

Employee Information and Accident/Injury Procedures

The Independence School District provides Workers' Compensation statutory coverage for all employees of the District for injuries occurring out of and in the course of the employee's employment with the District.

For any claim to be processed, the employee must comply with the following requirements:

1. Report to the school nurse's office at the injury site for an initial medical evaluation, first aid treatment and referral for treatment with the completion of the **Workers' Compensation Treatment Authorization** form. Outside of the nurse hours or if employed in an area without nursing staff, the supervisor will complete the referral. Building administrator's may also complete the **Workers' Compensation Treatment Authorization** and sign the **Employee Accident/Injury Report**.
2. Work related injuries must be reported immediately to your supervisor or as soon as possible but in no more than 24 hours.
3. An **Employee Accident/Injury Report** form must be completed and signed by the employee and the school nurse or supervisor at the time the incident is reported even if no medical treatment is needed. This will be completed in the school nurse office during initial evaluation. If a nurse is not available, the supervisor or building administrator will assist.
4. All work related injuries must be treated by **ISD Employee Health Clinic** and be referred by the school nurse or supervisor. The Employee must be given a signed copy of the completed **Employee Accident/Injury Report** form as well as a signed copy of the **Workers' Compensation Treatment Authorization** form. The Employee must present both forms for treatment at the Clinic. The Clinic can triage, treat or refer most care levels of injuries. The ISD Employee Health Clinic location and hours are as follows:

ISD Employee Health Clinic	Clinic Hours:	
1516 W. Maple Ave.	Monday-Friday,	7:00 am – 12:00 Noon
Independence, MO 64050		1:00 pm – 6:00 pm
Telephone (866) 959-9355	Saturday,	8:00 am – Noon

Alternative treatment for the injured employee may be by referral only from the ISD Employee Health Clinic, ISD Nursing Staff, after hours Supervisors or the ISD Work Comp Office. Such referrals will be due to medical necessity or for treatment outside of the hours of operation for the ISD Employee Health Clinic. These alternatives are:

U. S. Healthworks, Inc.	Hours:	
19000 E. Eastland Center Ct.	Monday-Friday,	8:00 am – 5:00 pm
Independence, MO 64055		
Telephone (816) 478-9299		
Urgent Care of Kansas City	Hours:	
4741 S. Arrowhead Drive, Suite B	Monday-Friday,	8:30 am – 9:00 pm
Independence, MO 64055	Saturday,	8:30 am – 6:00 pm
Telephone (816) 795-6000	Sunday,	8:30 am – 5:30 pm
	Holidays	8:30 am – 3:30 pm

If an injury is a **true emergency**, you can be treated at the **Truman Medical Center Lakewood or Centerpoint Medical Center**. Limit all visits to the Emergency Room to injuries that cannot possibly wait until the next day.

5. Following each treatment, the doctor's release to work, restrictions or emergency room After Care Instructions must be submitted immediately to your supervisor and to the ISD Work Comp Office.
6. Treatment appointments and leave information:
 - a. Treatment time within work hours on the day of injury only are paid as work hours.
 - b. All appointments (including follow-ups) for Work Comp after day of injury are treated the same as personal doctor appointments for purposes of leave. For that reason, it is best to get immediate evaluation and to make all other appointments before or after work hours as much as possible.

Your failure to follow these requirements may invalidate any present or future compensation claims that arise as a result of an injury. Eligibility for medical expense and/or disability income reimbursement has strict guidelines and it is important for you that you do not jeopardize your claim.

Policy coverage provisions include a stipulated death benefit, blanket medical expense coverage, and weekly disability income reimbursement should the employee be unable to work upon doctor's orders. There is a waiting period of three (3) work days before work comp weekly disability income reimbursement begins. There is a statutory provision for lump sum payment for injuries that result in permanent or partial disabilities that might occur to employees.

The District will provide Modified Duty when possible and if prescribed by the physician. Modified Duty allows the employee to receive full wages while recovering rather than reduced Workers' Compensation disability reimbursements.

Employee Accident/Injury Report/Internal Form

OFFICE USE ONLY	
	ID#
	Dept. #
	Months
	Calendar
	Building #

*Check when employee has been given a copy of the **Employee Work Comp Information Sheet**.*

Outside medical attention: Immediately fax this completed form to (816) 521-5677 and call the ISD Employee Work Comp Office at (816) 521-5424. Send this form and the Treatment Authorization form with the Employee to ISD Employee Health Clinic (or Treatment Authorization form only to Urgent Care of Kansas City, Truman Medical Center ER or Centerpoint ER).

