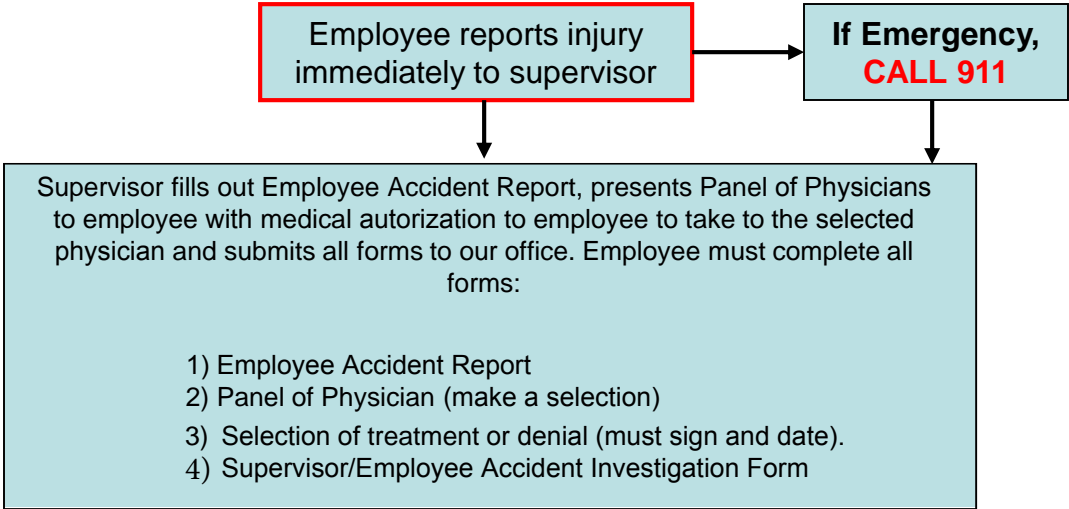


WORKERS COMPENSATION REPORTING FLOW CHART

Contact The Human Resource Management Department with any questions at 757-393-8626



ALL FORMS MUST BE SUBMITTED TO
www.workerscomp@portsmouthva.gov
WITHIN 24 HOURS
 (Forms can be found here on the Intranet and with this electronic kit)





Human Resource Management

Workers' Compensation

What To Do When An Accident Occurs?

Accident/Injury Supervisor Checklist

Complete the following forms:

- 1) Employer's First Report of Accident/Injury/Illness Form (immediately)
- 2) Supervisor/Employee Accident Investigation Report
- 3) Panel of Physicians Form (employee receives copy if denying treatment)
- 4) Employee takes the completed Panel of Physicians Form for treatment to physician.
- 5) Give employee First Fill Prescription Form.
- 6) Employee's Workers' Compensation Information & Q & A Letter

Email to workerscomp@portsmouthva.gov the following within 24 hours of injury:

- Employer's First Report of Accident/Injury/Illness Form
- Panel of Physicians Form
- Supervisor/Employee Accident Investigation Report
to: workerscomp@portsmouthva.gov

If the injury occurs after the hours of 5:00pm through 5:00am or on Saturdays and Sundays and unsure whether employee needs immediate medical attention, for guidance call the company nurse at Risk Management Programs

1-888-770-0925

Make sure all forms are complete with accurate detailed information, times, dates, addresses, signed and dated by employee and supervisor. Please call the Workers' Compensation Coordinator (757-393-8626 or 757-359-9296) or the Wellness & Safety Officer (757-524-9352).

First Report of Injury

Virginia Workers' Compensation Commission
 1000 DMV Drive Richmond Virginia 23220
 1-877-664-2566



www.vwc.state.va.us

Reason for filing: N/A
 VWC Jurisdiction Claim #: N/A
 (If assigned)
 Claim Administrator File#: N/A

