



# **Sedgwick Claims Kit Georgia**



P.O. Box 14779 | Lexington, KY 40512 | Toll Free: 866-738-9201 | Fax: 859-280-3275



**Dear Insured:**

**We would like to welcome you as a policyholder of Falls Lake National Insurance Company. Sedgwick is your Claims Administrator, and we are pleased to be able to provide you with workers' compensation claims handling services. Please follow the below instructions for filing a new claim and note the claim kit attachment.**

**Where do I report a claim?**

- > **Phone:** 855-728-5277 (855-7ATLAS7) OR;
- > **Email:** [6200AtlasGeneralInsurance@sedgwickcms.com](mailto:6200AtlasGeneralInsurance@sedgwickcms.com)
- > **Fax:** 866-383-3296

**Where do I send my injured employee for medical treatment?**

- > Sedgwick will send a customized medical panel within the next 30 days. For interim needs access the website below.

> **Website:** [www.sedgwickproviders.com](http://www.sedgwickproviders.com)

**Sedgwick Claim Kit Attachments:**

- Workers' Compensation Bill of Rights – English & Spanish – *MUST BE POSTED*
- Workers' Compensation Official Notice (WC-P1) – *MUST BE POSTED*
- Anti-Fraud Notice – *MUST BE POSTED*
- Employer First Report of Injury or Occupation Disease (WC-1)
- Workers' Compensation Wage Statement (WC-6)
- Workers' Compensation Employee Handbook
- Authorization for Release and Use of Medical Information (WC-207)
- Express Scripts First Fill Temporary Pharmacy Card

**Need a loss run?**

> **Email us:** [Lossruns@atlas.us.com](mailto:Lossruns@atlas.us.com)

**Have more questions?**

Contact the Atlas Customer Care Team at Sedgwick - One of our friendly Client Services Associates will be happy to assist you.

- > **Phone:** 866-738-9201
- > **Email:** [AtlasTeam@Sedgwickcms.com](mailto:AtlasTeam@Sedgwickcms.com)

**We appreciate your business and believe that communication is critical for successful claims administration. We encourage you to contact us if you have any questions.**

[www.Atlas.us.com/claims](http://www.Atlas.us.com/claims)

WC-BILL OF RIGHTS

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

### Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.  
  
Your employer is required to post a list of at least six doctors or the name of the certified WCIMCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$550 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$550 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 70 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$367 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$367 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$550 per week. A widowed spouse with no children will be paid a maximum of \$220,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

### Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.  
  
You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800.5330682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: [jottollvemoov.sbwc.attorolaoox](http://jottollvemoov.sbwc.attorolaoox). A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1.800.237-2629.

# JUNTA ESTATAL DE COMPENSACION DE TRABAJADORES DE GEORGIA

## DECLARACION DE DERECHOS PARA EL TRABAJADOR LESIONADO

Segun to requiere la Ley O.O G.A. §34-9431.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensacion de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensacion de Trabajador lo provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesion sea en el primer dia de trabajo. Ademas de sus derechos, usted tambien Elena ciertas responsabilidades. Sus derechos y responsabilidades estan descritos abajo.

