CLAIMS REPORTING

TO REPORT AN INJURY CALL

1-866-274-6033

24 hours a day / 7 days a week

You will need the following information to report a claim. However, do not delay reporting if you are missing information. We will call you to obtain the additional information.

Location Name & Address, Phone
Name of Employee/Address
Employee's Telephone #
Social Security Number
Date of Birth
Gender
Physician/Hospital Department
Description of incident (how, where, why)
Type of Injury (cut, scrape, burn, etc.)
Exact Part of Body Injured
Full Time/Part Time Employee
Anticipated time off the job
Return to work date
Modified Duty Available?
Wages
Witnesses (how to contact)
Name and Address of
Occupation
Place of Occurrence
Date of Hire
Date and Time of Incident

EMPLOYEE INFORMATION

INJURY/ILLNESS REPORT-A report of your injury/occupational illness must be made with your employer. If a report of injury is not filed with your employer of the Labor Commission within 180 days of the date of your injury/illness you may lose the right to ever file a claim for worker's compensation benefits for that injury or illness.

EMPLOYER'S PHYSICIAN-If your employer has a company physician or designated clinic for industrial accidents, you MUST see the company physician first or you may not be eligible for workers compensation benefits. After you have been seen by your employer's physician you have the right to choose one treating physician.

MEDICAL COOPERATION-You must cooperate with your employer or the insurance carrier in following prescribed medical treatment in order to return to work as quickly as possible.

TRAVEL REIMBURSEMENT-You may be eligible for travel reimbursement to and from approved medical care. You will need to keep records. Contact your insurance carrier regarding travel expenses.

REEMPLOYMENT ASSISTANCE-You may be eligible for reemployment assistance if you are unable to return to work due to an industrial injury. Contact our insurance carrier or the Labor Commission for further information.

MEDICAL EXPENSES-You are entitled to have all reasonable medical expenses paid that were a result of the injury or illness.

COMPENSATION BENEFITS-You are entitled to 66-2/3 of your wages up to 100% of the state average weekly wage (on the date of your injury) after 3 days from the date of

your injury if a physician states you are totally unable to work. If you were off over 14 days due to your injury, compensation is then payable from the first day. You are then entitled to workers compensation benefits until you reach maximum medical improvement from the industrial injury/illness.
*If you have sustained a permanent impairment due to the industrial injury or illness you are entitled to benefits based on the impairment rating as determined by a physician.
*If you are permanently totally disabled from working due to the industrial injury you may need to apply at the Labor Commission for a hearing to determine if benefits are due.
ADDITIONAL ASSISTANCE-If you are unable to work due to an industrial injury and meet the program's requirements. You may be eligible for other assistance. Agencies you may wish to contact: Human Services for food stamps, cash assistance, or medical assistance. Social Security for total disability benefits.
UNEMPLOYMENT BENEFITS-If you are able to work but have been terminated from your job you need to apply at the nearest Job Service Office within 90 days of the termination or worker's compensation payments.
Contact your insurance carrier if problems occur during your injury regarding payment of medical bills or compensation payments. If you need to know who your employer's insurance carrier is, either ask your employer or contact the Labor Commission

When filling out this form a copy needs to be mailed or faxed to each one of the offices below.

San Juan County Personnel Office
ATTN: Cyndi Eldredge
P.O. Box 9
Monticello, UT 84535
Fax: 435-587-3555

San Juan County Risk Management Office
Attn: Rick Bailey
P.O. Box 9
Monticello, UT 84535
Fax: 435-587-2447

UTAH COUNTIES INSURANCE POOL
c/o ACS Trudy Schauffer, 515 East 4500 South #G-150, SLC, UT 84107
(801)261-5480, (801)261-5466 (Fax)

in partnership with

_____COUNTY

AUTHORIZATION FOR MEDICAL OR HOSPITAL TREATMENT
Please render necessary medical treatment to the bearer.

Name of Employee:_____

Employer Location:_____

Date of
Injury:_____

Drug Screen: _____ _____
Yes NO

MODIFIED DUTY IS AVAILABLE PERIODICALLY

Please forward #123-Physicians First Report of Injury immediately to:
UTAH COUNTIES INSURANCE POOL
c/o ASC, L.L.C. (801)261-5466 (Fax)

_____
Signature of Supervisor Date

RETURN TO TRANSITIONAL WORK PROGRAM

EMPLOYER RESPONSIBILITIES

- Assist the injured employee in obtaining medical treatment.
- Follow up with the injured worker and the physician.
- Expect the injured employee to receive an immediate release to transitional work tasks. If this does not occur, contact the physician regarding the commitment to accommodate any physical restriction and instructions from the physician and identify appropriate transitional job tasks.
- Fax the Transitional work task/s description to the physician for approval by signature if the employee states that the tasks are outside the given restrictions.
- To file the First Report of Injury (#122) Call 1-866-274-6033. UTAH COUNTIES INSURANCE POOL will also be notified of the incident.
- Monitor the modified tasks and the injured employee to ensure adherence to instructions from the treating physician.
- Fax wage and hour information to attention Patsy J. Clarke, Workers Compensation (801)261-5644. Please maintain communication with your claim representative.

EMPLOYEE RESPONSIBILITIES

- Report your injury immediately to your supervisor.
- Seek medical care promptly.
- You may receive medical treatment at our Preferred Medical Provider. (Where Applicable)
- Give your work release to your supervisor or company designees immediately upon release from the doctor.
- Follow your doctor's instruction.
- Keep your Supervisor informed of your progress.
- When your physical restrictions change, give the new work release to your supervisor immediately and notify your claim representative.
- Maintain contact with your claim adjuster at (801)261-5480.

EMPLOYEE WRITTEN STATEMENT

Written Statement of _____, DOB:_____, SS#:_____
Date:_____
Date of Incident:_____
Location of Incident:_____
Witnesses?_____

Occurrence:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

WITNESS WRITTEN STATEMENT

_____
COUNTY/EMPLOYER

Injured Worker:_____
Date of Accident:_____
Name of Witness:_____
Address & Phone
Number of Witness:_____
Date Witness Completes
This Form:_____

STATEMENT OF WITNESS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

TRAVEL REIMBURSEMENT-send to: Trudy Scauffer, 515 East 4500 So, SLC, UT 84107

Name		Street Address	
Employer		City, State, Zip	
DATE TRAVELED	DESTINATION (FROM-TO)	REASON	ROUND TRIP MILES
SIGNATURE			
DATE			

For your protection Utah Law requires notice that worker's compensations fraud is a crime.

FRAUD-"Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison."