

Workers' Compensation Injury Packet

This Workers' Compensation Injury Packet is designed to simplify and streamline the information Managers and Employees must provide after an on-the-job injury. (This packet is also available on our website at www.barrowga.org)

If you are injured on the job please notify your supervisor immediately, complete the Workers' Compensation Injury Packet and report for a drug test at Project Adam within 8 hours of the injury.

This packet contains the following documents.

First Report of Injury

The employee will normally complete this document if physically able to do so. Please complete Section A of this form. This must be turned in to Human Resources in order to coordinate care.

Panel of Physicians

If non-emergency medical attention is needed the employee will need to circle the doctor/practice they wish to see and return this with the First Report of Injury to Human Resources in order to coordinate care. Human Resources employees are the only individuals authorized to schedule appointments therefore all appointments must be scheduled through Human Resources.

Attention Injured Worker Form

This form will need to be provided to the Treating Physician or Facility. This will provide them with relevant billing information.

Workers' Compensation Employee Responsibilities

This document provides the employee with responsibilities and expectations as it relates to their workers' compensation claim.

Accident Review and Recommendation Report

This document must be completed by the employee as well as by the supervisor. Please complete and return to Human Resources.

If you need emergency medical attention please go to the nearest hospital and notify your supervisor.

If you have questions or need assistance please contact Human Resources 770-307-3114.

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
NOTICE TO EMPLOYER**

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.
2. Complete Section A of this form immediately upon you knowledge of an injury and send the wc-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN PENALTY.** Do not send this form to the State Board of Workers' Compensation.
3. If you need additional help, call you insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER / SELF- INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-6 must be filed if weekly benefits are less that the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not received payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/ insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0682

In Atlanta: (404) 656-3818

<http://www.sbcw.georgia.gov>

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible. (See Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
<http://www.sbwc.georgia.gov>

Barrow County - 30 North Broad Street, Winder, GA 30680

Gateway Family Medicine (Established Patients Only) Stephen Orr, MD (<i>Family Medicine</i>)	340 Exchange Blvd, Bethlehem, GA 30620	770.307.0661
Manan Shah, MD (<i>Ophthalmology</i>)	14 Vision Street #100 Bethlehem, GA,30620 USA	770.868.0101
Athens Orthopedic Clinic (<i>Orthopedic Surgery</i>)	1765 Old West Broad Street #200, Athens, GA 30606	706.549.1663
Urgent Care Braselton (<i>Urgent Care</i>)	1515 River Pl #100, Braselton, GA 30517	770.848.6195
NGPG Orthopedic Surgery & Sports Medicine (<i>Orthopedic Surgery</i>)	1404 River Pl, Braselton, GA 30517	770.848.6190
Regional FirstCare (<i>Urgent Care</i>)	485 U.S. 29, Athens, GA 30601	706.353.6000

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business under the Workers' Compensation Law is:

ACCG
P.O. Box 922608, Norcross, GA 30010 - 877-421-6298

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT
<http://www.sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

Date: 3/1/16 - WC-P1 (7/2006)

Updated 3/15/2016

******Attention Injured Worker******

The information below must be provided to the Treating Physician or Facility.

DO NOT give them your personal insurance information

<u>Employer</u>		<u>Workers' Compensation</u>
Barrow County Board of Commissioners 30 North Broad Street Winder, GA. 30680 Phone: 770-307-3000 Fax: 770-307-3141		ACCG P.O. Box 922608 Norcross, GA 30010 1-877-421-6298
Kristi Carey 770-307-3114	Michelle Thrasher 770-307-3114 ext 5798	

Workers' Compensation Employee Responsibilities

If an employee sustains an injury on-the-job he/she must at the time of the injury notify his/her supervisor and complete a 1st Report of Injury. All employees must submit to a drug test within eight (8) hours of the injury.

Reporting Injury, Drug Test, and Exam

An employee who sustains an injury on-the-job must, at the time of the injury, notify his/her supervisor on the forms prepared and provided by the Human Resources Department. The employee must also submit to a drug test within eight (8) hours of the injury. The employee must, upon request, submit a physician's statement, from a physician who is listed on the worker's compensation approved panel of physicians, to the effect that the injury will prevent the employee from working. The County shall reserve the right to refuse payment of medical services for any employee examined by a physician not listed on the workers' compensation approved panel of physicians

If your injury requires you to be seen by one of the panel physicians you must contact the Human Resources Department to schedule your appointment. If your injury is after 5pm and you need to be seen by a physician or if it is during normal business hours (8am to 5pm) and is a life threatening injury PLEASE go directly to the nearest emergency room.

It is your responsibility to report your injury IMMEDIATELY to your supervisor.

It is your responsibility to submit to a drug test within eight (8) hours of the injury.

It is your responsibility to submit all documents to the Human Resources Department, your Director or Elected Official regarding all further follow up visits that you may need.

It is your responsibility to submit a written notice from the physician to the Human Resources Department, your Director or Elected Official if you have been placed on any type of restrictions, limitations or light duty for the duration of treatment.

It is your responsibility to submit a written release from the physician to the Human Resources Department, your Director or Elected Official once you are able to return to work fully with no limitations or restrictions.

If you are seen by at a Physician's Office, Clinic or Hospital, DO NOT give them your personal health insurance card. All Claims must be sent to ACCG.

If you receive an invoice/bill from provider YOU must bring it in to Human Resources to insure prompt payment.

We recognize that our employees are valued and we are committed to assist you in any way that we can with the Workers' Compensation process. Our objective is to see that you receive proper treatment during your work related injury and to help you recover as soon as possible.

ACCG has published a Workers' Compensation Q&A handbook and they are available in our office to help you with questions that you may have.

Thank you,
Barrow County Human Resources Department

Barrow County Accident Review and Recommendation Report

Department/Division		Location		
Exact location of accident:	On premises	Date of occurrence:	Time <input type="checkbox"/> Am <input type="checkbox"/> PM	Date Reported:
Name of injured:		Date of Birth:	Social Security #:	
Address			Phone:	
Part of body afflicted:				
Nature of injury:				
Object, Equipment, Substance or Task inflicting injury or illness:				

DESCRIPTION

<u>Describe clearly how the accident occurred:</u>				
Did injured see a Dr?	Date	Time	AM	PM
Doctor:				

Supervisor

Were Safety Rules Followed? YES <input type="checkbox"/> NO <input type="checkbox"/> Explain Below		Was the employee in the scope of their Job Duties? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Recommendation/Prevention:			
_____ Supervisors Name (Please Print)		_____ Supervisor's Signature (Please Print)	
_____ Employee Name (Please Print)		_____ Employee Signature (Please Print)	
_____ Date		_____ Date	

*This report is only to be used as an investigation into the accident that occurred. In no way are we investigating an Injury. This form is to be used as a safety investigation and prevention tool ONLY.