### Derechos de los Empleados

1. Si usted se lesiona en el trabajo, usted puede recibir rehabilitacion medica y beneficios de ingresos. Estos beneficios son provistos para ayudarlo a regresar al trabajo. Tambien sus dependientes pueden recibir beneficios si usted muere como resultado de lesiones recibidas en el trabajo.
2. Se le requiere a su empleador que anuncie una lista de seos doctores o por lo menos el nombre de un WC/ MCO certificado que provee cuidados medicos, al menos que la Junta hake otorgado una excepcion. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia medica temporaria de cualquier otro medico hasta que la emergencia termine despues usted debe recibir tratamiento de los medicos que se anuncian en la lista.
3. Sus cuentas medicas autorizadas, cuentas de hospital, rehabilitacion en algunos casos, terapia fisica, recetas y gastos de transportes sara pagados si la lesion fue ocasionada por un accidente en el trabajo.
4. Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por mas de siete dias debido a una lesion. Su primer cheque debe ser enviado a usted dentro de 21 dias, despues del primer dia que falta al trabajo. Si este lucre mas de 21 dias consecutivos debido a su lesion, se le pagara la primera semana.
5. Los accidentes son clasificados ya sea catastroficos la no catastroficos. Lesiones catastroficas son las que envuelven amputacion, parálisis severa, lesiones severas de la *cabeza*, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ellos su trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economia nacional. En casos catastroficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no mas de \$550 por semana por una lesion relacionada con el trabajo durante todo el tiempo que usted no puede regresar a su trabajo. Usted tambien tiene derecho a recibir beneficios medicos y de rehabilitacion. Si usted necesita ayuda en esta area llame a la Junta Estatal de Compensacion de Trabajadores al (404) 656-3818.
6. En todos los otros casos (no catastroficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no mas de \$550 por semana de una lesion relacionada de trabajo, usted recibira estos beneficios mientras usted este incapacitado. Pero no met de 400 semanas si no esta trabajando y se determine que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales sara reducidos a dos terceras partes de su sueldo promedio pero no mas de \$567 por semana, que no excedan 350 semanas.
7. Cuando usted pueda regresar a trabajar pero solo puede conseguir empleo de salario bajo como resultado de su lesion usted tiene derecho a un beneficio semanal de no mas de \$567 por semana pero no mas de 350 semanas.
8. En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibiran para gastos de entierro \$7,500 y dos terceras partes de su sueldo promedio semanal, pero no met de \$550 por semana. Una esposa viuda sin ningun otro sueldo recibira un máximo de \$220,000 en beneficios continuos hasta que EUELLA se vuelva a casar o abierlamente cohabite con una persona del sexo opuesto.
9. Si usted no recibe beneficios cuando sea debido, la compania de seguro empleador debe de pagar penalidades, que se agregaran a sus pagos.

La Junta de Compensacion de Trabajadores le proporcionara la informacion relativa a la manera de presentar una reclamacion y respondida a cualquier pregunta adicional sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el telefono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensacion de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303.1299 o visite el sitio *web*: <http://www.ftmc.state.ga.us>. No es necesario tener un abogado para presentar una reclamacion a la Junta; sin embargo, si usted crea que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al telefono (404) 521-0777 o al 1-800-237-2629.

### Responsabilidades de los Empleados

1. Usted debe de seguir las reglas escritas de seguridad y otras politicas razonables y procedimientos del empleador.
  2. Usted debe reportar cualquier accidente inmediatamente, pero no mas tarde de 30 dias despues del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Faller en hacerlo puede resultar en la perdida de sus beneficios.
- Un empleado tiene la continua obligacion de cooperar con proveedores medicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos medicos razonables y servicios de rehabilitacion cuando sean ordenados por la Junta Estatal de Compensacion de Trabajadores o la Junta puede suspender sus beneficios.
4. No se permitira compensacion por una lesion o muerte debido a una conducta mal intencionada de los empleados.
  5. Debe de notificar a la compania de seguro empleador de su direccion cuando se mude a un nuevo lugar. Usted debe notificar a la compania de seguro empleador cuando usted haya regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algun beneficio de ingreso si usted ha regresado al trabajo.
  6. Una esposa dependiente de un empleado y un hijo debe de notificar a la compania de seguro empleador de cambios de direccion o nuevo matrimonio.
  7. Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que el que usted tenia cuando se lesiono, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.
  8. Si usted cree que debe recibir beneficios y su compania de seguro empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año despues del ultimo tratamiento medico o dentro de dos años de su ultimo pago de beneficios semanales o usted perdere sus derechos a estos beneficios.
  9. Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensacion de Trabajadores dentro de un año despues de su muerte o perder los derechos a estos beneficios.
  10. Algun pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compania de seguro empleador dentro de un año del día que los gastos fueron incurridos.
  11. Si un empleado injustificadamente rehúsa a someterse a una prueba de droga despues de una lesion en el trabajo habra una presuncion de que el accidente y lesion fueron causados por droga o alcohol. Si la presuncion no se sobrepone por otras evidencias, algun reclamo hecho para beneficios de compensacion de Trabajador sara negado.
  12. Usted sera culpable de un delito menor y una vez convicto debe ser castigado con una multa de no mas de \$10,000.00 o encarcelamiento de hasta 12 meses o las dos, per haber declarado falsas o erróneas testimonios cuando reclame beneficios. Tambien cualquier declaracion falsa o evidencia falsa dada bajo juramento durante el curso de alguna audiencia de division de apelacion o administracion es perjurio.

