



Brittany Lane
Willis ISD Human Resources
Leave and Substitute Specialist
612 N Campbell, Willis, TX, 77378
Phone 936.890.3187 Fax 936.856.1338

What do you do when an employee is injured on the job?

*****For Emergencies please direct employee to nearest Emergency Room or Urgent Care Clinic*****

Note: The First Report of Injury form (FROI) must be filed once an employee reports an incident. Group Insurance does not cover medical treatment for compensable workers' compensation injury. Employees should not pay for medical treatment for workers' compensation injury.

- Complete Willis ISD First Report of Injury (FROI) and forward to Brittany Lane no later than the next business day. blane@willisisd.org
- Provide employee with the Workers' Comp Packet
 - Copy of First Report of Injury (FROI)
 - Injured at Work?
 - Employee Acknowledgement of the Alliance Direct Contracting Program (Signature required)
 - Verification of Employment (Signature required)
 - List of current Alliance Providers
 - Optum **First Fill**®
 - Workers' Comp Leave Determination
 - Employee Rights
 - Notice of Alliance Requirements
- Be sure to notify Brittany Lane @ 936-890-3187 or blane@willisisd.org immediately if an employee misses any time, returns to work, or if there are any questions or concerns.



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INJURED AT WORK?

Read carefully the steps below:

- Report incident/accident to your supervisor immediately.
- Fill out a First Report of Injury (FROI) form as soon as possible with your safety coordinator.
- Fax or email the completed and signed FROI to Brittany Lane as soon as possible (within 24 hours). Fax number is 936-856-1338. Email: blane@willisisd.org
- If you need medical attention, you must go to a doctor in the Alliance Physicians Network. You may go online to www.pswca.org to search network to find a doctor or you may call the Alliance at 866-997-7922. With your packet given to you by your safety coordinator, a current list of doctors should be given to you. If you decide to see your own doctor that is not in an Alliance, you will be head financially responsible for your treatment.
- When you go to a network doctor for a work related injury you do not pay for it, therefore do not give them your insurance card.
- If you are given a prescription, take it to the pharmacy with the First Fill Card paperwork.
- If you go to the doctor, you must get a release from the doctor stating you are able to return to work. You will need to take this release note to your supervisor and Brittany Lane.
- If the doctor states you are unable to return to work or if you have any restrictions from your work related injury, you must get a note from the doctor and submit to your supervisor and Brittany Lane. You will not be able to return to work until the treating doctor has provided you with a release allowing you to return to work. Your supervisor and Brittany Lane will need a copy of the release before you can return to work.

What happens when you cannot work due to a work related injury?

- For workers' comp coverage, the alliance network doctor must be the one to determine if you can or cannot work.
- The network doctor must give you a written restriction from work. You must give a copy to your safety coordinator, your supervisor, and Brittany Lane blane@willisisd.org).
- You may not return to work without a written release from the network treating doctor. You must give a copy to your safety coordinator, your supervisor, and Brittany Lane.
- You will not receive Temporary Income Benefits (TIBS) from our Workers' Comp Insurance, TASB until starting the 8th day being off work from injury. After the first 8 days, you will receive approximately 70% of your take home pay from TASB. You may elect to use your vacation or personal leave to cover the first 8 days off or to be docked. Workers' Compensation is not a paid leave.
- During your recovery at home you should keep your supervisor and Brittany Lane (936-890-3187) informed of every development. As well as any paperwork from follow up appointments from the doctor.

BE AWARE WORKERS' COMP IS GOVERNED BY DISTRICT POLICY, STATE AND FEDERAL LAWS. MAKING A FALSE CLAIM IS A CRIME



WILLIS INDEPENDENT SCHOOL DISTRICT FIRST REPORT OF INJURY (FROI)

Once completed and signed, please email to blane@willisisd.org for processing.