SEE INSTRUCTIONS ON REVERSE SIDE

Employer				
Employer's Legal Name City of Portsmouth		Federal Employer Identification Number (FEIN) 54-6001512		
Employer's Mailing Address Department of Human Resources Management 801 Crawford Street, 2nd Floor Portsmouth, VA 23704				
Name/FEIN of Entity on Policy N/A		Nature of Business City Government		
Name and Address of Insurer or Self-Insurer for this Claim RMP/VACorp 1315 Franklin Road, SW Roanoke, VA 24016		Policy Number N/A		
Time and Place of Accident				
Location where accident occurred		Date of injury	Hour of injury a.m. p.m.	
Date injury or illness reported	If fatal, give date of death	If fatal, give marital status		
	If fatal, give number of dependent children	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	
		<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	
Injured Worker				
Name of Injured Worker		Phone Number	Injured Worker Social Security Number (Last 4 digits)	
Injured Worker's mailing address		Type of ID <input checked="" type="checkbox"/> Social Security No. <input type="checkbox"/> Employment Visa <input type="checkbox"/> Green Card <input type="checkbox"/> Passport No. <input type="checkbox"/> Unknown		
Occupation at time of injury or illness	Date of birth	Sex Male Female		
Nature and Cause of Accident				
Machine, tool, or object causing injury or illness				
Describe fully how injury or illness occurred				
Describe nature of injury, occupational disease, or illness, including body parts affected				
Signatures				
Submitter Name	Title	Signature	Date	Phone number
Submitter's Address				

(NN-Revised: Aug 2017)



Employee's Notice of Injury/Disease
Authorization for Medical Treatment

Print

Clear Form

EMPLOYEE

Name: Employee ID #: Home Address: City: Zip: Phone No.: Dept./Division: Position: Time Began Work: Date of Injury/Disease Diagnosis: Time of Injury: Location where injury took place:

Clearly describe how injury/disease occurred to include specific body parts injured:

As allowed by Section 65.2-603 of the Virginia Workers' Compensation Act, one of the following physicians must be selected for each injury for treatment needed now, and/or may be needed in the future. Failure to choose and treat with one of the physicians from the panel can result in a suspension of medical and lost wage benefits.

I select my treating physician for this injury by circling one below .

- Dr. Michael Baddar I & O Medical Center 593 Aberdene Road Hampton, VA 23661 757-825-1100
Dr. J. C. Alexander 704 Thimble Shoals Blvd. #200 Newport News, VA 757-240-5580
Dr. Edward J. Downs I & O Medical Center 1290 Diamond Springs Rd Virginia Beach, VA 23455 757-460-0700
Taylor Made 801 Poindexter Street Suite 218 Chesapeake, VA 23324 757-494-1688
Dr. Michael Baddar I & O Medical Center 838 Old George Washington Hwy Suite #102 Chesapeake, VA 23323 757-487-9600
Dr. Roxanne Dietzler 732 Thimble Shoals Blvd Suite #102 Newport News, VA 23606 757-599-3623

I confirm that the information I have provided is true and correct and that I have received a Workers' Compensation Employee Information Letter and Questions & Answers Flyer from the City of Portsmouth, VA

Employee Signature Date

SUPERVISOR

The employee reported this injury to me on the following date: (Check one) Employee is NOT seeking medical treatment at this time. Employee is seeking medical treatment with the physician selected. Transported to the following Emergency Department: By Ambulance Facility Name

Supervisor's Signature Date

TREATING PHYSICIAN

I have examined this employee and diagnosed him/her with: He/She has been released to full duty effective: He/She is to stay out of work effective: through He/She has been instructed to return and see me on the following date: He/She has been referred to see Doctor: (for additional medical care) He/She has been referred to physical therapy effective: He/She may work with the following restrictions effective: through

Physician's Signature Date



Human Resource Management

Supervisor/Employee Accident Investigation

TO BE COMPLETED BY SUPERVISOR	
Name of injured worker:	Department:
Date of injury:	Time of injury:
Date reported to supervisor:	Supervisor's name:
Name of individual completing form:	Signature and date:
Could this accident/injury have been prevented and if so, how?	
Provide details of accident/injury that was caused by equipment/product failure or neglected of a third party:	
TO BE COMPLETED BY EMPLOYEE	
Name:	Employee Identification #
Address:	City: Zip: State:
Home telephone:	Work telephone:
Job title:	Department:
Name of witnesses:	Department: (if different)
Description of how accident/injury occurred:	
Description of injuries sustained (specify detail-right, left, body part/s):	
Employees Signature:	Date:

Workers' Compensation Temporary Prescription ID Card



RMP on Behalf of VACoRP

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury
(enter in DOI field in the format YYYYMMDD)

Express Scripts

ID #: _____
Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: **M5L2022**

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

»» **To the Supervisor:** Please fill in the information requested for the injured worker.

