

WORKERS' COMPENSATION REFERENCE GUIDE

CLAIMS: Employers' First Report of Injury- Form 19: Who was involved, what happened, where accident occurred, when accident happened, and other pertinent information to:

NCLM-RMS
Post Office Box 1310
Raleigh, NC 27602

Toll Free: 1-888-561-1083
Direct Line: (919) 715-2403
FAX: (919) 715-8465
Email: claimsadmin@nclm.org

CLAIMS ADMINSTRATIVE STAFF- to report claims

| | Phone | Fax | E-mail |
|---|----------------|----------------|--------------------|
| Mary Correia- Claims Administrative Supervisor | (919) 715-2301 | (919) 301-1102 | mcorreia@nclm.org |
| Helen Richardson – Claims Assistant II | (919) 715-4319 | (919) 301-1090 | hrichards@nclm.org |
| Ashley Knotts- Claims Assistant I | (919) 733-3105 | (919) 301-1003 | aknotts@nclm.org |
| Josh Lunsford- Claims Assistant III | (919) 715-2403 | (919) 301-1028 | jlunsford@nclm.org |
| Kathy Battle- Claims Assistant I | (919) 715-2234 | (919) 301-1095 | kbattle@nclm.org |

CLAIMS STAFF- Call with any question involving Workers' Compensation

| | | | |
|--|----------------|----------------|--------------------|
| Cyndi Smith- Lost Time Claims Manager | (919) 715-8997 | (919) 301-1106 | csmith@nclm.org |
| Annette Charping- Medical Only Claims Manager | (919) 715-0407 | (919) 301-1009 | acharpin@nclm.org |
| Amy Neisen- Senior Claims Adjuster | (919) 715-8965 | (919) 301-1052 | aneisen@nclm.org |
| Sharon Tart- Lost Time Claims Adjuster | (919) 715-2717 | (919) 301-1033 | start@nclm.org |
| Jane Hardy- Lost Time Claims Adjuster | (919) 733-2634 | (919) 301-1002 | jhardy@nclm.org |
| Ruth Thompson- Lost Time Claims Adjuster | (919) 715-2557 | (919) 301-1030 | rthomps@nclm.org |
| Brittany Hunter- Medical Only Claims Adjuster | (919) 715/3947 | (919) 301-1024 | bhunter@nclm.org |
| Karen Cardwell- Medical Only Claims Adjuster | (919) 715-2907 | (919) 301-1041 | kcardwell@nclm.org |
| Lynn Culbreth- Medical Only Claims Adjuster | (919) 715-8730 | (919) 301-1083 | Lculbreth@nclm.org |

WORKERS' COMPENSATION CLAIMS REPORTING

A. Your Obligation as an Employer:

All work-related injuries requiring medical attention (other than first aid at the work place) must be reported by you to the League within 5 days of your notice of the incident. A copy of the completed North Carolina Industrial Commission (NCIC) Form 19 must be given to your Employee along with a blank NCIC Form 18.

B. Your Employee's Obligation:

To obtain benefits, an employee must give you, the employer, oral or written notice of the accident within 30 days or in instances of occupational disease within 30 days of being advised by competent medical authority that the employee has an occupational disease, unless reasonable excuse is given for not giving notice and no prejudice results to the Employer. The Employee may lose the right to claim compensation unless a claim is filed with NCIC within two (2) years after the accident. If the Employer fails to file a claim, the Employee should file a NCIC Form 18 or 18B.

C. Immediately When a Claim Occurs:

- 1) Direct Medical Treatment: G.S. 97-25 gives you, the Employer, the right to direct medical treatment. If you fail to exercise this right, the Employee can choose the physician of his choice who will then be considered the authorized treating physician for the claim. By choosing a designated treating facility/physician, this enables you to maintain control of the claim right away. The treating facility/physician will know in advance what options you may have for the Employee, i.e. light duty, referrals, etc.
- 2) Get claims information to the League either by calling the claim in (1-888-561-1083), faxing (919-715-8465), or for minor claims, through the mail. If you have information that would be helpful in the investigation of the claim, this needs to be given, as well; i.e., supervisor's report, accident investigation report, police reports, etc.

In severe cases, please do not hesitate to call immediately; give us as much information as possible. Do not feel that you have to wait to complete the form 19.

