



LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

TITLE: Workers' Compensation Claims Reporting

NUMBER: REF-1279.2

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Office of the General Counsel

DATE: January 19, 2016

POLICY: The purpose of this Reference Guide is to provide guidance and procedures for reporting a work-related injury and/or illness.

MAJOR CHANGES: This Reference Guide replaces REF-1279.1, issued November 11, 2013 by the Office of the Chief Operating Officer. The content has been revised to reflect changes to procedures, new procedures and updated forms. The attachments have been renumbered.

Major changes include the implementation of Nurse Triage services and a new Medical Provider Network (MPN).

Nurse Triage Service for the workers' compensation program provides an injured employee with telephonic access to a registered nurse experienced in occupational injuries. The registered nurse will provide the injured employee with care recommendations for their injury. If a medical evaluation is recommended, the registered nurse will identify a medical provider and schedule the appointment for the injured employee. Nurse Triage services include follow-up contact with the injured employee, within 36 hours of the initial encounter. Use of Nurse Triage services is optional for the injured employee.

Beginning February 1, 2016, the District will have a new state approved Medical Provider Network of physicians experienced in occupational injuries.

GUIDELINES: All forms referenced in this guide are available on the Risk Management and Insurance Services, Integrated Disability Management (IDM) website at: <http://achieve.lausd.net/IDM>.

OVERVIEW

Workers' Compensation is a state-mandated benefit for employees with work-related injuries/illnesses. The Los Angeles Unified School District is self-insured for these benefits. Self-insurance means that the District, not an

ROUTING

All Employees
All Locations



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insurance company, pays the costs of the workers' compensation claims. The District has contracted with Sedgwick, a third party administrator (TPA), for management of workers' compensation claims.

Workers' compensation benefits include medical treatment, temporary disability benefits (wage replacement) if the employee is unable to work during recovery, and permanent disability benefits if the injury results in permanent impairment.

The California Education Code provides eligible employees up to 60 days of continued salary in lieu of temporary disability benefits. If an employee remains temporarily disabled after 60 days of salary continuation, then the employee will receive the temporary disability benefits, supplemented by their accrued illness/vacation pay.

Upon exhaustion of illness and vacation benefits, all subsequent temporary disability will be paid by Sedgwick at the applicable State temporary disability rate.

The District has a state-approved Medical Provider Network (MPN). This is a network of physicians that provide medical care for workers' compensation injuries/illnesses. In most cases, an injured employee must receive medical care from a physician within the MPN.

ADMINISTRATOR/DESIGNEE RESPONSIBILITIES

1. Report the claim to Sedgwick and assist the employee in obtaining medical care.

An injured employee's medical care and receipt of benefits is dependent on the timely reporting of the claim to Sedgwick. The claim should therefore be reported immediately if possible, but in no event later than two business days from the Administrator/Designee's date of knowledge.

Emergency medical situations: If emergency medical care is required, immediately call 911.

Non-emergency medical situations:

It is not necessary to report incidents requiring first aid only.

If the injury/illness results in lost time from work and/or medical treatment, the injury must be reported to Sedgwick. It is important that injuries/illnesses are reported promptly in order to comply with state requirements.



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- a) The *Workers' Compensation Injury Report Worksheet* (Attachment A) lists the information required when reporting a claim to Sedgwick. Completion of the worksheet prior to calling in the claim is not mandatory, but is recommended to ensure that the required information is available when the claim is reported.
- b) Call the Sedgwick National Intake Center at (800) 528-7392 (toll free). Your call will be answered by a live operator who will request the information on the *Injury Report Worksheet*. At the conclusion of the call, the Intake Operator will provide a claim number for the injury. The claim number should be recorded on the worksheet for future reference.
- c) Upon completion of the claim intake process, if the employee is available, the call center will transfer the call to the Nurse Triage line and ask that the employee be put on the call.
- d) The Nurse will review symptoms with the employee and provide the employee with recommendations regarding care.
- e) If a medical visit is recommended, the nurse will schedule an appointment for the employee with a medical facility within the District's MPN.
- f) The nurse will send the doctor the authorization to provide treatment and a temporary pharmacy card.
- g) If the employee is at a different location or is not available at the time the call is made, the employee can be provided with the phone number to call Nurse Triage at his/her convenience.
- h) If the employee declines Nurse Triage services, the Administrator/ Designee should make a referral for medical care to a provider in the MPN.
- i) An exception is allowable if the employee has pre-designated their personal physician to provide care prior to the injury (see section on pre-designation). In that case, the employee can go to their pre-designated physician rather than an MPN provider.
- j) The MPN Referral Panel is a partial list of first-care MPN providers within the District's geographical area. In order to expedite treatment, any medical provider from this list can be recommended to the injured employee.

