

INJURY REPORTING / COMPANY NURSE / WHAT TO DO IF YOU'RE INJURED / WC

Your safety and the safety of others is the #1 goal of Gloucester County Public Schools—in fact, it is a foundational part of Gloucester County Public Schools' mission, vision, values, and goals. **It is our duty and responsibility to provide for, and contribute to, a safe learning and working environment.** Be diligent; be careful; be proactive—exercise good common sense at all times—please do your part to help prevent accidents within the Gloucester County Public Schools professional learning community—especially with slips, trips, and falls.

Sometimes, however, accidents do happen. You might slip. You might trip. You might fall. You might get injured in a different manner. **What do you do if you think you are injured? What do you do if you know you have been injured? The answer is the same—call Company Nurse!** Company Nurse is a third-party vendor we utilize for generating the first report of injury; Company Nurse is part of our workers' compensation



program. **Please notify your supervisor as well.** Even if the designated person for your school or department is not available to assist you (at the schools it is generally a school nurse or administrative professional in the office; in other departments it is generally the attendance/timekeeper person), please make the call yourself. We will also ask you to sign and date an “Approved Panel of Physicians & Medical Release Form” which lists the primary and specialist physicians that are on our approved panel for workers' compensation matters.

Where do I send the medical paperwork that is associated with this workplace injury?”

All medical, billing, and return to work (RTW) paperwork needs to be forwarded to the attention of **Craig Smith** in Employee Services & Communications. Please fax (or have the physician fax) the paperwork to **804-693-4526**. **Please keep your supervisor informed about your return to work status.**

If you have any questions about worker's compensation, injury reporting, or **COMPANY NURSE**, please call me directly at **804-693-7927** (office) or **804-694-7633** (cell). For more information/resources regarding worker's compensation, please visit this web page: <http://gets.gc.k12.va.us/Departments/EmployeeServicesCommunications/tabid/16531/Default.aspx>. **Have a safe and enjoyable school year!!!**

WORKERS' COMPENSATION PROCESS CHECKLIST



Any employee who sustains a work-related accident/injury **must**:

- Report incident immediately to immediate supervisor (or administrator, or site/school designee).
- Report incident immediately to Company Nurse, at 888-770-0925. ALL INJURIES MUST BE CALLED IN!**
- Employee will provide all applicable information regarding injury incident to **Company Nurse**.
- Company Nurse** will generate Incident Report, which VACoRP will use as a basis for the employer's report to the Virginia Workers' Compensation Commission.
- Panel of Physicians and Medical Release Form:** The injured employee will be requested to complete the **Panel of Physicians and Medical Release Form** (joint form). A copy of this form is available on both the Employee Services and Safety and Health Services web pages.
- Express Scripts Temporary Prescription Card:** If the treating physician gives the injured employee a prescription, the injured employee may use the **Express Scripts Temporary Prescription Card** for their first 15 days, not to exceed 150 pills. With almost 50 pharmacy choices, including all pharmacies in Gloucester, this card will enable injured employees from having any out-of-pocket medication expenses. A copy of this form is available on both the Employee Services and Safety and Health Services web pages.
- Request medical documentation from treating physician (and/or treating facility); a copy of this should be faxed to the workers' compensation / injury coordinator (**Craig Smith – Phone: 804.693.7927; Fax: 804.693.4526**) as soon as possible following any/all related visit(s) to the doctor or testing/treating/surgery/facilities.
Additionally, a work note indicating work status (release to return to regular duty, or release to return to modified duty with restriction(s) listed, or restriction from work) must be turned into Craig Smith in Employee Services as well (fax number is **804.693.4526**). The treating physician may fax (or scan and email) this paperwork directly to Craig Smith's attention.
- Notify/provide paperwork to immediate supervisor (or administrator); keep them informed.
- Submit related bills to the Workers' Comp / Injury Coordinator (**Craig Smith – 804.693.7927**) for submission to the insurance carrier. **The fax number is 804.693.4526.**
- Submit related receipts for prescriptions (showing name of drug[s]/doctor/date/amount/proof of payment).
- Submit mileage form for related travel (to/from doctor's office and testing/surgery facilities).
- Please note that benefits/payments are not guaranteed. Time lost for medical appointments might not be payable.** Determinations regarding compensability and coverage are made by the Workers' Compensation insurance carrier following a review of the claim, medical notes, etc.
- Refer to the Work-Related Accident/Injury Leave section of the Staff Leave policy – File No. GBDG for additional information.**
- Call the workers' compensation / injury coordinator (**Craig Smith – 804.693.7927**) if you have any questions.

