



WORKERS' COMPENSATION PACKET

***PLEASE ATTACH MEMO TO THE FRONT OF ALL WORKERS'
COMPENSATION CLAIM FORMS*
BEFORE THE COMPLETED CLAIM FORM IS GIVEN TO THE EMPLOYEE**

**TO ALL EMPLOYEES FILING A WORKERS' COMPENSATION
CLAIM**

Dear Employee,

We are sorry that you have experienced an injury on your job. We are here to assist you through the Workers' Compensation process. This packet contains all the forms and information required to initiate your Workers' Compensation claim.

If you have any questions regarding these forms or the Workers' Compensation Process, please call Angie Elliott, Workers' Compensation Administrator at 828-255-5897.

Employee's Copy

REV. 7-1-2020

WHAT HAPPENS WHEN YOU GET HURT AT WORK?



Please take a few moments to read through the following information regarding the procedure for filing a Workers' Compensation claim. It is very important that you understand your responsibilities and some of the guidelines. They are as follows:

- 1. LIFE THREATENING INJURIES SHOULD GO IMMEDIATELY TO THE NEAREST HOSPITAL EMERGENCY ROOM!**
- 2. YOU** must complete the Employee's Statement of Injury, Use of Leave & Election Forms. (3 forms)
- 3. YOUR SUPERVISOR** must sign the Employee's Statement of Injury/Incident. Any information not provided may result in a delay in filing the claim.
- Describe in as much detail as possible in the space provided how the injury occurred and the injuries sustained. You must list all body parts affected by the injury. (Right arm, left knee, right lower back, etc.)
- If your injury involves possible exposure to blood borne pathogens, complete the "Exposure Incident Report." Send to Angie Elliott, Workers' Compensation Administrator.
- If your injury requires medical attention, it is important that you go to **any Mercy Urgent Care or Pardee Urgent Care only**. Make sure to tell them that this is a Workers' Comp. related injury so they can invoice the correct party. A list of locations and addresses is in this packet.
- You cannot seek medical treatment for a workers' compensation related work injury from your personal physician or chiropractor! Your claim could be instantly denied.**
- Sometimes the Urgent Care physician makes a recommendation for a specialist, if needed. This request must first be approved by the insurance adjuster. Upon approval, the specialist will contact you for an appointment. **Do not contact the specialist's office directly to schedule an appointment.**
- It is **YOUR** responsibility to forward any medical notes related to your Workers' Compensation injury to your supervisor who will in turn forward a copy to Angie Elliott, Workers' Compensation Administrator.
- Should your injury be severe enough to require you to miss work, a doctor's note is required. This must be turned into your supervisor. Angie Elliott, WCA will be in contact with you.
- Workers' Compensation pays sixty-six and two thirds of your salary while you are out with a doctor's note due to a work-related injury. There is a seven (calendar) day waiting period that must be served before Workers' Compensation benefits for lost time begins. During the seven-day waiting period, you may choose to use accrued leave. A leave of absence form (L-1) will also need to be completed if your work injury will keep you out of work 7 days or longer.
- Since Workers' Compensation benefits only cover sixty-six and two thirds of your salary, in accordance with policy, you may supplement your benefits with accrued leave for the remaining 33 1/3 daily rate of pay. Should you wish to supplement your leave, you will need to notify Angie Elliott in writing of your request before the seventh day of absence resulting from the injury to avoid delay in receiving payment.
- Please be advised that you **CANNOT** receive a full paycheck from the school system and sixty-six and two thirds of your salary from the Workers' Compensation insurance carrier. Should this happen, you will be placing yourself in an overpayment situation and you will be responsible for reimbursing the school system.
- NC Retirement Credit will **NOT** be earned while out of work on a workers' compensation injury leave of absence.
- You must return for any follow-up visits that are scheduled.

Should you have any more questions regarding your Workers' Compensation injury, please contact Angie Elliott, Workers' Compensation Administrator at 828-255-5897.