The MPN Referral Panel is available at <http://achieve.lausd.net/IDM>.



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The full MPN list can be accessed as follows: Go to

www.sedgwickproviders.com/campn1

- Select **Address Search**
 - Select **Type of provider and/or specialist at the bottom of the screen**
 - Select **Find Providers**
- k) Print and sign the *Medical Authorization* form (Attachment B) and give the signed form to the employee. By signing this form, you are only authorizing the first visit. Subsequent medical care must be authorized by Sedgwick, the TPA.
- l) If the employee does not speak to the Nurse Triage service, print and sign the *Temporary Pharmacy Card* (Attachment C) and provide the card to the employee. The temporary pharmacy card, when presented to a participating pharmacy with a valid prescription, will allow the employee to receive the first fill of medication prescribed for a work-related injury/illness. Sedgwick will mail a pharmacy card for subsequent prescriptions to the employee.
2. **Provide the employee with the *Workers' Compensation Claim Form (State of California, DWC1)*.**

The State requires that the *Claim form* (Attachment D) is provided to the employee within 24 hours of notice of a work-related injury/illness.

- a) The employee must complete the top section of the form and return the form to the work location administrator/designee.
- b) The work location administrator/designee must:
 - i. Complete the lower section of the claim form
 - ii. Forward the original form to Sedgwick at:
P.O. Box 14623
Lexington, KY 40512-4623
Or via fax at: (626) 397-9250
- c) Provide a copy to the injured employee.
- d) Retain a copy of the form.

If the employee is not available when the notice of injury/illness is received, the claim form must be mailed to the employee's address on record within 24 hours; and, a copy must be kept in the employee's personnel file, with the date it was mailed. It is not required to send the claim form via certified mail, or to request a return receipt.



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3. Investigate the injury.

Investigate the injury as soon as possible and complete the Injury/Incident Investigation Report. The Injury/Incident Investigation Report is part of the ISTAR reporting system. See BUL-5269.2 for further information on the ISTAR system.

EMPLOYEE RESPONSIBILITIES

1. Immediately report all work-related injuries/illnesses to an Administrator/Designee.
2. Comply with all District absence policies, such as submitting Requests for Leave of Absence if absence extends beyond 20 days, and notifying the work location of absences.
3. Complete the *Salary Continuation Verification Form* (Attachment E), if applicable.
 - a) Temporary disability benefits are not paid for partial days off due to doctor's appointments. However, the District will pay this time as workers' compensation for up to 60 days, as provided in the Education Code, if the *Salary Continuation Verification Form* is received by Payroll Services. This form is available on the Integrated Disability Management (IDM) website under workers' compensation tab, and is also included in the initial packet of information sent to the injured employee by Sedgwick.
 - b) The *Salary Continuation Verification Form* must be signed by the employee and the physician or therapist, and sent to Sedgwick at P.O. Box 14623, Lexington, KY 40512. A Sedgwick claims adjuster will authorize the time off, if appropriate, by signing the form and forwarding it to the Payroll Department. A copy of the form must also be provided to the work location.

PRE-DESIGNATION

Prior to an injury, an employee may pre-designate their personal physician to provide treatment for industrial injuries. The employee will be allowed to receive medical treatment outside of the District's MPN if a completed Pre-designation form is on file prior to an injury.