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

# OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

## **WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where **it is** demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

### **State Board of Workers' Compensation**

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
or 1-800-533-0682

<http://www.sbwg.georgia.gov>

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

\_\_\_\_\_  
name/address/phone

(Additional doctors may be added on a separate sheet)

The insurance company providing coverage for this business  
under the Workers' Compensation Law is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
address

\_\_\_\_\_  
phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwg.georgia.gov>

Violating making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. 534-0-18 and 534-9-80)

WC-P1 (7/2006)

# AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensación de Trabajadores de Georgia

**LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISAR AL EMPLEADOR PERSONALMENTE, UN AGENTE, REPRESENTANTE, PATRÓN, SUPERVISOR O CAPATZ.**

Si un trabajador es lesionado en el trabajo el empleador debe pagar gastos médicos y rehabilitación dentro de los límites de la ley. En algunos casos el empleador también pagará una parte de los salarios perdidos de los empleados.

Lesiones de trabajo y enfermedades ocupacionales deben ser reportados por escrito cuando sea posible. El trabajador puede perder el derecho a recibir compensación si un accidente no es reportado dentro de 30 días (referencia O.C.G.A. § 34-9-80).

El empleador ofrecerá sin costo alguno, si es pedido, un formulario para reportar accidentes y también debe suministrar, sin costo alguno, información acerca de compensación de trabajadores. El empleador también debe suministrar al empleado, cuando sea pedido, copias de formularios de la Junta archivados con el empleador pertenecientes a reclamos de los empleados.

Un trabajador lesionado en el trabajo debe seleccionar un doctor de la lista abajo. El panel mínimo debe consistir de por lo menos seis médicos, incluyendo un cirujano ortopédico con no más de dos médicos de clínicas industriales (referencia O.C.G.A. § 34-9-201). Además, este panel debe incluir un médico minoritario, cuando sea posible (vea la regla 201 de definición de médicos minoritarios.) La Junta puede otorgar excepciones al tamaño requerido del panel donde se demuestre que más de cuatro médicos no son razonablemente accesibles. Un cambio de un doctor a otro en la lista se puede hacer sin permiso. Cambios adicionales requieren el permiso del empleador o de la Junta Estatal de Compensación de Trabajadores.

## Junta Estatal de Compensación de Trabajadores

270 Peachtree Street, N.W.  
Atlanta, Georgia 30303-1299  
404-656-3818  
01-800-533-0682  
<http://www.sbwc.georgia.gov>

nombre /dirección /telefono

nombre /dirección /telefono

nombre /dirección /telefono

nombre /dirección /telefono

nombre /dirección /telefono

nombre /dirección /telefono

(Médicos adicionales pueden ser agregados en una hoja separada.)

La compañía de seguro que provee cobertura para esta Empresa bajo la ley de Compensación de Trabajadores es:

Nombre

dirección

telefono

SI LISTED TIENE PREGUNTAS LLAME AL (404) 656-3818 O 1-800-533-0682 O VISITA SIMPLEMENTE <http://www.sbwc.georgia.gov>

HAZER FALSO O TESTIFICAR FALTAS VOLUNTARIAMENTE CON EL PROPOSITO DE OBTENER O NEGAR BENEFICIOS ES UN CRIMEN SUJETO A PENALIDADES FIJADAS EN LA LEY DE GEORGIA.

