

Workers' Compensation Work-Related Injuries

Florida SouthWestern State College provides Workers' Compensation Insurance for all college employees.

Medical Emergency

**If you need emergency medical treatment, call 911 and Campus Public Safety immediately.
If this is an emergency, initial treatment should be sought by calling 911.**

Public Safety Campus Extensions:

Lee	x11203	(239-489-9203)
Collier	x33712	(239-732-3712)
Charlotte	x55608	(941-637-5608)
Hendry/Glades	x66017	(863-674-0408)

All Non-Emergency Accidents or Injuries *(With or Without Medical Treatment)*

Note: Only the General Counsel's office may authorize medical treatment in **non-emergency** related situations. If you have been injured at work and will be seeking treatment under Worker's Compensation, you **must** seek treatment from an authorized provider.

Step-By-Step Procedure for All Non-Emergency Accidents or Injuries

Step 1: Contact Public Safety immediately to report the accident or injury. Public Safety will complete an Incident /Accident Report, and you and/or Public Safety must contact the General Counsel's Office immediately at 432-7313 (ext.16613)

Step 2: Contact your supervisor.

Step 3: If medical attention is required, the General Counsel's Office will provide a Referral for Medical Services and refer you to the College's Workers' Compensation an approved Primary Care Physician. The General Counsel's Office can also give you a First Script form at that time, if any prescriptions are necessary after the physician's visit.

Step 4: After seeing the Worker's Compensation Physician, immediately deliver and/or send the medical certification to the General Counsel's Office, Building I-210, 8099 College Parkway, Fort Myers, FL 33919. Any medical restrictions must be clearly communicated and approved by the General Counsel's Office and your supervisor.

Step 5: If a return visit is required to the Worker's Compensation Physician and/or other treatment is recommended, follow-through with those instructions and report to the General Counsel's Office and your supervisor.

Questions and Answers about Work Related Accidents and Injuries

Q: What is Workers' Compensation?

A: Workers' Compensation provides payment of medical expenses for employees who incur a qualified injury on the job and must see an authorized physician or go to an authorized medical facility. It also pays a percentage of wages after a short waiting period, to an employee who has been placed off work by an authorized physician due to a workplace injury.

Q: Who is covered by Workers' Compensation?

A: Any full-time or part-time (Adjunct, Student Assistant, Part-time hourly, College Volunteer) employee of Florida SouthWestern State College is eligible for Workers' Compensation if injured while performing duties within the course and scope of his/her employment.

Q: Who is not covered by Workers' Compensation?

A: Students going to class and contracted individuals working at the college.

Q: Can I go to my own doctor and have Workers' Compensation pay?

A: No. The General Counsel's Office will refer you to the College's Workers' Compensation Primary Care Physicians from the list provided in this document.

Q: Who is an authorized Workers' Compensation Primary Care Physician for FSW?

A: General Counsel's Office, along with help from the Worker's Compensation carrier, will provide you with a Referral for Medical Services form and will direct you to a Worker's Compensation physician convenient to your home or work (see list below). **If you go to a physician who is not an authorized Workers' Compensation doctor**, your expenses will not be covered. Be aware, too, that group health insurance will **not** pay for expenses related to on-the-job injuries.

Q: What do I do if my injury occurs after the General Counsel's Office is closed, and I need medical attention?

A: Florida SouthWestern State College's Campus Public Safety is open 24 hours a day, 7 days a week. Once you have reported the injury to Public Safety, go to the nearest Care facility listed below, if you need to seek medical attention. If none of these clinics are open, go to the nearest Hospital emergency room. In addition, contact the General Counsel's office and advise your supervisor of the injury on the next business day or sooner if possible, and complete the necessary paperwork. If you do not need medical assistance at the time that the injury occurred, contact Public Safety immediately to take the accident/incident report, and then contact the General Counsel's Office and your supervisor on the next available business day.

Q: What if I get a prescription from the doctor?