The completed *Pre-designation of Physician Form* (Attachment F) should be maintained at the work location for reference at the time of injury. In the event of a work location transfer, the employee must provide a copy of the form to the new work location.



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TIME REPORTER RESPONSIBILITIES

Work-Related (industrial) injury/illness leave:

1. Report the entire day of injury as regular time.
2. When the employee is absent from work because of a work-related injury or illness, any time lost after the day the injury occurred should be reported as “FWC” for workers’ compensation if the absence has also been designated as FMLA. The “FWC” code should be used until the employee’s FMLA time is exhausted.
3. If the employee is not eligible for FMLA, or has exhausted their FMLA time, report time off as “WC”. The actual decision as to whether workers’ compensation time is paid is made by Sedgwick and communicated by Sedgwick directly to Payroll Services. If the time off is not authorized as temporary disability by Sedgwick, it will be charged against the employee’s illness time.
4. Report time off for depositions as regular time.
5. Report time off for court appearances as personal necessity.

STAY-AT-WORK/RETURN-TO-WORK

The Stay-at-Work/Return-to-Work program, housed in the Integrated Disability Management (IDM) Branch, is available to assist in identifying and providing modified or alternate duties or other accommodations, as necessary. The policies and procedures for the Stay-at-Work/Return-to-Work program are outlined in the Stay-at-Work/Return-to-Work Procedural manual available on the IDM website.

REASONABLE ACCOMMODATIONS

For information regarding employee accommodations, refer to BUL-4569.1, *Reasonable Accommodations for Individuals with Disabilities*, or contact the Disability Coordinator in the IDM Branch at (213) 241-7630.

ACT OF VIOLENCE

Members of certain bargaining units are entitled to an extension of full pay benefits beyond the 60 days allowed under the Education Code, if the work-related injury was the result of an Act of Violence. Refer to the appropriate bargaining agreement and BUL-5047.1, Act of Violence, for further information.



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FRAUD AND ABUSE

Suspected workers' compensation fraud and/or abuse should be reported to the LAUSD Office of Inspector General Fraud hotline at (213) 241-7778, or the Sedgwick Special Investigation Unit at (866) 247-2287 extension 79271 (toll free).

POSTING REQUIREMENTS

All schools and offices must comply with the state requirement to display the current version of the workers' compensation poster entitled "Notice to Employees-Injuries Caused by Work", California Department of Industrial Relations, Division of Workers' Compensation (DWC 7), revised as of January 2016. For more information regarding mandatory employment posters, refer to BUL- 4991.4, *Posting of Regulatory Notices Relating to State and Federal Laws*.

RELATED RESOURCES:

Act of Violence, BUL-5047.1, issued by the Office of the Chief Operating Officer and the Division of Risk Management and Insurance Services

Family and Medical Leave Act/California Family Rights Act Policy, BUL-1205.3, issued by the Office of the Chief Operating Officer and the Division of Risk Management and Insurance Services

Family and Medical Leave Act/California Family Rights Act – Supervisors' Reference Guide, REF-6022.0 issued by the Office of the Chief Operating Officer and the Division of Risk Management and Insurance Services

Incident System Tracking Accountability Report, BUL-5269.2, issued by the School Operations Division

Reasonable Accommodations for Individuals with Disabilities, BUL-4569.1, issued by the Office of the Chief Operating Officer and the Office of General Counsel

Posting of Regulatory Notices Relating to State and Federal Employment Laws, BUL-4991.4, issued by the Office of the Chief Operating Officer

Stay-at-Work Procedural Manual, issued by the Division of Risk Management and Insurance Services

Accident Investigation and Reporting, Safety Alert 04-14, issued by the Office of the Chief Operating Officer and the Office of Environmental Health and Safety



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Injury and Illness Prevention Program Requirements, BUL-3772.3, issued by the Office of Environmental Health and Safety

State of California, Department of Industrial Relations, Division of Workers' Compensation at: http://www.dir.ca.gov/dwc/dwc_home_page.htm

ASSISTANCE: Contact the Workers' Compensation Program at (213) 241-3138 or visit the IDM website at <http://achieve.lausd.net/IDM>. All bulletins, guides and forms can be found on the website.