WC-P1 (712006)

# **WORKERS' COMPENSATION FRAUD NOTICE**

## **UNDER GEORGIA LAW [O.C.G.A. 34-9-1 9 ]**

**any person, firm, or corporation who willfully makes any false or misleading statement or representation for the purpose of obtaining or denying any benefit or payment under this chapter shall be guilty of a misdemeanor of a high and aggravated nature and, upon conviction thereof, shall be punished by a fine of not less than \$1,000.00 or more than \$10,000.00 or by imprisonment not to exceed one year, or by both such fine and imprisonment. Additionally, any person, firm, or corporation who violates this Code section may also be assessed the cost of investigation or prosecution, or both, in accordance with Chapter 11 of Title 17, relating to the assessment and payment of costs of criminal proceedings.**

**This insurance company providing coverage for this business under the Workers' Compensation Law is:**

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
RISK MANAGEMENT SERVICES  
WORKERS' COMPENSATION UNIT  
P.O. BOX 38198 CAPITOL HILL STATION  
ATLANTA, GEORGIA 30334  
404-656-6245**

## WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

## GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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<b>A. IDENTIFYING INFORMATION</b>					
<b>EMPLOYEE</b>	CI Male 0 Female	Birthdate	Phone Number	Employee E-mail	
Address			City	State	Lp Code
<b>EMPLOYEE</b>	Name		NAICS Code	Nature of Business (Trade, Transport, Mfg., etc.)	
Address			Phone Number	Employer FEIN	
City		State	Zip Code	Employer E-mail	
<b>INSURER / SELF-INSURER</b>	Name		Insurer/Self-Insurer FEIN	Insurer/ Self-Insurer File #	
<b>CLAIMS OFFICE</b>	Name		Claims Office FEIN #	Claims Office Phone	Claims Office E-mail
SBWC ID# (five digit no.)		Address		City	State Zip Code
<b>EMPLOYMENT/WAGE</b>	Date Hired by Employer	Job Classified Code No.	Number of Days Worked Per Week	Wage rate at time of Injury or Disease: (1 par Hour ID per Day per	
Insurer Type Code CI --Insurer EI S-Self-insurer 0 Group Fund		List Normally Scheduled Days Off		Q	
<b>INJURY/ILLNESS &amp; MEDICAL</b>	Time of Injury LI am 0 pm	County of Injury	Date Employer had knowledge of Injury	Enter First Date Employee Failed to Work a Full Day per Month	
Did Employee Receive Full Pay on Date of Injury? LI Yes CI No	Did Injury/Illness Occur on Employees premises? CI: 1 Yes 0 No	Type of Injury/Illness	Body Part Affected		
How Injury or Illness / Abnormal Health Condition Occurred					
Treating Physician (Name and Address)		Initial Treatment Given: ED None EI Minor: By Employer 0 Minor: Clinic.at/Hospital LI Emergency Room Li Hospitalized > 24hrs	Hospital / Treating Facility (Name and Address)		If Returned to Work. Give Date: Returned at what wage per Week If Fatal, Enter Complete Date of Death



☐ **D. MEDICAL ONLY**

**CI No disability paid or controverted**

Insurer / Self-Insurer. Type or Print Name of Person Filing Form	Signature	Date
Phone and Ext.	E-mail	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1.800-533-0682 OR VISIT <http://nsw.sbwr.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. 5144-14 AND 5344.101).