Employee Information

_____ First M Last

_____ Street Address or PO Box

_____ City State ZIP

Employer Name

City of Portsmouth



EXPRESS SCRIPTS®

Participating Retail Network Pharmacies

ACCREDITO HEALTH GROUP

BECKLEY ARH PHARMACY

BLOOM PHARMACY

BOARDWATER DRUG BY
WAGS

CAREPOINT PARTNERS

CONTINUUMCARE
PHARMACY

COSTCO

CRITICAL CARE SYSTEMS

CVS

DULLES URGENT CARE
CENTER

EMERGENCY PHYS
IMMEDIATE CARE

ER PHYSICIANS IMMEDIATE
CARE

EXTENDED CARE ASSOCIATES

FARM FRESH PHARMACY

FOOD LION PHARMACY

GIANT DISCOUNT DRUG

GIANT EAGLE

GIANT PHARMACY

HARRIS TETTER PHARMACY

HOME CARE PHARMACY

JEFFERSON URGENT CARE

KAISER PERMANENTE PHCY

KMART PHARMACY

KROGER PHARMACY

MARTINS PHARMACY

MARTIN'S PHARMACY

NEIGHBORCARE PHARMACY

PATIENT FIRST

PHARMERICA

PROGRESS PHARMACY
SERVICES

RICHMOND SOUTHSIDE
TRTMNT CNTR

RICHMOND TREATMENT
CENTER

RITE AID

RX SERVICE

SAFEWAY PHARMACY

SAMS

SAM'S CLUB

SHOPPERS PHARMACY

SHOPPERS PHARMACY #978

STERLING AUTOMATED
REFILL CNTR

TARGET PHARMACY

UKROP'S PHARMACY

WALGREEN'S

WAL-MART

WEGMANS FOOD MARKETS

WEGMANS PHARMACY

WEIS PHARMACY

WILLIAMSONS PHARMACY



Human Resource Management

Dear Employee:

We are sorry to hear you have suffered an on the job injury/disease and we would like to provide you with the following information to guide you through the workers' compensation process:

- If you need prescriptions filled related to your injury/disease, please complete the Temporary Prescription ID Card which can be found with your Supervisor. If you experience problems at the pharmacy, please contact our office at 757-393-8626 or pay for your prescriptions out of pocket and save all receipts to include the name of the prescription, the prescribing physician, the amount charged and the cash register receipt. Submit the receipts to Human Resource Management and any covered out of pocket expenses will be reimbursed to you.
- Although most medical bills are sent directly to the city, you may receive some bills at home. Please forward these promptly to Human Resource Management via mail, or email to workerscomp@portsmouthva.gov.
- It may be necessary to investigate your claim for compensability and during this time you may be required to use your own leave and/or FMLA until a determination is made. Once your claim is determined to be compensable, any time out of work authorized in writing by your workers' compensation physician will be documented in accordance with the city's policy.
- You should attend all appointments scheduled by your treating panel physician. You should obtain and provide Human Resource Management with a work status note after each medical appointment related to the injury/disease upon conclusion of your appointment.
- If you are not returned to full duty, but released to work with light duty restrictions, the Workers' Compensation Coordinator will coordinate with your department about your restrictions and returning to work. If your department is unable to accommodate you, we will try other departments to enable you to return so you'll earn 100% of your pay. If you choose not to work light duty, you will be required to use paid personal leave.
- If your injury is initially accepted as compensable and later found to be non-compensable, medical bills not already incurred with your panel physician will be the responsibility of the employee. You may submit to the employees' private medical insurer, if any. Any absence due to a noncompensable injury previously charged to workers' compensation will be changed to annual or sick leave, if available. All leave will run concurrent with FMLA, if qualified.

The fact that the city may voluntarily pay your medical expenses and lost time does not mean that your claim has been accepted. You must also file a claim for benefits with the Virginia Workers' Compensation Commission (VWCC) within the time limit provided by law. To obtain further information or if you have any questions, please contact the VWCC directly at 1000 DMV Drive, Richmond, VA 23220 1-877-664-2566 or workcomp.virginia.gov.

We are interested in ensuring you receive appropriate treatment and benefits in order to expedite a speedy recovery. We therefore request that you contact the Workers' Compensation Coordinator, Catherine Mills at 757-393-8626 ext. 2147 if you have any questions or concerns about your injury/disease.

Sincerely,

Human Resource Management



Workers' Compensation

Human Resource Management

Workers' Compensation is administered by Human Resource Management.

The Workers' Compensation Coordinator submits tracks and reviews workers' compensation claims to ensure timely reporting and to ensure employee and management compliance with city policies and the Virginia Workers' Compensation Act. It also coordinates with the City's Third Party Administrator's (TPA), physicians, City Attorney, employees, managers, and provides guidance and support to city departments regarding workers' compensation policies and procedures, light duty program to include the handling of occupational exposures.

What is Workers' Compensation?