ATTACHMENTS: Attachment A – Workers' Compensation Injury Report Worksheet
Attachment B – Medical Authorization Form
Attachment C – Temporary Pharmacy Card
Attachment D – Workers' Compensation Claim Form (DWC-1)
Attachment E – Salary Continuation Verification Form
Attachment F – Pre-designation of Physician Form

**Los Angeles Unified School District
Workers' Compensation Injury Report Worksheet
Call 1-800-LAUDWC (1-800-528-7392)**

Attachment A

Employee's Assigned Location	Location Code
Date of Incident	Time of Incident AM/PM
Time Employee began work AM/PM	
Date Incident Reported to District	Time Incident Reported to District AM/PM
Name and Title of person to whom incident was reported	Date an Employee Claim Form was provided to employee
Caller's Name/Title	Caller's Phone Number
State Unemployment Insurance Account Number 94-5052	

Claimant Information

Employee Name	Employee ID#	
Employee SS#	Employee Title	
Work Phone	Home Phone	Cell Phone
Home Address	Date of Birth	
	Date of Hire	
	Date of Termination (if applicable)	
Full-time	Part-time	Gender ____M ____F
Average number of hours work per day M ____ T ____ W ____ Th ____ F ____ Sa ____ Su ____	Wages: \$ ____ Monthly \$ ____ Weekly \$ ____ Hourly	
Supervisor's Name/Title	Supervisor's Phone Number/Email address	

Incident Information

Description of Incident	
Cause of Incident (lifting, slip and fall, etc.)	Primary Body Part Injured (lower back, left/right hand, etc.)
Equipment, materials and chemicals that the claimant was using when the incident or exposure occurred	Specify activity the claimant was performing when the incident or exposure occurred
Location where incident or exposure occurred (classroom, cafeteria, etc.)	Were other employees injured/ill in this event?
Safeguard/Safety equipment provided?	Safeguard/Safety equipment used?
Nature of Incident (strain, burn, fracture, etc.)	Was Medical Treatment Received Yes/No Did employee go to the Emergency Room Yes/No
Was Accident Investigation Completed? Yes/No	ISTAR Control Number (if available)
Name of Doctor	Name of Hospital/Clinic
Address of Hospital/Clinic	
Phone Number	
Incident Location (if different from employee's assigned location)	
Witness Name/Phone Number	Witness Name/Phone Number
Last date worked:	Paid for date of injury? Yes/No
Date returned to work:	Full Duty Yes/No Modified Duty Yes/No

Additional Information

Was there medical treatment beyond First Aid?
Did the employee lose consciousness?
Did a health care professional diagnose a significant injury or illness?
Did the injury or illness involve a needle stick from a contaminated needle?
Was the employee hospitalized overnight as an in-patient?



MEDICAL AUTHORIZATION FORM

This form shall be completed by the Administrator or designee for an injured employee who has not accessed Nurse Triage services for medical referral, but is requesting treatment for an industrial injury. The Administrator or designee shall use this form to make a referral to a physician or clinic within the District's Medical Provider Network (MPN). The form is to be completed and provided to the injured worker, and taken to the physician or clinic.

Injured Worker: _____

Work Location: _____

Date of Injury: _____ Date of Referral _____

Authorized MPN Provider: _____ Phone: _____

Address: _____

Site Administrator (Print): _____

Site Administrator (Signature): _____

Site Administrator Phone Number: _____

Physician/Clinic Instructions:

This form authorizes an initial visit by the injured employee (indicated above) to receive an evaluation and treatment by the physician or clinic identified above. **Please note: the Sedgwick office should be contacted at (866) 247-2287 for authorization of treatment following the initial visit.** If additional treatment is necessary, the injured employee may continue to receive care from this treating physician or clinic; or, the injured employee may select another physician within the Sedgwick MPN. Physicians and clinics must provide an evaluation and treatment, in accordance with the Sedgwick MPN guidelines and the Administrative Director, as noted in Labor Code 4600-4616.7.