WC-1

REVISION . 07/2011

**EMPLOYER'S FIRST REPORT OF INJURY  
OR OCCUPATIONAL DISEASE**

1 OF 2

Report Prepared By (Print or Type)	Telephone Number	Date of Report
<input type="checkbox"/> <b>B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum</b>		
Previously Medical Only <b>CI</b> Yes CI No	Average Weekly Wage: \$	Weekly benefit: \$
Date of disability:		
Date of first Payment:	Compensation paid: \$	or Date salary paid: Penalty paid* \$
BENEFITS ARE PAYABLE FROM FOR:		
<input type="checkbox"/> Temporary total disability 0 Temporary partial disability CI Permanent partial disability of % to for weeks		
UNTIL WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-2 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE.		
<input type="checkbox"/> <b>C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION</b>		
Benefits will not be paid because:		

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## NOTICE TO EMPLOYER

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.
2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY.**  
Do not send this form to the State Board of Workers' Compensation.
3. If you need additional help, call your insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

## NOTICE TO INSURER / SELF-INSURER

1. Complete Section B, C, or D.  
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-6 must be filed if weekly benefits are less than the maximum.

## NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

### STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0682

In Atlanta: (404) 656-3818

<http://www.sbwg.georgia.gov>

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1.800.513-0682 OR VISIT <http://www.sbwg.georgia.gov>

WILL KILL! MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000 PER VIOLATION (O.C.G.A. 534.4-11 AND 514-9-19).

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## WAGE STATEMENT

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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### A. IDENTIFYING INFORMATION

<b>EMPLOYEE</b>	County of Injury				
	Address				
E-mail Address		City	State	Zip Code	
<b>EMPLOYER</b>	Name	Address			
E-mail Address		City	State	Zip Code	
<b>INSURER/ SELF-INSURER</b>	Name	SBWC 113# (five digit number)			
<b>CLAIMS OFFICE</b>	Name	Claims Office Address			
E-mail Address		Insurer/Self-Insurer File #	City	State	Zip Code

### B. COMPUTATION OF AVERAGE WEEKLY WAGE

If the weekly benefit is less than the maximum, complete the schedule below for thirteen (13) weeks immediately preceding the accident. If the employee has not been in your employ for the thirteen (13) weeks, complete this schedule showing gross weekly earnings of a similar employee in the same employment.

ID	13 Weeks of Employee's Wages	Li	wage	13 Weeks of a Similar Employee's	Full time weekly wage of Injured employees	wage at date of injury per Week.
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### SCHEDULE OF WEEKLY EARNINGS

Week	From Date MWDOTYYYY	To Date MMIDONYYY	No. of Days Worked	Gross Amount Paid Including Overtime or Extra Work	Value of Additional Compensation					Total Earnings
					Meals	Lodging	Rent	Tips	Other	
1										
2										
3										
4										
5										
6		-								
7										
8										
9										
10										
11										
12										
13										
					<b>Total</b>					
<b>Average Weekly Earnings</b>										

C.	REMARKS:	REQUIRED TO COMPLETE: OF F DAYS U M o n U T u e El Fri <b>C.1</b> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Sun <input type="checkbox"/> No Off Days
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Type or Print Name	Signature	Date
E-mail Address		Phone Number
\$		

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1.800-533.0682 OR VISIT <http://www.sbwgc.georgia.gov> WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO 110,000 PER VIOLATION O.A. \$344.1\$ AND \$344-19).

# **GEORGIA STATE BOARD OF WORKERS' COMPENSATION EMPLOYEE HANDBOOK**



Please be aware that the Workers' Compensation Law, Rules and Regulations are subject to change on July 1st of each year. If you have any questions about the information contained in this handbook, please contact your employer, adjuster, or the State Board of Workers' Compensation.

July 2013

## Our Pledge to Employees

If you are injured on the job, you have certain rights, benefits and responsibilities. Your employer also has obligations and responsibilities regarding all employees. The main focus of \_\_\_\_\_ is to assist job-related injured workers in receiving immediate and quality medical care, to administer workers' compensation claims from the initial injury until the closing of the claim, and to safely return lost-time employees to productive employment. We believe that a healthy, safety conscious and productive company is the result of healthy, safety conscious and cooperative employees.

The staff of \_\_\_\_\_ understands an employee's and a family's concern when a wage earner is injured on the job and cannot work. We are here to help you through this difficult time.