**BUNCOMBE COUNTY SCHOOLS
WORKERS' COMPENSATION
EMPLOYEE STATEMENT OF INJURY OR INCIDENT**

SCAN TO: amy.mcelreath@bcsemail.org **OR**

FAX: 828-232-4159

The injured employee is responsible for answering all questions on the Employee's Statement accurately and in detail. This will make the processing of the claim both accurate and timely. This report should be scanned or faxed to Amy McElreath in Human Resources within 24 hours of the work-related injury.

PERSONAL INFORMATION

Name _____ Phone _____
Address _____
City, State _____
Social Security # (Last 4 digits) _____ Birth Date ____/____/____

EMPLOYMENT INFORMATION

Job Title _____
Hours Worked Per Day _____ Time Workday Begins _____
School/Location _____

INJURY INFORMATION (ALL FIELDS REQUIRED)

Date of Injury _____ Time of Injury _____
Where did the injury occur? (hallway, cafeteria, classroom, etc.) _____
What were you doing when injured? _____
How did the injury occur? _____

Describe the injury in detail. Indicate the part of the body affected (left, right side, fingers, toes, etc.)
Use a separate sheet of paper if needed.

Have you ever had an injury like this before? If yes, please explain _____

Did someone (other than a student) witness this injury? If so, by whom? _____

CONTACT INFORMATION

Employee's Printed Name _____
Employee's Signature _____
Date _____

BUNCOMBE COUNTY SCHOOLS
USE OF LEAVE FORM FOR WORKERS' COMPENSATION

IF MEDICAL TREATMENT IS NECESSARY, YOU MUST SEEK TREATMENT AT ANY "MERCY URGENT CARE" OR "PARDEE URGENT CARE" ONLY. A LIST OF LOCATIONS IS PROVIDED IN THIS PACKET.

****ALL REFERRALS MUST BE APPROVED THROUGH THE WORKERS' COMPENSATION INSURANCE COMPANY. YOU MAY NOT SEEK MEDICAL ATTENTION WITH YOUR PERSONAL MEDICAL PROVIDER FOR A WORK-RELATED INJURY.**

Waiting Period—No compensation shall be paid for the first seven days of disability unless the disability continues for more than 21 days. (accrued leave may be used for the first seven days) (NC Industrial Commission rule)

USE OF LEAVE—If you lost time from work, you may choose one of the following:

- o Elect to take sick leave during the required waiting period and then go on Workers' Compensation leave and begin drawing Workers' Compensation weekly benefits (NC Industrial Commission rule)
 - a. In most cases, this is "sick leave". If you do not have accrued sick leave, you can use "personal leave"(if eligible) or "annual leave" (if approved by the supervisor or principal)
- o Elect to go on Workers' Compensation leave with no pay for the required waiting period and then begin drawing Workers' Compensation weekly benefits. (NC Industrial Commission rule)

Workers' Compensation Rate—Sixty-six and two-thirds (66 2/3) of your average weekly wage during the 52 weeks prior to the date of the injury not to exceed the maximum established by the NC Industrial Commission.

Prescription Drugs—All prescription drugs are to be filled with the proper authorization form—See your school/dept. secretary for this form. (If form was not provided, you may send a copy of your receipt for the purchase of your prescription to Angie Elliott—BCS HR Dept.

I have read the above outlined information and understand the rules set out to be followed in the handling of my claim.
 Signature of Employee _____ Date: _____

Witness of Employee's Signature (Site Representative) _____ **Date** _____
Signature of Principal/Director/Supervisor _____ **Date** _____
Signature of Workers' Compensation Administrator _____ **Date** _____

BUNCOMBE COUNTY SCHOOLS
WORKERS' COMPENSATION OPTION ELECTION FORM

The use of leave options available in conjunction with the lost time from work as a result of an on-the-job injury are listed below. I understand these options are available to me only if the agency determines the claim to be compensable and accepts liability. I understand that once I elect an option, it shall be irrevocable as to each individual incident. After careful consideration I elect the option marked below. If you are not earning accrued leave at the time of your workplace accident, you do not need to fill out this form.