Note to Physicians: The Los Angeles Unified School District requires that all work restrictions be outlined, as every effort will be made to provide a modified assignment.



P.O. Box 152539
Tampa, FL 33684-2539



Los Angeles Unified School District
Today's Learners, Tomorrow's Leaders

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Helios 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.

Employer:

Immediately upon receiving notice of injury, fill in the information below and give this form to the employee.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at 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, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 866.599.5426 or visit www.tmesys.com and click on "Pharmacy Locator."

Questions? Need Help?



866.599.5426

Sedgwick		Los Angeles Unified School District
CARRIER		EMPLOYER
INJURED WORKER NAME _____		
EMPLOYEE NUMBER _____		DATE OF INJURY (YYMMDD) _____
<p>Notice to Cardholder: This card should be presented to your pharmacy to receive medication for your work-related injury. It is only valid within 30 days of your date of injury. To locate a pharmacy: www.tmesys.com/pharmacy-locator</p>		

Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk 800.964.2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

LAUSD Issuer Name _____



(To create a card for your wallet, cut along outer line and fold in half.)



NOTE: This First Fill card is only valid for your workers' compensation injury or illness.





Retail Pharmacy Network*

Nearly 65,000 pharmacies, including all major chains and many neighborhood independent pharmacies

A&P Supermarkets	Edwards Pharmacy	Knight Drugs	QVL Pharmacy	USA Drug	Walmart
Accredo Health Group	Express Pharmacy	Kohl's Pharmacy	Rainbow Pharmacy	Village Pharmacy	Wegman Pharmacy
Acme Pharmacy	Fagen Pharmacy	Kopp Drug	Raley's Drug Center	Vons Pharmacy	Weis Pharmacy
Albertsons	Fairview Pharmacy	Kroger Pharmacy	Ralphs Pharmacy	VG's Pharmacy	White Drug
Anchor Pharmacy	Family Drug Store	Lewis Family Drug	Randalls	Waldbaum's Pharmacy	Winn-Dixie
Arrow Prescription Center	Family Fare Pharmacy	Lifechek Drug	Reasors Pharmacy	Walgreens	Yokes Pharmacy
Aurora Pharmacy	Family Pharmacy	Longs Drugs	Red Cross Pharmacy		
Baker's Pharmacy	Food City Pharmacy	Louis and Clark	Ridley's Pharmacy		
Bartell Drugs	Food Lion Pharmacy	Lowe's Marketplace	Rite Aid Pharmacy		