- We pledge to give each injured employee individual attention.
- We pledge to handle your claim in a prompt and courteous manner.
- We pledge to fully inform you of all workers' compensation income benefits you are entitled to receive and to pay these benefits to you in a timely manner.
- We pledge to pay all authorized medical expenses in a prompt and accurate manner.
- We pledge to make every effort to work with you in returning you to your regular job should your injury require you to lose time from work.

\_\_\_\_\_  
Company Name

# State Board of Workers' Compensation

## Bill of Rights for the Injured Worker

As required by law, O.C.G.A. (34-9-81.1), this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

### **EMPLOYEE'S RIGHTS**

1. If you are injured on the job, you may receive medical, rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO which provides medical care. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over; then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage up to the maximum allowed under the law for a job-related injury for as long as you are unable to return to work. You are also entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area, call the State Board of Workers' Compensation at (404) 656-3875 or toll-free number (800) 533-0682. Your employer will advise you of the amount of your weekly benefit.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than the maximum allowed under the law for a job-related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage, but no more than the maximum allowed under the law, not to exceed 350 weeks.
7. When you are able to return to work but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than the maximum allowed under the law for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to the maximum allowed under the law and two-thirds of your average weekly wage, but not more than the maximum allowed under the law. A widowed spouse with no children will be paid a maximum allowed by law at the time of injury. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty which will be added to your payments.

### **EMPLOYEE'S RESPONSIBILITIES**

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work, and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are entitled to income benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000 or imprisonment up to 12 months, or both for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area, the telephone number is (404) 656-3818. Outside the metro Atlanta area, call 1-800-533-0682 or write the State Board of Workers' Compensation at: 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777.

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. 34-9-18 and 34-9-19).

# Workers' Compensation Questions and Answers

## GENERAL QUESTIONS

### **Q. What is Workers' Compensation?**

Workers' compensation is a benefits program created by state law that provides medical, rehabilitation, income, death and other benefits to employees and dependents due to injury, illness and death resulting from a compensable work-related claim covered by the law.

### **Q. When am I covered?**

Workers' compensation coverage begins the first day of employment. Employers with three or more employees are required by law to provide coverage.

### **Q. What is considered an on-the-job injury, illness and death claim?**

Any injury, illness or death arising out of and in the course of employment is by definition a compensable work-related claim. This means if employees are injured while performing assigned job duties during assigned work hours, they are covered under the workers' compensation program. Injuries sustained while engaging in unassigned duties, during lunch and breaks, are not covered. In addition, injuries that occur during an employee's normal commute to and from work are not covered.

### **Q. If I am injured on the job, what should I do?**

You should **IMMEDIATELY** report your injury to your employer. Obtain and fill out the paperwork required by your company and forward to the appropriate organization for processing. Be as specific as possible when reporting your injury. If anyone witnessed your accident, inform your employer of such a witness. Prompt notification will enable your company to begin your benefits in a timely manner.

### **Q. What happens if I cannot make a report of my injury?**

If your injury is such that you are unable to make a report, you will be provided immediate medical assistance and a report will be made for you. Others reporting the injury should also be as specific as possible when reporting the accident, and the report should be turned over to the employer as soon as possible.

### **Q. Are on-the-job accidents or injuries investigated?**

Yes. Your employer and/or the company responsible for handling workers' compensation claims generally investigate on-the-job accidents and injuries. Investigations are necessary to determine why and how the injury occurred, and to implement policies and procedures to make the workplace safer.



**Q. Are employee misconduct claims resulting from on-the-job injuries covered?**

No. Workers' compensation does not provide benefits for an injury or accident resulting from an employee's willful misconduct (i.e. fighting, horseplay, willful act of third party for personal reasons, injuries related to alcohol or drug abuse).

**Q. Are injuries resulting from haste and inattentiveness covered?**

Yes. These types of injuries would be covered under the workers' compensation program. However, employees are encouraged to follow company policies and safety rules and may subject themselves to company discipline if these rules are not adhered to.