EXPRESS SCRIPTS®

Express Scripts

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 #: _____

Employee Date of Birth: ____/____/____

GLOUCESTER COUNTY PUBLIC SCHOOLS

WORKERS' COMPENSATION MEDICAL RELEASE FORM and PANEL OF PHYSICIANS & SPECIALISTS

PART A.

MEDICAL RELEASE FORM

THE CLOSEST EMERGENCY FACILITY MAY BE USED IN AN EMERGENCY SITUATION. IF FOLLOW-UP CARE IS NEEDED ONCE THE EMERGENCY TREATMENT IS COMPLETED, PLEASE REFER TO THIS PANEL OF PHYSICIANS FORM AND YOUR SELECTION BELOW.

_____ **I will select a doctor, if needed, from the panel below.**

_____ **I decline to select a doctor from the above panel.** I understand that I will have to pay for any medical treatment or doctor's bills, and that I may be denied workers' compensation for any absence based on a disability which is not certified by an approved panel doctor.

I hereby authorize Company Nurse, VACo CompCare, the employer, or their representatives to be furnished with any information requested to include, but not limited to: medical records, treatment, including work status, diagnosis, prognosis, estimates of disability, recommendations for further treatment, and/or other related records. This information is to be used for the sole purposes of evaluating and handling a Virginia Workers' Compensation claim, and assuring timely medical care as a result of the incident occurring on or about the date noted below, and for no other purpose now or in the future.

Signature of Employee

Date

Signature of Employer Representative

Date

WE REQUEST THAT THIS FORM BE COMPLETED AND SUBMITTED, EVEN THOUGH THE EMPLOYEE MAY NOT PLAN TO SEE A PANEL DOCTOR.

NOTE TO SUPERVISOR OR SITE/SCHOOL WORKERS' COMPENSATION COORDINATOR:

- ① **Please have the employee sign and date this release form, even if they don't plan on seeing a Physician/doctor right away.**
- ② **Please sign and date this form as a witness.**
- ③ **Please fax this form to 804-693-4526 before sending the original in the Inter-Office Mail to the attention of Craig W. Smith in Employee Services.**
- ④ **Please ask the employee to forward all medical billing and return-to-work information to the attention of Craig W. Smith in Employee Services. If you have additional questions, please feel free to call 804-693-7927 or email cwsmith@gc.k12.va.us.**



Gloucester County Public Schools
Thomas Calhoun Walker Education Center
6099 T.C. Walker Road
Gloucester, VA 23061

ATTN: Craig W. Smith, Coordinator of Employee Services

• Phone: 804-693-7927 • Fax: 804-Fx: 804-693-4526 • Email: cwsmith@gc.k12.va.us •



VACORP

308 Market Street S.E. Suites 1 & 2
Roanoke, VA 24011
Phone 540.345.8500 • Toll Free 888.822.6772
Fax 540.345.5330 • Toll Free 877.212.8599

GLOUCESTER COUNTY PUBLIC SCHOOLS

WORKERS' COMPENSATION MEDICAL RELEASE FORM and PANEL OF PHYSICIANS & SPECIALISTS

PART B.