Bashas' United Drug	Food Town Pharmacy	Lucky Pharmacy	Ritzman Pharmacy		
Bel Air Pharmacy	Fred Meyer Pharmacy	Marc's Pharmacy	Rosauers Pharmacy		
Big Y Pharmacy	Fred's Pharmacy	Marsh Drugs	Safeway Pharmacy		
BI-LO	Fresh Market Pharmacy	Martin's Pharmacy	Sam's Club		
Bi-Mart	Fruth Pharmacy Fry's	May's Drug Store	Save Mart Pharmacy		
Bioscript Pharmacy	Pharmacy Gemmel	Med-Fast Pharmacy	Sav Mor Pharmacy		
BJ's Pharmacy	Pharmacy Gerbes	Medical Arts Pharmacy	Save-Rite Pharmacy		
Brookshire's Pharmacy	Pharmacy Giant Eagle	Medicap Pharmacy	Savon Pharmacy		
Buy-Rite Pharmacy	Pharmacy Glen's	Medicine Shoppe	Schnucks Pharmacy		
Caremark Pharmacy	Pharmacy	Med-X Drug Meijer	Scolaris Pharmacy		
Carle Rx Express	Good Day Pharmacy	Pharmacy Minyard	Shaw's Pharmacy		
Carrs	Gristedes Pharmacy	Pharmacy Navarro	Shaws/Osco Pharmacy		
City Market Pharmacy	H-E-B Pharmacy	Discount Pharmacies	Shop 'n Save Pharmacy Shopko		
Clinic Pharmacy	Haggen Food & Pharmacy	NeighborCare Pharmacy	Pharmacy Shoppers		
Coborn's/Cash Wise	Hannaford Happy	Nucara	Pharmacy ShopRite		
Community Pharmacy	Harry's Harmons	OmniCare	Pharmacy Smith's		
Concord Drugs	Pharmacy Harps	Oscos	Pharmacy Snyder		
ContinuCare	Pharmacy Harris	Owens Pharmacy	Drug Emporium		
Costco	Teeter	Park Nicollet Pharmacy	Star Pharmacy		
Cub Pharmacy	Hartig Drug Harvest	Pathmark Pharmacy	Sterling Drug		
CVS Pharmacy	Foods Harveys	Pavilions Pharmacy	Stop & Shop Pharmacy		
D&W Pharmacy	Supermarket Hen	Peoples	Super 1 Pharmacy		
Dahl's Pharmacy	House Pharmacy	Pharmaca Integrative Pharmacy	Super G		
Dierbergs	Henry Ford Medical Center Pharmacy	PharmaCare Pharmacy	Super Fresh Pharmacy		
Dillon Pharmacy	Hi-School Pharmacy	Pharmacy Express	Super Rx Pharmacy		
Discount Drug Mart	Homeland Pharmacy	Pharmacy Plus	Target		
Doc's Drugs	Hometown Pharmacy	Pick 'N Save Pharmacy	The Prescription Shoppe		
Drug Emporium	Hy-Vee Pharmacy	Piggly Wiggly	Thriftway Drugs		
Drug Mart	Ingles Pharmacy	Price Chopper Pharmacy	Thrifty White Drug		
Drug Warehouse	Kerr Drug	Price Cutter Pharmacy	Times Pharmacy		
Drugs 4 Less	King Kullen Pharmacy	Professional Pharmacy	Tom Thumb Pharmacy		
Duane Reade	King Soopers Pharmacy	Publix	Tops Pharmacy		
E. W. James Pharmacy	Kings Pharmacy	QFC Pharmacy	U-Save Pharmacy		
Eagle Pharmacy	Kinney Drugs	QuickChek Pharmacy	United Pharmacy		
Eastside Pharmacy	Klingensmith's				
Eaton Apothecary	Kmart Pharmacy				
Econofoods Pharmacy					