First aid or no medical attention: Fax this form to (816) 521-5677 and call the ISD Employee Work Comp Office at (816) 521-5424.

EMPLOYEE INFORMATION

Employee ID#: _____ Full Name: _____
Phone: (Home #) _____ (Work #) _____ Primary Work/Building Site: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Marital Status: M / S / Sep / D / W Gender (M/F) _____
Job Title: _____ Work Status: (Full/Part Time/Sub) _____

ACCIDENT/INJURY INFORMATION

Time Employee Began Work: _____ AM/PM Date of Injury: _____
Time of Injury: _____ Check If Time Cannot Be Determined _____
Date Employer Notified: _____ Time Notified: _____ Who Was Notified _____
Description of What Happened: _____

Cause of Injury: _____
Body Part(s) Injured: (Left/Right) _____ Type of Injury: _____
Witnesses: _____
Did Injury Occur on Employer Premises: Y/N _____ Inside _____ Outside _____ Vehicle _____
Injury Location Site: _____ Location at Site: _____

TREATMENT INFORMATION

Is Employee Going to Receive Medical Attention: Y/N _____ On-Site First Aid: Y/N _____
ISD Employee Health Clinic: _____ (7AM – 12:00 Noon & 1PM – 6 PM, M-F; 8AM – 12 Noon, Sat)
The Urgency Room: _____ (8 AM – 8 PM, 7 Days/Weekly)
Urgent Care of Kansas City: _____ (8:30 AM – 9 PM, M-F; 8:30 AM – 6 PM Sat; 8:30 AM – 5:30 PM, Sun;
8:30 AM – 3:30 PM, Holidays)

Other Provider Care Site _____
Emergency Care: ___ Truman Medical Center Lakewood; ___ Centerpoint; ___ Other _____
Employee Signature: _____ Date: _____
Supervisor/Nurse Signature: _____ Date: _____

OFFICE USE ONLY

Report #: _____ **SSN#:** _____ **Wage:** _____
Hire Date: _____ **Entered:** _____ **PMA Management Corp. #0839910**
Phone: 1-888-476-2669

Workers' Compensation Treatment Authorization

PMA# 0839910

School District: Independence School District

School Name: _____

Address: _____

School District Contact: Debby Acuff or Trisha Beck Phone Number: 816-521-5424

Fax Number: 816-521-5677

EMPLOYEE INFORMATION

Employee Name: _____

Employee Address: _____

Employee Phone Number: Home _____ Work _____

Employee SSN: _____ Employee DOB: _____

Date of Injury: _____ Injured Body Part: _____

How Did Injury Occur? _____

Sent to Location (below): _____ Date: _____

- ISD Employee Health Clinic: **(7:00 AM – 12 Noon & 1 PM – 6 PM, M – F; 8 AM – Noon, Sat)**
- The Urgency Room: (8 AM – 8 PM, 7 Days/Weekly)
- Urgent Care of Kansas City: (Independence)
(8:30 AM – 9:00 PM, M – F; 8:30 AM – 6 PM Sat; 8:30 AM – 5:30 PM, Sun; 8:30 – 3:30 PM, Holidays)
- Other Provider Care Clinic Location: _____
- Emergency Care: Truman Medical Center Lakewood
- Emergency Care: Centerpoint Medical Center
- Other: _____

Treatment Authorized By: _____
(Print Name) (Signature)

PROVIDER SECTION

Please complete information below and fax to PMA at 1-800-432-9762 and the district contact listed above.

(Note: The medical provider's standard injury status report reflecting the injured worker's return to work status can be substituted to fax the information requested below to both PMA and the district contact listed above.)

Diagnosis: _____

Treatment Recommendations: _____

Return to Work Status Effective Date: Modified Duty _____ Full Duty _____

Detail Restrictions below No Restrictions Unable To Return to Work Until _____

No Lifting Over _____ lbs. No Pushing/Pulling Over _____ lbs.

Additional Modifications: _____

Follow-up Appointment: Date/Time _____ None Needed _____

Provider Signature: _____

Referrals to Medical Specialists **MUST BE PREAUTHORIZED** by contacting PMA at 1-888-476-2669.

Send medical bills to: PMA Customer Service Center
P. O. Box 5231
Janesville, WI 53547-5231