A: This packet includes a form from First Scripts for any prescriptions you receive related to your claim. This form is accepted at Walgreens, Publix, Target, Wal-Mart, or Winn Dixie, etc. If you are filling your prescription outside of business hours, and you don't have the First Script form, go ahead and fill and pay for your prescription and keep your receipts to submit for reimbursement.

Q: What are my rights under Workers' Compensation?

A: If you have any questions, please visit the **Department of Labor Workers' Compensation Web Page**. (<http://www.dol.gov/dol/topic/workcomp/index.htm>)

- Q: Does FSW provide “light or alternate” duty temporary assignments for employees that have been injured on the job?**
A: Yes, we will provide an accommodation to the injured employee if we are reasonably able to modify their position to meet the employee’s restrictions.
- Q: Do you provide the same option for employees that are injured off the job?**
A: Yes, depending on their restrictions and fitness for duty.
- Q: Does FSW pay the employee for the first week of lost wages (first 40 hours following the injury)?**
A: No. Your workers’ compensation benefits for lost wages will start on the eighth day that you’re unable to work. You will not receive wage replacement benefits for the first 7 days of work missed, unless you are out of work for more than 21 days due to your work-related injury.
- Q: If not, do you allow employees to use sick leave for this time?**
A: Yes.
- Q: Does FSW pay for the lost work time for physical therapy, follow-up doctor’s appointments, testing, etc. or is the employee able to use sick time for these absences?**
A: Non-Exempt, hourly employees are not paid unless they use sick time.
- Q: Does FSW allow employees that have been injured on the job to use accrued leave (sick or vacation) to supplement wages paid by the Workers’ Compensation carrier (the 1/3 portion not paid by Workers’ Compensation)?**
A: Yes, an employee may elect to use accrued sick or other leave in an amount necessary to achieve full-pay status while absent from work due to a workers’ compensation claim.

Contact Information for Assistance with Workers' Compensation:

FSW General Counsel’s Office: (239) 432-7313 or x. 16613

Workers’ Compensation Adjuster: Candy Buchanan-(407)583-3204

If Candy is unavailable, please call Kim Sprouse at (407)583-3211.

Candy handles doctors’ appointments, referrals to specialists, payment of wages to injured employees who are off work and payment of medical bills. Please call her if you have any questions or concerns.