How to Locate a Pharmacy:

Visit a nearby Walgreens Pharmacy.

Call **866.599.5426** and a representative will assist with the location of a nearby participating pharmacy.

Visit the Pharmacy Center at **www.Tmesys.com/pharmacy-center**, click on Pharmacy Locator and select the search option of your choice.

How to Enroll in Mail Order:

Call **800.304.1764** and a representative will answer any questions you have or enroll you in the program.

Fax your prescription to **800.532.2151**. A representative will contact you directly to obtain all necessary information.

About Helios:

Helios brings the focus of workers' compensation and auto no-fault Pharmacy Benefit Management, Ancillary, and Settlement Solutions back to where it belongs—the injured person. This comes with a passion and intensity on delivering value beyond just the transactional savings for which we excel. To learn how our creative and innovative tools, expertise, and industry leadership can help your business shine, visit www.HeliosComp.com.

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877.275.7674 | **www.HeliosComp.com**





Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you pre-designated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you pre-designated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not pre-designate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to

switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at www.californiaspecialist.org.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance- SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above	Empleado—complete esta sección y note la notación arriba.
1. Name. <i>Nombre.</i> _____	Today's Date. <i>Fecha de Hoy.</i> _____
2. Home Address. <i>Dirección Residencial.</i> _____	
3. City. <i>Ciudad.</i> _____ State. <i>Estado.</i> _____ Zip. <i>Código Postal.</i> _____	
4. Date of Injury. <i>Fecha de la lesión (accidente).</i> _____ Time of Injury. <i>Hora en que ocurrió.</i> _____ a.m. _____ p.m.	
5. Address and description of where injury happened. <i>Dirección/lugar dónde ocurrió el accidente.</i> _____	
6. Describe injury and part of body affected. <i>Describe la lesión y parte del cuerpo afectada.</i> _____	
7. Social Security Number. <i>Número de Seguro Social del Empleado.</i> _____	
8. <input type="checkbox"/> Check if you agree to receive notices about your claim by email only. <input type="checkbox"/> <i>Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.</i> Employee's e-mail. _____ <i>Correo electrónico del empleado.</i> _____	
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. <i>Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.</i>	
9. Signature of employee. <i>Firma del empleado.</i> _____	
Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.	
10. Name of employer. <i>Nombre del empleador.</i> _____	
11. Address. <i>Dirección.</i> _____	
12. Date employer first knew of injury. <i>Fecha en que el empleador supo por primera vez de la lesión o accidente.</i> _____	
13. Date claim form was provided to employee. <i>Fecha en que se le entregó al empleado la petición.</i> _____	
14. Date employer received claim form. <i>Fecha en que el empleado devolvió la petición al empleador.</i> _____	
15. Name and address of insurance carrier or adjusting agency. <i>Nombre y dirección de la compañía de seguros o agencia administradora de seguros.</i> _____	
16. Insurance Policy Number. <i>El número de la póliza de Seguro.</i> _____	
17. Signature of employer representative. <i>Firma del representante del empleador.</i> _____	
18. Title. <i>Título.</i> _____	19. Telephone. <i>Teléfono.</i> _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

SALARY CONTINUATION VERIFICATION FORM

This form is required in order for continued salary (up to 60 working days) to be paid for time missed from work for medical appointments to treat an industrial injury. Efforts should be made to schedule medical appointments in a manner as to avoid as much as possible, disruption to the District's operation.

When medical appointments do occur during work hours, this form should be taken by the injured employee to the medical appointment in order to obtain the physician or therapist's signature. The signed form needs to be forwarded to Sedgwick by fax to (626) 397-9250 or by mail to P.O. Box 14623, Lexington, KY 40512 and a copy provided to the work site. Only if Payroll receives this completed form showing authorization by Sedgwick will adjustment from illness time to continued salary be made.

EMPLOYEE INFORMATION (Please print)

Employee's Name	Employee No.
Date of Injury	Claim number
Name of School or Office	Cost Center (Location code)

ADDITIONAL ABSENCES:

Date of Absence	Doctor/Therapist	Appointment Time	Total Hours

CERTIFICATION

Under penalty of perjury the undersigned hereby acknowledges the statements made are true and factual.

Signature of injured employee _____ Date _____

Signature of physician or therapist _____ Date _____

The periods of absence shown above are hereby certified to be occasioned by authorized appointments related to an accepted, active workers' compensation claim.

Signature of Claims Adjuster _____ Date _____

NOTICE: Making a false or fraudulent workers' compensation claim is a felony subject to a maximum of 5 years in prison or a fine of up to \$50,000 or double the value of the fraud, whichever is greater, or by both imprisonment and fine.



Los Angeles Unified School District Workers' Compensation Program Pre-designation of Physician Form

In the event of a work related injury or illness, I request to be treated by my personal physician. I understand this designation may only be made **before** the date of injury. I understand that I must have group health coverage for non-industrial injuries or illnesses in order to pre-designate.

The physician I selected meets the following criteria:

- Is my personal medical doctor (M.D.), doctor of osteopathic medicine (DO) or medical group.
- Is my regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed my medical treatment, and retains my medical records.
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operate an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries
- Agrees before the injury to be designated as my physician in the event an industrial injury occurs.

If my personal physician is not qualified to treat the injury or declines to provide treatment, my employer will direct my treatment to an appropriate physician.

Employee Name: _____ **Employee Number:** _____

Name of Insurance Company, Plan, or Fund providing health coverage for non-occupational injuries or illnesses: _____

Pre-designated Physician's Name: _____ Telephone No _____

Address: _____

Employee Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

Physician: I agree to this pre-designation:

Signature: _____ Date: _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3)

This form must be maintained at the work location in the employee's personnel file.