Workers' Compensation is a state mandated benefit designed to assist employees injured in the course and scope of employment. This handout provides general information regarding Workers' Compensation policies and benefits. This handout does not provide a full statement of all policies and it does not cover every situation. This information does not substitute or replace any policy or legal information regarding your benefits and responsibilities under city policies or Workers' Compensation.

If you believe you have suffered an injury or disease in the course and scope of your employment, you should immediately:

- Notify your supervisor and complete an Employer's Accident Report with as much detail as possible.
- Complete a Supervisor/Employee Accident Investigation Form part is in your own words and handwriting and part your supervisor.
- Your supervisor should present a Panel of Physicians form for you to choose a physician. Make a selection.
- If needing treatment, your supervisor will sign for authorization, if you deny treatment you will sign also.
- If seeking medical treatment, the Panel of Physicians form will be presented to the treating physician to complete.
- The completed form is returned to your supervisor to send to the Human Resource Management, or you can drop it off.
- Visits to medical providers other than those listed on the panel will not be covered unless you have been referred by your panel physician.

Human Resource Management and/or the city's Workers' Compensation Third Party Administrator (TPA) may contact you for further information and to assist you. The TPA will investigate your injury or disease in order to make a determination as to whether your claim is compensable. The fact that the city may voluntarily pay your medical expenses and lost time does not mean that your claim has been accepted. You must also file a claim with the State Workers' Compensation Commission within the time limit provided by law.

The Virginia Workers' Compensation Commission (VWCC) will send you information which you will be responsible for reading, understanding and completing any necessary paperwork in a timely manner. If you have any questions, contact the Commission directly at 1-877-664-2566 or workercomp.virginia.gov.

What is Light Duty?

The city is committed to do all possible to provide light duty employment for a limited time for employees who are medically able to perform some work but who are unable to perform their regular job due to a work related injury or disease. (Light duty employment assignment includes temporary reassignment to a different job in the employee's department or another department, and temporary restructuring or reassignment of the essential functions of the employee's position upon approval by the Director of Human Resource Management.

How will I be compensated for light duty employment?

Within two years immediately following the injury or diagnosis of disease when you are working in an approved light duty employment assignment, whether in your department or in another department, you will remain on your regular department payroll with the regular pay, status and benefits for a cumulative total of light duty employment and covered absences not to exceed 2080 hours. For example, if you have no covered absences, you could remain in light duty employment up to 2080 hours. If you use 1040 hours of covered absences, you would only be eligible to use 1040 of light duty employment.

What happens if I lose time from work?

Lost time from a work related injury or disease includes periods of incapacity, doctor's appointments, therapy appointments and medical treatment related to the injury or disease that are authorized in writing by your workers' compensation treating physician. The absences may be continuous and consecutive or may be intermittent while you are performing your regular job or working in alternative employment. Most injuries to employees during the course of work do not result in lost time. However, if you are medically unable to work as stated by your workers' compensation physician you may be eligible for certain compensation. An absence due to therapy or medical treatment will be compensated only if it cannot reasonably be scheduled outside regular work hours. This time would be covered by our third party administrator once you have missed 40 working hours. (A seven (7) calendar day grace period)

How will I be compensated if I lose time from work?

Employees will receive his/her pre-injury base net pay at 66 2/3 percent of your wage up to the weekly maximum benefit allowed by workers' compensation if your claim is determined to be compensable.

Where can I get more information?

Human Resource Management (Catherine Mills)
801 Crawford Street, 2nd Floor,
Portsmouth, VA 23704
Phone: (757)393-8626 ext 2147 Fax: (757)393-5202
Email: workerscomp@portsmouthva.gov

Workers' Compensation Commission
1000 DMV Drive
Richmond VA 23320
Phone: 1 (877) 664-2566
Email: workercomp@virginia.gov

What will happen to my insurance premiums and other deductions?

If you are out of work and receiving workers' compensation payments from our TPA, and not pay from the city, then your normal deductions (insurance premium, child support, credit union, etc.,) will not be taken out. You will be responsible for making your insurance premium payments to the city enabling continuous coverage. If you receive pay from the city and your net pay is insufficient to cover your insurance premium you will also be responsible. Please contact the Finance Department and make arrangements for insurance premium payments.

Who should I contact when the treating physician releases me to return to work?

Immediately provide Human Resource Management with the medical documentation.

How do I maintain my workers' compensation benefits?

In order to continue workers' compensation benefits, an employee's medical status must qualify and be compliant. Various legal time limits also apply to obtaining and continuation of benefits.