PLEASE CHECK BELOW EVEN IF YOU DO NOT PLAN ON MISSING TIME FROM WORK

Workers' Compensation regulations mandate a seven-calendar day "waiting period" before any benefits for lost wages can be paid. The seven days do not have to be continuous but do have to be verified by a doctor's note. You can choose to use your accrued leave during the waiting period. You must check option 1 or 2 below.

_____ Option 1—I elect to take accrued sick leave or annual leave during the required seven-day waiting period and then go on workers' compensation leave and begin drawing workers' compensation weekly benefits.

_____ Option 2—I elect to go on workers' compensation leave immediately with no pay for the required seven-day waiting period and then begin drawing workers' compensation weekly benefits.

Note: In either option above if the injury results in disability of more than 21 days, the workers' compensation weekly benefits (66 2/3 % of salary) shall be allowed from the date of disability. If you have been paid during the waiting period, you could owe Buncombe County Schools the total issued for your accrued leave.

All follow-up doctor and physical therapy appointments need to be made before and after normal work hours when possible.

I HAVE READ THIS FORM AND UNDERSTAND THE CHOICES MADE AVAILABLE TO ME. I UNDERSTAND THAT MY CHOICES CANNOT BE CHANGED AT A LATER DATE.

Employee's Signature & ID # Date

Note: Buncombe County Schools' Third-Party Administrator must approve the workers' compensation claim and the treating physician must write you out of work in order to receive workers' compensation benefits.

>> To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed up the processing of your approved workers' compensation prescriptions.

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

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

> To the Pharmacist:

myMatrixx administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 15-day supply or a cost of \$150. This form is valid for up to 30 days from date of injury (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 WC
- 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

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 #: W9BA

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



Participating Retail Network Pharmacies

myMatrixx

A & P	Drug Emporium	Longs Drug Store	Sav-On
Acme Pharmacy	Drug Fair	Major Value	Save Mart
Albertson's	Drug Town	Marsh Drugs	Schnucks
Albertson's/Acme	Drug World	Medic Discount	Scolari's
Albertson's/Osco	Eckerd	Medicap	Sedano
Albertson's/Sav-On	Econofoods	Medistat	Shaw's
Amerisource Bergen	EPIC Pharmacy	Meijer	Shop 'N Save
Anchor Pharmacies	Network	Minyard	Shopko
Arrow	FamilyMeds	NCS HealthCare	ShopRite
Aurora	Farm Fresh	Neighborcare	Snyder
Bartell Drugs	Farmer Jack	Network	Stop & Shop
Bigg's	Food City	Pharmaceuticals	Sun Mart
BI-Lo	Food Lion	Northeast Pharmacy	Super Fresh
BI-Mart	Fred's	Services	Super Rx
BJ's Wholesale Club	Gemmel	Osco	Target/CVS
Brooks	Giant	P & C Food Markets	Texas Oncology Svcs
Brookshire Brothers	Giant Eagle	Pamida	The Pharm
Brookshire Grocery	Giant Foods	Park Nicollet	Thrifty White
Bruno	Hannaford	Pathmark	Times
Carrs	Harris Teeter	Pavillons	Tom Thumb
Cash Wise	H-E-B	Price Chopper	Tops
Coborn's	Hi-School Pharmacy	Publix	Ukrop's
Costco	Hy-Vee	Quality Markets	United Drugs
Cub	Jewel/Osco	Raley's	United Supermarkets
CVS	Kash n Karry	Randalls	Vons
D&W	Keltsch	Rite Aid	Waldbaums
Dahl's	Kerr	Rosauers	Walgreens
Dierbergs	Kmart	Rx Express	Walmart
Discount Drugmart	Knight Drugs	RXD	Wegmans
Doc's Drugs	Kroger	Safeway	Weis
Dominicks	LeaderNet (PSAO)	Sam's Club	Winn Dixie

State Insurance: Sedgwick



NC DPI Medical Card

Your Benefits: This document shall act as your identification card for your workers' compensation insurance coverage. Present this card upon arrival to any medical provider that is treating you for your work related illness or injury. If your claim is accepted your medical expenses related to your injury may be paid. This card does not certify compensability or guarantee payment.



