Lenexa, KS 66215 913-894-6664 Monday – Friday 7:30am – 5:00pm *Walk – ins accepted	

MEDICAL AUTHORIZATION BY INJURED EMPLOYEE

Concentra®

Improve the health of America's workforce, one patient at a time.

Employer Services
Patient Information

Reason for Today's Visit

☐ Injury Care ☐Physical exam ☐DOT (CDL) Certification ☐ Drug Screen ☐Other:_____

Social Security# or Military DBN:_____Date of birth (MM/DD/YYYY):_____

Last name: _____First name: _____M.I.:___

Address: _____Apt.#:____ City: _____ST: ZIP: _____

About You

Home phone: Work phone: _____

Cell phone: _____ O Male D Female ☐ Single ☐ Married

Email address:_____Concentra may send a detailed email:☐Yes☐No

For security of your records, all emails containing protected health Information (PHI) are sent encrypted.

About Your Employer

Employer Requesting Services

Company name: _____Location/store number: _____

Contact name: Contact phone: _____

Address: _____Ste.#:____ City: _____ST: ZIP: _____

Is your employment arranged through a temporary hire agency? ☐ No D Yes

Name of agency: _____Agency phone: _____

Consent

The information provided is correct to the best of my knowledge. I will not hold Concentra, its health provider, or its employees responsible for any errors or omissions that I may have made in completing the information on this form.

Signature:_____Date: _____

I give permission to Concentra to perform the following services that the physicians and other non-physician providers and assistants may deem to be necessary: (a) medical, surgical, and diagnostic (e.g., including but not limited to x-rays, blood draws, and laboratory tests) processes, treatments, and procedures; (bl administration of injections, medications, and immunizations (with immunizations to occur after my receipt of any applicable vaccine information statements ("VIS" or "VISs"); and (c) completion of medically appropriate tests for communicable and other diseases.

Signature:_____Date:_____

Notice of Privacy Practices

. Your name and signature below indicate that you have been made aware of Concentra's Notice of Privacy Practices (N0PP) on the date indicated. You understand that the N0PP is posted in the center and a copy will be provided to you if you request it. If this is your first date of service with Concentra, please indicate this to the front desk receptionist and he/she will provide you a copy of the N0PP. If you have any questions regarding the information in Concentra's Notice of Privacy Practices, contact Concentra's Prn;.aey office at 800-819-5571 or privacyoffice@Concentra.com.

Name: (please print) _____Date Notice Received: _____

Signature:_____Date: _____

THE UNIVERSITY OF KANSAS HEALTH SYSTEM

7405 Renner Road, Shawnee, KS 66217

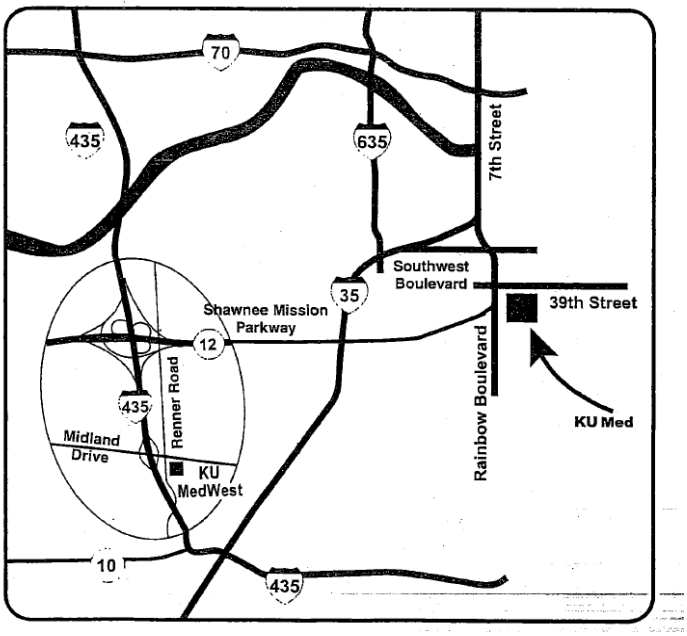
Phone 913-588-2200, FAX 913-588-8423

Use URGENT CARE Entrance

Hours:
Monday – Friday
7:30 am – 7:00 pm

Saturday
8:00 am – 4:00 pm

Sunday
Closed



- ☐ Work Related Injury
- ☐ Initial Visit
- ☐ Follow-up Visit

Employee's Name: _____

Employee's Phone Number: _____

Employer's Name: Shawnee Mission School District, 8200 W 71st Street, Overland Park, KS 66204, Contact phone number 913-993-6497

Date of Injury: _____

Nature of Injury: _____

Authorized by: _____

Building Location: _____

Date: _____

AUTHORIZATION FOR MEDICAL TREATMENT

Shawnee Mission School District

Patient Name: _____ **Date of Birth:** _____

Date of Work Related Injury or Illness: _____

Nature of Injury: _____

_____

_____

Authorized By: _____ **Date:** _____

Priority One Health Center

Monday	**7am-4pm**
Tuesday	**9am-6pm**
Wednesday	**7am-4pm**
Thursday	**9am-6pm**
Friday	**7am-4pm**

I, the undersigned, do hereby authorize and request you to permit inspection of, or to furnish copies to Thomas McGee, L.C., 120 W. 12th Street, Suite 1000, PO Box 419013, Kansas City, MO 64141-6013, my and all medical or hospital records, information and X-rays, of your facility, pertaining to all aspects of my treatment and care, rendered on my behalf or at the request of another health care provider. A photocopy or facsimile of the authorization shall be considered as effective as the original.

Employee Printed Name: _____

Date of Birth: _____

Employee ID Number: _____

Last 4 of Social Security number: _____

Signature: _____ Today's Date: _____