TODAY'S DATE:	DATE INCIDENT WAS REPORTED:
FACILITY NAME:	CAMPUS/DEPT:
SUPERVISOR:	SUPERVISOR PHONE#:

NAME OF INJURED EMPLOYEE:		() FEMALE	() MALE
HOME ADDRESS:			
PHONE NUMBER		DATE OF BIRTH:	
SOCIAL SECURITY #:			
DATE OF INCIDENT:		TIME OF INCIDENT:	
DID THE INJURY OCCUR ON EMPLOYER'S PREMISES? () YES () NO			
LENGTH OF SERVICE: _____ YEARS _____ MONTHS			
JOB TASK AT THE TIME OF ACCIDENT:			
EMPLOYEE WAS WORKING: () ALONE () WITH CO-WORKERS			
EMPLOYEE CATEGORY : () REGULAR FULL TIME () REGULAR PART TIME () SEASONAL () TEMP			
WAS THERE A WITNESS TO THE ACCIDENT? () YES () NO			
IF YES, PLEASE LIST THE NAMES OF WITNESSES:			

PART OF BODY INJURES: () LEFT SIDE () RIGHT SIDE
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() SKULL/SCALP	() JAW	() ABDOMEN	() WRIST	() KNEE	() FOOT
() EYE	() NECK	() BACK	() HAND	() THIGH	() TOE
() NOSE	() SPINE	() PELVIS	() FINGER	() LOWER LEG	() ANKLE
() MOUTH	() CHEST	() SHOULDER	() HIP		
() OTHER:					

NATURE OF INJURY:	() PUNCTURE	() MUSCLE STRAIN	() LACERATION
	() INSECT/ANIMAL BITE	() FOREIGN BODY	
() OTHER:			



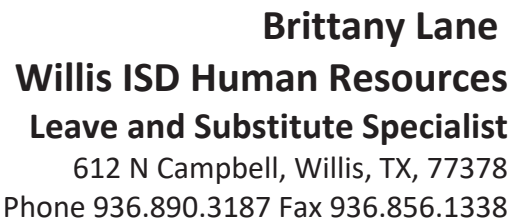
WILLIS INDEPENDENT SCHOOL DISTRICT FIRST REPORT OF INJURY (FROI)

EMPLOYEE DESCRIPTION OF ACCIDENT (ATTACH SHEET FOR ADDITIONAL INFORMATION):

() PLEASE INITIAL IF YOU RECEIVED THE WILLIS ISD INJURED PACKAGE

DID EMPLOYEE GO TO A DOCTOR/HOSPITAL: () YES () NO

SIGNATURE OF EMPLOYEE:	DATE:
SIGNATURE OF SUPERVISOR:	DATE:
SIGNATURE OF SAFETY COORDINATOR:	DATE:



Name	Employee number
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Position	Department/Campus
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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 the district 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 Willis ISD 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	Print Name	Date

For Claims Reporting Purposes Only:	
<i>For all employees:</i> Amount of leave paid to employee: \$ ____. Daily rate: \$ ____ Period of payment: from ____/____/____ through ____/____/____ for ____ days or ____ weeks	<i>For hourly employees only:</i> Hourly rate: \$ ____. Number of hours paid: ____



Verification of Employment for a Reported Workers' Compensation Injury or Illness

Please take this form to the doctor for your first medical examination.

Employee Name _____ Date of Injury _____

Date of Birth _____ Social Security _____

Reported Work Related Injury or Illness:

WILLIS ISD (member organization) workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at pswca.org.

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

Issuing Signature _____ Title _____

Phone Number _____ Date _____

Providers please submit Work Status Reports and all Job Description inquiries to:

Brittany Lane Leave and Substitute Specialist
Phone: 936-890-3187
Fax: 936-856-1338
Email : blane@willisisd.org

For a full list of Alliance Providers please visit pswca.org

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: Willis ISD
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.





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 (OIEC). 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 and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose 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. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

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	Willis 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

	<u>NDC</u>		<u>Envoy</u>
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.