

INJURY FILING PROCEDURES FOR DEPARTMENT HEAD/SUPERVISORS

- ❖ It is vital to document any work related injury, **even if no time is lost**. If the injury becomes aggravated in the future this document will be critical to process the claim in a fast and efficient manner.
 - ❖ Re-injury will be treated the same way as initial injury and the same procedures should be followed.
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Step 1. When an injury occurs, employee is to notify the supervisor IMMEDIATELY.

- a. The Supervisor should notify HR within 24 hours
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Step 2. Fill out Incident Report packet THOROUGHLY. It contains:

- a. **Incident Report Form-** to be filled out by the employee, and also signed by the Supervisor.
 - b. **Medical Authorization-** to be signed by the employee in order to release medical info.
 - c. **First Fill Form-** present in the pharmacy to fill initial prescription at no cost for approved W/C
 - d. **Supervisor Investigation Report** - to be filled out by the Supervisor to evaluate the W/C claim
 - e. **Pay Options Form-** employee fills out how they prefer to be paid if out on W/C
- **If the injury is severe** the employee has to be seen by the Emergency Room right away. The employee will fill out the Incident report packet at a later time.
 - **If the injury is not severe**, the employee is required to fill out the Incident Report packet as soon as possible and hand it to the Supervisor in order for the claim to be reviewed.
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Step 3. Submit **original** forms (**2a, 2b, 2d, 2e**) to the HR Department WITHIN 24 HOURS of injury

- a. HR will enter the information in the Claims management system and generate a claim #
 - b. FutureComp will be in touch with the Employee regarding treatment, etc.
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Step 4. The employee should submit within 48 hrs a **Fitness for Duty Form** filled out by the medical provider that will state:

- c. Description and extent of injury
 - d. Form of treatment
 - e. Initial prognosis
 - f. Date of follow up appointment
- **Until all forms are completed and Fitness for Duty Certification is received the employee will not be placed on W/C leave. They will be paid sick time until injury is approved. Sick time will be reimbursed at that time.**

Step 5. If the injury results in **5 or more calendar days** of disability (this includes weekends):

- a. HR notifies FutureComp who files **First Report of Injury or Fatality (Form 101)**.
 - b. **We only have 7 days from the 5th date of disability to submit this form before incurring a fine.**
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Step 6. Weekly Updates

- a. Employee should make themselves available for any appointments in the course of treatment.
 - b. Employee should provide written documentation of treatment progress and appointments.
 - c. Employee is required to contact the Supervisor on weekly basis to discuss status and progress.
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Step 7. Fitness for Full Duty Certification

- a. Prior to returning to work the employee is required to provide signed documentation from their treating Physician qualifying them to return to work without restrictions.
 - b. The injured employee **will not** return to work until the document is received by the HR.
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Criteria for a Valid Worker's Compensation Claim

Employee must have been accidentally injured through no fault on his/her own during a period:

1. For which they were paid;
 2. When they were on call; *and*
 3. When they were engaged in activities consistent with and helpful to the accomplishments of the department functions.
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Our Third Party Administrator:

FutureComp

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