**Q. What if I am concerned about my safety record?**

Many companies have established safety programs to encourage employees to be safety conscious when performing their job duties. These programs usually offer certain awards to employees. Employees do not like to be responsible for causing their work group to miss safety goals. However, failure to report injuries because of safety programs could result in long-term consequences for the employee, as well as out-of-pocket medical expenses.

**Q. Can I receive from my employer money damages in addition to workers' compensation benefits if I am injured on the job?**

No. Workers' compensation is the "exclusive remedy" a worker has against his/her employer for damages resulting from an on-the-job injury.

**Q. Can I sue anyone for a work-related injury?**

If your injury was caused by the negligence of a third party other than another person who is also an employee of the company for which you work, you may have a right to sue that party. If you sue and receive a dollar award, your employer may have a right to recover some or all of the cost expended in your workers' compensation claim. This is known as a subrogation lien. The lien would only be recoverable after you had been fully compensated for your loss resulting from your on-the-job injury.

**Q. How much will an attorney charge to handle a workers' compensation claim?**

Most workers' compensation claims can be handled without having to hire an attorney. However, if you feel that an attorney is needed, the Workers' Compensation Statute limits the attorney's fee to a maximum of 25% of income benefits received, not to exceed 400 weeks of benefits. In addition, you would also be responsible for paying any expenses associated with the pursuit of your claim.

**Q. How can I jeopardize my benefits?**

- Failure to report injuries promptly.
- Failure to cooperate with employer and authorized treating physician regarding medical evaluations, treatment, rehabilitation services and claim investigation.
- Refusal to return to suitable employment.
- Working elsewhere while receiving Temporary Total Disability Benefits.

- Submittal of fraudulent information.
- Refusal to take a drug test.
- Refusal to submit to a medical examination by the authorized treating physician, at reasonable times.

**Q. Are there circumstances where I would not receive workers' compensation benefits as a result of an on-the-job injury?**

Yes. For instance, benefits are not payable if you are injured while engaged in willful misconduct or if your injury is due to the use of alcohol or drugs or the misuse of controlled substances.

**Q. Does the State Board of Workers' Compensation investigate fraud?**

Yes. The Board has an Enforcement Division that investigates allegations of fraud. The Board also has authority to assess civil penalties of up to \$10,000 for violations involving fraud.

## **MEDICAL BENEFIT QUESTIONS**

**Q. May I go to my personal physician for treatment for my on-the-job injury?**

No. The law requires that you select from a list of physicians posted by your company in a prominent location. In addition, the law requires that you are informed of this list and understand its function. One of the following referral methods may be used.

**Panel of Physicians** – This must contain at least six qualified physicians. The makeup of the panel must include one orthopedic surgeon, a minority physician and four other properly qualified physicians.

**Conformed Panel** – This must include at least ten qualified physicians.

**Workers' Compensation Managed Care Organization (WC/MCO)** – A WC/MCO offers a much larger choice of treating physicians from many disciplines. The WC/MCO must be approved by the State Board of Workers' Compensation.

If you are dissatisfied with your first selection, you may make one change to another physician from the posted list. Any further change of physician will require concurrence of your company and/or the workers' compensation administrator.

Should you choose to go to a doctor not on the approved list, this is considered unauthorized treatment, and your employer will not be responsible for the cost associated with this medical care. In addition, most health insurance policies will not pay for medical treatment associated with an on-the-job injury.

**Q. How will I identify the List of Physicians?**

The list of physicians will be printed on 8.5"x 14" paper titled "OFFICIAL NOTICE. This business operates under the Georgia Workers' Compensation Law." It will contain the name, specialty, address and phone number of the authorized physicians.

**Q. What must I do if I need emergency treatment?**

In a true emergency situation, you may get temporary medical care from the nearest emergency location available. Once the emergency is over, however, you must continue your care by selecting a doctor from the list of physicians provided by your employer.