APPROVED PANEL OF PHYSICIANS

M.D. Express Urgent Care (Gloucester)

6567 George Washington Mem. Hwy
Gloucester, VA 23061

Phone: 804-824-9962 Fax: 804-824-9963

Velocity Urgent Care (Gloucester)

5659 Parkway Dr. | Suite 100
Gloucester, Virginia 23061

Phone: 804-381-4361 Fax: 804-220-9405

Riverside Medical Urgent Care (Hayes)

2246 George Washington Mem. Hwy.
Hayes, VA 23072

Phone: 804-684-5565 Fax: 804-684-5863

M.D. Express Urgent Care (Yorktown/Grafton)

4740 George Washington Mem. Hwy., Suite A – Grafton Square
Yorktown, VA 23693

Phone: 757-890-6339 Fax: 757-890-6260

M.D. Express Urgent Care (Newport News)

12997 Warwick Boulevard
Newport News, VA 23602

Phone: 757-369-9446 Fax: 757-369-9554

Occupational Medicine and Family Practice

732 Thimble Shoals Blvd., Suite 102
Newport News, Virginia 23606

Phone: 757-599-3623 Fax: 757-599-1819

M.D. Express Urgent Care (Williamsburg)

120 Monticello Avenue at Richmond Road
Williamsburg VA 23185-2813

Phone: 757-564-3627 Fax: 757-564-6449

M.D. Express Urgent Care (Hampton)

3321 West Mercury Boulevard
Hampton, Virginia 23666

Phone: 757-224-0056 Fax: 757-224-0166



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6099 T.C. Walker Road
Gloucester, VA 23061
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Coordinator of Employee Services

- Phone: 804-693-7927 •
- Fax: 804-Fx: 804-693-4526 •
- Email: cwsmith@gc.k12.va.us •



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GLOUCESTER COUNTY PUBLIC SCHOOLS

WORKERS' COMPENSATION MEDICAL RELEASE FORM and PANEL OF PHYSICIANS & SPECIALISTS

PART C.

APPROVED PANEL OF SPECIALISTS

PLEASE NOTE: The authorized treating panel physician directs the referral process to the authorized treating specialist physician, which may or may not include one of the physicians noted below.

Riverside Orthopedic Specialists – Gloucester **Phone: 804-693-0529 Fax: 804-693-1670**

7544 Hospital Drive – Suite 202A
Gloucester, Virginia 23061

Hampton Roads Orthopedics and Sports Medicine **Phone: 757-873-1554 Fax: 757-873-3239**

730 Thimble Shoals Blvd., Suite 130
Newport News, Virginia 23606

Sentara Orthopedics and Sports Medicine **Phone: 757-253-0603 Fax: 757-645-2701**

5335 Discovery Park Blvd., Suite B
Williamsburg, Virginia 23188

TPMG Orthopedics **Phone: 757-327-0657 Fax: 757-327-0658**

Tidewater Physicians Multispecialty Group Orthopedics
860 Omni Blvd., Suite 203
Newport News, Virginia 23606

Note: TPMG is the Tidewater Physicians Multispecialty Group

TPMG Orthopedics **Phone: 757-345-5870 Fax: 757-345-6927**

Tidewater Physicians Multispecialty Group Orthopedics
4125 Ironbound Rd., Suite 200
Williamsburg, Virginia 23188

Note: TPMG is the Tidewater Physicians Multispecialty Group

Tidewater Ortho **Phone: 757-206-1004 Fax: 757-645-3965**

5208 Monticello Avenue, Suite 180
Williamsburg, VA 23188

Tidewater Ortho **Phone: 757-827-2480 Fax: 757-827-2566**

901 Enterprise Parkway, Suite 900
Hampton, VA 23666

Orthopaedic & Spine Center **Phone: 877-202-9130 Fax: 757-827-2566**

250 Nat Turner Blvd.
Newport News, VA 23606

Virginia Orthopaedic & Spine Specialists (Suffolk) **Phone: 757-673-5680 Fax: 757-483-3075**