- 3) Once the League has notice of the claim, we will determine whether the claim will be medical only or lost time.
 - i. Medical Only claims are considered to be claims where the injured Employee will receive only medical treatment and/or misses less than 7 days from work. The Medical Only Adjuster will review these claims for compensability: a statement will be obtained from the Employee on some claims to assist in making a determination.
 - ii. Lost Time claims are considered to be claims where the injured Employee has or will lose more than 7 days from work. The Adjuster will contact the Employee, Employer and obtain records from the treating physician to verify disability. If the claim is deemed compensable, the Adjuster will begin paying benefits. If the claim is denied, a NCIC Form 61 will be completed and mailed to the Employee, Employer, NCIC and all known treating physicians/facilities.

D. Return to Work Policy

The best practice is to establish temporary duty assignment. When an employee is released to light or restricted duty, the Employer can facilitate the employee's rapid return to duty by offering working that is available which accommodates medical limitations imposed during their recovery.

This aides in the employee's rehabilitative recovery process and reduces claims cost.

Use the Temporary Duty Assignment form so the Employee will fully understand this is a temporary job assignment.

If the Employee refuses the light duty job approved by the authorized physician, the Employee may jeopardize his right to further benefits

FYI: Keep in touch with the injured Employee. Call them just to see how they are doing, even send cards. Please notify us if anything unusual is going on.

E. Best Practices Checklist

Training

- Supervisors learn how to conduct accident investigation
- All employees should know where to seek when injured on the job

- Supervisors should be able to direct medical treatment appropriately
- Supervisors learn the importance of filing claims forms timely
- New Employees receive training when hired
- First Aid or Incident Only claim should be documented-if treatment sought at a later date then complete a claim form

Investigation

- Complete an Employers' First Report of Injury Form 19 immediately upon notice of injury
- Identify the cause of the injury and write a report
- Report claims immediately to NCLM
1-888-561-1083 to report via phone
(919) 715-8465 to fax completed Form 19
- Give injured worker a copy of the F19 & a blank F18 as require by Rule 104dl

Medical:

- Select a clinic that will treat your injured workers promptly & respectfully
A clinic that is mindful of your return to work program
Always addresses work restrictions
- Use NCLM Medical Authorization & Attending Physicians form
- Do not authorize diagnostic studies or treatment; we will do that for you
- For prescriptions refer to Cypress Care 1-800-419-7191

Return to Work

- Establish a return to work policy-any job or combination of jobs within your organization that meet the restrictions
- Complete Temporary Duty Assignment sheet

Litigation avoidance

- Explain workers' compensation to the injured worker upon initial reporting; attached NCIC Bulletin
- Be responsive to the injured worker's needs
- Keep lines of communication open
- Let us about know about employment issues that may affect workers' comp as soon as possible

TEMPORARY DUTY ASSIGNMENT

EMPLOYER: _____

EMPLOYEE: _____

Temporary Duty Assignments: _____

The Employer has made temporary light duty work available to facilitate the employee's rapid return to duty by offering available and meaningful work which accommodates any medical limitations imposed during his/her recovery period & aides in the employee's recovery process.

The Employee understands that these assignments are temporary, and will only last until the employee reaches maximum medical improvement. The employee understands that he/she has a duty to report any change in condition immediately to his/her supervisor. Specifically, the employee must report within one (1) day any decision by his/her physician that he/she has reached maximum medical improvement.

The temporary assignment in no way affects his/her employment & does not create an agreement of employment for a specified term.

SIGNED: _____ Date: _____
(Employee)

WITNESS: _____ Date: _____

If applicable:
PHYSICIAN: _____ Date: _____

nclm ♦ ***NORTH CAROLINA LEAGUE OF MUNICIPALITIES***

RISK MANAGEMENT SERVICES
www.nclm.org

Workers' Compensation
Post Office Box 1310
Raleigh, NC 27602-1310

Direct Dial: (919)715-2403
Toll Free: (888) 561-1083
Fax: (919) 715-8465

AUTHORIZATION TO OBTAIN MEDICAL INFORMATION

I, the undersigned, authorize any physician, physician's assistant or nurse who has attended me, or any hospital at which I have been confined, to furnish to any authorized representative of the NC League of Municipalities and/or my employer, any and all information which may be requested regarding my condition and/or treatment, and to allow them to examine and copy any radiographic pictures and/or diagnostic studies taken of me, or records regarding my condition or treatment. I specifically authorize said physicians, nurses and hospitals to communicate said information by any reasonable means, including written or telephonic communication or by direct interview, whether or not I am present during or notified of such communications, and I hereby authorize the NC League of Municipalities to initiate and conduct such communications whether or not I am present or have notice thereof.

A Photostat or faxed copy of this waiver is to be given the same force and effect as the original.

SIGNATURE: _____ DATE: _____

PRINTED NAME HERE: _____

ADDRESS: _____

WITNESSED BY: _____ DATE: _____