Approved Worker's Compensation Medical Facilities by Campus

Hospitals (Emergency Care)	Urgent Walk-in Clinics (Ambulatory Care)
Charlotte	
Englewood Community Hospital 700 Medical Blvd. Englewood, Florida 34223 941-475-6571 Open 24/7	Company Care at Fawcett Memorial 3280 Tamiami Trail, Suite 11 Port Charlotte, Florida 33952 941-625-3047 Mon- Fri 8am – 4:30pm
Fawcett Memorial Hospital 21298 Olean Blvd. Port Charlotte, Florida 33952 941-629-1181 Open 24/7	
Collier	
Naples Community Hospital 350 Seventh Street, North Naples, Florida 34102 239-436-5000 ER – 239-624-2700 Open 24/7	Collier Urgent Care 7955 Airport Pulling Road, N. Suite 102 Naples, Florida 34109 239-593-3232 Mon – Fr 8am – 7pm Sat/Sun 8am – 5pm
	Marco Healthcare Center 40 S. Heathwood Dr. Marco Island, Florida 34145 239-513-7144 Mon – Sun 8am – 7:30pm
Hendry/Glades	
Hendry Regional Medical Center 524 West Sagamore Ave. Clewiston, Florida 33440 863-902-3000 Open 24/7	Urgent & Convenient Care Center 700 South Main St., Suite A LaBelle, Florida 33935 863-342-8260 Mon and Wed <u>ONLY</u>, 10 - 4
Lee	
Cape Coral Hospital 636 Del Prado Blvd. Cape Coral, Florida 33990 239-424-2000 Open 24/7	Lee Convenient Care – Page Field 4771 S. Cleveland Ave. Fort Myers, Florida 33907 239-343-9806 Mon – Sun 7am – 7pm
Gulf Coast Hospital 13681 Doctor's Way Fort Myers, Florida 33912 239-343-1000 Open 24/7	Lee Convenient Care – Summerlin 16230 Summerlin Rd. Fort Myers, Florida 33908 239-343-7454 Mon – Sun 7am – 7pm
Health Park Medical Center 9981 Health Park Circle Fort Myers, Florida 33908 239-343-5000 Open 24/7	Urgent Care of Southwest Florida 10201 Arcos Ave., Suite 105 Estero, Florida 33928 239-333-2273 Mon – Fri 8am – 7pm Sat – 9am-5pm, Sun 9am – 4pm
Lee Memorial Hospital 2776 Cleveland Ave. Fort Myers, Florida 33901 239-343-2000 Open 24/7	Urgent Care Bonita Community Health 3501 Health Center Blvd. Bonita Springs, Florida 34135 239-949-1050 239-949-6109 Mon – Fri 7am – 7pm, Sat/Sun 8am – 4pm
	Lee Convenient Care – Pine Island 1682 NE Pine Island Rd. Cape Coral, Florida 33909 239- 424-1655 Mon – Sun 7am – 7pm
	Urgent Care Center of Southwest Florida 1708 Cape Coral Pkwy West, Suite #2 Cape Coral, Florida 33914 239-333-3333 Mon – Fri 8am – 7pm Sat – 9am-5pm, Sun 9am – 4pm
	MedExpress Urgent Care Center 313 SW Pine Island Road Cape Coral, Florida 33991 239-458-6755 Mon – Sun 8am – 8pm
	Urgent and Convenient Care Center 2718 Lee Blvd Lehigh Acres, Florida 33971 239-303-9298 Mon – Fri 9am – 6pm Sat 10am – 5pm, Sun 11am – 3pm
	MedExpress Urgent Care Center 1120 Homestead Road, North Lehigh Acres, Florida 33936 239-333-5020 Mon – Sun 8am – 8pm

Florida College System Risk Management Consortium

ACCIDENT – INCIDENT REPORT

(A copy of this report is NOT authorization for medical treatment)

INSTRUCTIONS:						
<ul style="list-style-type: none"> • If loss/occurrence/injury is to a college employee, please complete sections: 1, 2, 5, 6, 7 and 8. • If loss/occurrence is to college-owned property please complete sections: 1, 3, 5, 6, 7 and 8. • If loss/occurrence/injury is to a non college employee or non college-owned property, please complete sections: 1, 4, 5, 6, 7 and 8. 						
1. LOCATION AND DATE OF INCIDENT/OCCURRENCE						
COLLEGE: (Check One)						
<input type="checkbox"/> BC	<input type="checkbox"/> FGC	<input type="checkbox"/> IRSC	<input type="checkbox"/> PBSC	<input type="checkbox"/> SPC	<input type="checkbox"/> TCC	CAMPUS/LOCATION CODE:
<input type="checkbox"/> CC	<input type="checkbox"/> FKCC	<input type="checkbox"/> LSSC	<input type="checkbox"/> PHSC	<input type="checkbox"/> SFC	<input type="checkbox"/> VC	
<input type="checkbox"/> CCF	<input type="checkbox"/> FSWSC	<input type="checkbox"/> MDC	<input type="checkbox"/> PeSC	<input type="checkbox"/> SSC		
<input type="checkbox"/> DSC	<input type="checkbox"/> GCSC	<input type="checkbox"/> NFCC	<input type="checkbox"/> PoSC	<input type="checkbox"/> SFSC		
<input type="checkbox"/> EFSC	<input type="checkbox"/> HCC	<input type="checkbox"/> NWFSC	<input type="checkbox"/> SJRSC	<input type="checkbox"/> SCFMS		
DATE OF OCCURRENCE:		TIME OF OCCURRENCE: AM PM		LOCATION OF OCCURRENCE (BE SPECIFIC):		
2. INJURED EMPLOYEE (INJURY/LOSS TO COLLEGE EMPLOYEE)						
NAME OF EMPLOYEE:			AGE:	OCCUPATION & DEPARTMENT:		EMPLOYEE #:
ADDRESS:			CITY:		ST:	ZIP:
PHONE: ()	PART OF BODY INJURED:		TYPE OF INJURY (CUT, STING, BUMP, BRUISE ETC.):			
DOES EMPLOYEE WISH TO SEEK MEDICAL ATTENTION TODAY: <input type="checkbox"/> YES <input type="checkbox"/> NO*		WILL EMPLOYEE REQUIRE TIME OFF FROM WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE INJURY FIRST REPORTED:		TIME INJURY FIRST REPORTED:
* A "no" answer does not waive the employee's right to request medical attention at a later date.						
3. PROPERTY (COLLEGE OWNED)						
IDENTIFY THE DAMAGED/LOST PROPERTY:					ESTIMATED COST OF DAMAGED/LOST PROPERTY: \$	
4. INJURED PARTY/PROPERTY (PERSONS NOT EMPLOYED BY COLLEGE AND/OR PROPERTY NOT OWNED BY COLLEGE)						
NAME:			AGE:	PHONE: ()		
ADDRESS:			CITY:		ST:	ZIP:
IDENTIFY THE INJURY OR THE DAMAGED/LOST PROPERTY:					STUDENT ID # (If Injured Party is Admitted Student):	
5. WITNESS(ES)						
NAME:			PHONE: ()			
ADDRESS:			CITY:		ST:	ZIP:
NAME:			PHONE: ()			
ADDRESS:			CITY:		ST:	ZIP:

PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

Welcome to First Script, a pharmacy benefit program designed exclusively for **Florida College System Risk Management Consortium, #000166**, in partnership with Gallagher Bassett Services, Inc. for your workplace injury.

Injured Worker	
No Cost	<p>STEP 1 Complete the information requested in the bottom portion below.</p> <p>STEP 2 Present this form to your pharmacist along with the prescriptions for your work-related injury.</p>
No Delay	<p>First Script is available at over 67,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 1-866-445-7344.</p>
Feel Better Faster	<p>Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim.</p>

Pharmacy Instructions

The injured worker's employer participates in First Script, a pharmacy benefit program administered by **Medco**. Call the First Script Help Desk, 24 hours a day, 7 days a week, at **1-866-445-7344**. If the Member ID number is not listed on this form, please provide the claimant information indicated below to receive the Member ID #. Please note the ID number on the form and return to injured worker. First Script claims are submitted electronically and electronic approval of the claim will be returned.

Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.

<h2 style="margin: 0;">FIRST SCRIPT®</h2>	
<p>Pharmacy: At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.</p>	
Name: _____ SSN (Last 4 digits): XXX-XX-_____ Date of birth: ____/____/____ State where injury occurred: _____ Date of injury: ____/____/____ Member ID: _____ (Member ID # is generated at time of enrollment)	RX PROGRAM ADMINISTERED BY: MEDCO GROUP NUMBER: FSNCVTY BIN NUMBER: 610014 Client #: 000166 Employer Name: Florida College System Risk Management Consortium
<p><i>(Above information to be completed by injured worker or supervisor)</i></p>	

Florida Community College Risk Management Consortium WORKER'S COMPENSATION MEDICAL REPORT

TO EMPLOYEE: You have reported a work-related injury and are being directed to a physician for care. All medical care associated with your work injury must be authorized prior to receiving treatment. Please provide this form to the physician and wait for it to be completed. It must be returned to your work location administrator the next work day. If you do not feel medical care is needed at this time, please contact us immediately in the event treatment is needed, and an authorized physician will be provided for you. Kindly acknowledge receipt by signing below.

Signature of Acknowledgement

Date

Employee's Name:	Date of Accident:
Employee No.:	Employee's Social Security No.:
Address:	Telephone No.:
Work Location:	Position:
Physician's Name:	Address:
Description of Accident:	Part of Body affected:
Authorized by:	Title: Date:
(Signature of Employer)	

- TO PHYSICIAN:**
1. This authorization is for INITIAL MEDICAL TREATMENT ONLY. If additional treatment or prescriptions are indicated, please contact Gallagher Bassett at 1-800-851-5663. Continued treatment without authorization will result in non-payment of additional medical bills.
 2. Pursuant to Florida Statute, Chapter 440, FCCRMC reserves the right, under certain circumstances, to conduct appropriate drug and alcohol testing.
 3. Please complete reports as required by Florida Worker's Compensation Statute. Send medical bills and reports to:

Gallagher Bassett Services
 PO Box 23812
 Tucson, AZ 85734

Diagnosis:	
Treatment Rendered:	
Date of Visit:	Date Able to Resume Work: <input type="checkbox"/> Full Duty <input type="checkbox"/> Restricted
Current Restrictions/Limitations:	
Physician's Signature:	
Attending Physician's Name:	
Address:	Telephone No.:

Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO's toll-free hotline at 1-800-342-1741. EAO specialists are knowledgeable about the workers' compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at http://www.MyFloridaCFO.com/WC/organization/eao_offices.html.

Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers' Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division's Web site at www.MyFloridaCFO.com/WC/employee/index.html, and answers to frequently asked questions can be accessed at www.MyFloridaCFO.com/WC/faq/faqwrks.html.

You may also submit specific questions relating to your claim to us at wceao@MyFloridaCFO.com and receive answers directly by e-mail.

Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers' compensation benefits. Failure to report your injury

or illness within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

Denial of Benefits

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is free and available by contacting the EAO at 1-800-342-1741.

Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcc.state.fl.us/jcc/forms.asp.

Reemployment Services

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Employee Assistance Office (EAO) at WCRES@MyFloridaCFO.com or call 1-800-342-1741 for free reemployment services.

Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers' compensation claim. This help is free and available by contacting the Employee Assistance Office at 1-800-342-1741.

Anti-Fraud Reward Program

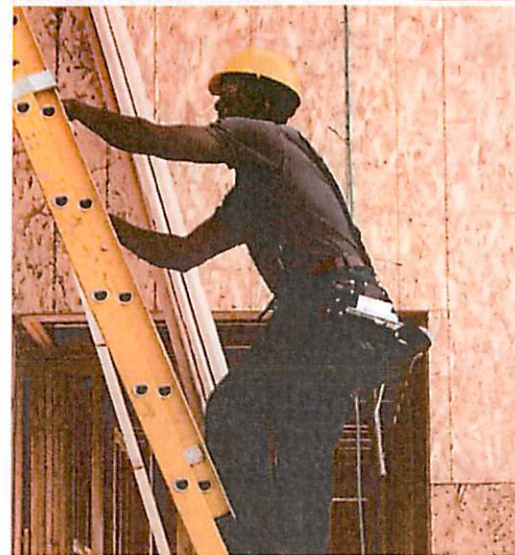
Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call 1-800-378-0445.

Disclaimer:

This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.

69L-3.0035, F.A.C. Injured Worker Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-60
Revised March 2010

EMPLOYEE FACTS



IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS



**DIVISION OF
WORKERS' COMPENSATION**
Florida Department of Financial Services

If you are injured as a result of a work-related accident, your employer's workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

Medical Benefits

As soon as your employer's workers' compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Physical therapy
- Hospitalization
- Medical tests
- Prostheses
- Prescription drugs
- Travel expenses to and from authorized medical treatment or a pharmacy.

Once you reach maximum medical improvement (MMI), you are required to pay a \$10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. *Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.*
- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

- **Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. **If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.**

Injured Worker Responsibilities

Communicate with the Employer:

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned. (Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)

- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

Communicate with the Authorized Treating Physician:

- Identify all body parts that are, or potentially may, be injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarify your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

Carrier Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).