Health Center at Harbour View • Medical Arts Bldg • 5838 Harbour View Blvd, Suite 100 • Suffolk, VA 23435

Virginia Orthopaedic & Spine Specialists (Suffolk) **Phone: 757-673-5680 Fax: 757-539-3075**

2012 Meade Parkway • Suffolk, VA 23434

Virginia Orthopaedic & Spine Specialists (Portsmouth) **Phone: 757-673-5680 Fax: 757-393-4864**

MAST One Building • 1040 University Blvd. • Suite 200 • Portsmouth, VA 23703

Virginia Orthopaedic & Spine Specialists (Portsmouth) **Phone: 757-673-5680 Fax: 757-483-3075**

3300 High Street • Portsmouth, VA 23707



Gloucester County Public Schools
ATTN: Craig Smith, Coordinator of Employee Services
Thomas Calhoun Walker Education Center
6099 T.C. Walker Road Ph: 804-693-7927
Gloucester, VA 23061 Fx: 804-693-4526



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VACORP

GLOUCESTER COUNTY PUBLIC SCHOOLS

Workers' Compensation Temporary Prescription ID Card

HOW TO USE THIS FORM: After seeking medical treatment with one of the approved panel physicians, you may use this Express Scripts Temporary Prescription ID Card to get a 15-day work-injury-related prescription filled at one or more of the participating pharmacies listed on the second page of this document—this enables you to avoid any out-of-pocket expenses. Express Scripts will be billed for the first prescription and send you a pharmacy card for future work-injury-related approved medication(s) beyond the initial 15-day fill.

»» To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

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

Atencion Trabajador Lesionado:

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 800.945.5951.

»» To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from 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 A4
- 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
(enter in DOI field in the format YYYYMMDD)



Express Scripts

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 #: M5L2017

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 or Injured Worker:

Employee Information

First M Last

Street Address or PO Box

City State ZIP

Employer Name

Gloucester County Public Schools
6099 T.C. Walker Road
Gloucester, VA 23061
Em: cwsmith@gc.k12.va.us
Ph: (804) 693-7927
Fx: (804) 693-4526



EXPRESS SCRIPTS®

For additional information or questions about this service, please contact Craig Smith at the phone number or email address above.

Participating Retail Network Pharmacies

ACCREDITO HEALTH GROUP	GIANT DISCOUNT DRUG	RICHMOND TREATMENT CENTER
BECKLEY ARH PHARMACY	GIANT EAGLE	RITE AID
BLOOM PHARMACY	GIANT PHARMACY	RX SERVICE
BOARDWATER DRUG BY WAGS	GLOUCESTER PHARMACY	SAFEWAY PHARMACY
CAREPOINT PARTNERS	HARRIS TETTER PHARMACY	SAMS
CONTINUUM CARE PHARMACY	HOME CARE PHARMACY	SAM'S CLUB
COSTCO	JEFFERSON URGENT CARE	SHOPPERS PHARMACY
CRITICAL CARE SYSTEMS	KAISER PERMANENTE PHCY	SHOPPERS PHARMACY #978
CVS	KMART PHARMACY	STERLING AUTOMATED REFILL CNTR
DULLES URGENT CARE CENTER	KROGER PHARMACY	TARGET PHARMACY
EMERGENCY PHYS IMMEDIATE CARE	MARTINS PHARMACY	UKROP'S PHARMACY
ER PHYSICIANS IMMEDIATE CARE	MARTIN'S PHARMACY	WALGREEN'S
EXTENDED CARE ASSOCIATES	NEIGHBORCARE PHARMACY	WAL-MART
FARM FRESH PHARMACY	PATIENT FIRST	WEGMANS FOOD MARKETS
FOOD LION PHARMACY	PHARMERICA	WEGMANS PHARMACY
	PROGRESS PHARMACY SERVICES	WEIS PHARMACY
	RICHMOND SOUTHSIDE TREATMENT CENTER	WILLIAMSONS PHARMACY

HAVE A QUESTION?

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