Your Responsibility: Communicate your work status to your manager following any/all medical visits.

Pharmacy Information	Medical Provider Information
<p>The pharmacy benefit card is ONLY to be used for medications prescribed for your work related injury</p> <p>Employee Name: PUBLIC SCHOOLS OF NORTH CAROLINA State Board of Education / State Board of Public Instruction</p> <p>Group#: 10602859</p> <p>Member ID (BSN):</p> <p>Date of Injury:</p> <p>Processor: myMatrixx</p> <p>Bin#: 014211</p> <p>Day supply is limited to 30 days for a NW injury myMatrixx Help Desk (877) 804-4900</p>	<p>Name:</p> <p>Location:</p> <p>Claim Number (if known):</p> <p>Date of Injury:</p> <p>Phone: 855-663-1567</p> <p>Fax: 855-325-2006</p> <p>Mailing Address: PO Box 14774 Lexington, KY 40512-4774</p> <p>* Modified Duty may be available. Contact your Employer for details. *</p> <p>Report all changes to your work status to Sedgwick immediately.</p> <p>If you have personally paid a bill please forward to your Sedgwick Claims Examiner.</p> <p>Provide any/all paperwork received from your medical visits to your manager AND Sedgwick.</p>
<p>Specialty Services</p> <p>For all Sedgwick Specialty Services Contact Provider Connection: 1-87-BEDGWICK (1-877-334-8426)</p> <ul style="list-style-type: none">• Physical Therapy• Diagnostics	
<p>Medical Network</p> <p>Providers in the medical network can be found at www.sedgwickproviders.com.</p> <p><small>Sedgwick does not make any representations or warranties, express or implied, as to the accuracy of the information provided. Any designations included herein are intended only as a guide for choosing a provider. Although Sedgwick obtains information from sources it believes to be reliable, the risk of omission or inadvertent error remains.</small></p>	
<p>Important Information for Providers</p> <ul style="list-style-type: none">• Please ensure that the Claim Number is forwarded with all documentation and medical bills.• Please mail medical bills to the Claims Examiner's mailing address: PO Box 14774, Lexington, KY 40512-4774• If you have any questions related to claimant care, please contact Sedgwick Examiner at 855-663-1507.• For bill payment statuses go to providerselfservices.sedgwickcms.net. <p>Any/All Prescriptions should be obtained utilizing the pharmacy information on this card at any approved pharmacy.</p>	

BUNCOMBE COUNTY SCHOOLS
Workers' Compensation Medical Treatment
EFFECTIVE: Immediately

If you are Injured at work, you must report the incident to your supervisor.

BUNCOMBE COUNTY SCHOOLS has designated the following medical clinic(s) to treat all workplace related Injuries/Illnesses.

If you need medical treatment due to a work-related injury or illness, please seek treatment at one of the following locations:

MERCY URGENT CARE LOCATIONS:

URGENT CARE- SOUTH
1833 Hendersonville Rd.
Asheville NC 28803

URGENT CARE-North
61-B Weaver Blvd.
Weaverville NC 28787

URGENT CARE- WEST
1201 Patton Ave.
Asheville NC 28806

URGENT CARE- BREVARD
22 Trust Lane
Brevard NC 28712

URGENT CARE-EAST
1272 Tunnel Road
Asheville NC 28805

PARDEE URGENT CARE LOCATIONS:

PARDEE URGENT CARE-FOUR SEASONS
212 Thompson St., Suite A
Hendersonville, NC 28792

PARDEE URGENT CARE
2695 Hendersonville Road
Fletcher, NC 28704

EMERGENCY CARE: For a SERIOUS INJURY OR ILLNESS (or treatment that should not wait until clinic hours the next day) seek immediate treatment at the nearest emergency facility.

****Please note: If you choose to be treated by another medical facility and/or physician, you may not qualify for any workers' compensation insurance benefits and you may be responsible for all medical costs related to this incident. This is in accordance with your state's Workers' Compensation statute.**

If you have any questions regarding this procedure, please call Angie Elliott at 828-255-5897.