**Q. What happens if I need surgery?**

Prior to scheduling any major surgical procedures for an on-the-job injury, except in the case of an emergency, your doctor will notify your employer or workers' compensation provider. Once your employer has been contacted, the appropriate workers' compensation professional will work with your physician and/or his/her medical staff to ensure that all the necessary arrangements are made.

**Q. What if the doctor says that I need a MRI or CT scan?**

Your authorized treating physician will arrange for these tests. Feel free to ask your physician what the test is for and why you need it.

**Q. What if I need physical therapy?**

Your authorized treating physician will refer you to a physical therapy provider.

**Q. Am I required to pay a portion of the cost of the medical care I receive resulting from my on-the-job injury?**

No. Your physician's bills and reasonable medical bills are covered if a physician authorized by your employer treats you. All medical charges are paid according to the Georgia Workers' Compensation Medical Fee Schedule. If your medical provider charges above the fee schedule, the charges will be reduced to the fee schedule, and that amount will be paid. **YOU ARE NOT RESPONSIBLE FOR CHARGES ABOVE THE FEE SCHEDULE;** however, if you are billed for those costs, contact your employer or workers' compensation provider to assist in getting the charges corrected.

**Q. If the physician prescribes medicines for me, what do I do?**

Prescription drugs are covered under workers' compensation. Check with your employer or workers' compensation administrator to see if they have any special procedures in place for obtaining prescription drugs. If no special arrangements have been made, you may have to pay for the prescription and submit the bill to your employer for reimbursement.

**Q. Are there any expenses that I incur that will be reimbursed to me?**

The Workers' Compensation Statute provides for reimbursement of certain reasonable personal expenses incurred to obtain medical treatment. This includes such things as mileage, meals, lodging and other expenses, in limited instances, which are deemed necessary and appropriate in order to ensure you receive quality medical care. You should check with your workers' compensation professionals before incurring expenses.

**Q. How long do reimbursements take?**

Approved expenses will be reimbursed within 15 days of submission as required by the Workers' Compensation Statute. However, most carriers process reimbursements in less time. If reimbursements are not paid within fifteen (15) days of receipt of documentation requesting reimbursement, penalties shall be added in addition to the reimbursement amount. It is important to submit your approved expenses within a year's time of the date of service otherwise you will have waived your right to collect such charges from the employer or workers' compensation insurer.

## **DISABILITY BENEFIT QUESTIONS**

### **Q. What will happen if I am unable to work because of my on-the-job injury?**

You are entitled to receive weekly **Temporary Total Disability** benefits if you miss **more than** seven days from work. Only if you are out more than 21 consecutive days due to your injury will you be paid for the first seven days. Your first check should be mailed to you within 21 days after the first day of disability. You will receive two-thirds of your average weekly wage, but not more than the maximum rate provided by the Workers' Compensation act at the time of your injury. Your authorized treating physician must verify your disability and absence from work.

### **Q. What if I cannot perform my regular job and another job is not available?**

You would be eligible to receive Temporary Total Disability benefits if you are unable to work due to your on-the-job injury. You should also consult your employer regarding possible vocational rehabilitation opportunities.

### **Q. What happens if my disability becomes permanent?**

If your authorized treating physician determines you have suffered a permanent disability, you would be entitled to receive Temporary Total Disability benefits for as long as you remain disabled. If you are able to work, you would begin receiving a weekly income benefit based on the permanent disability rating given you by your authorized treating physician. (See next question – **PERMANENT PARTIAL DISABILITY**). The benefit would be paid to you regardless of your wage rate or total income.

### **Q. What income benefits are available under the Workers' Compensation Program?**

The Workers' Compensation Statute provides four basic income benefits. The maximum amount of weekly workers' compensation benefits an employee can receive from an on-the-job injury, illness or death depends on the workers' compensation rate at the time of the injury and the employee's average weekly wage.

**Temporary Total Disability Benefits** – This benefit is payable to an employee who is injured on the job and unable to work as determined by the authorized treating physician. The amount is two-thirds of the employee's average weekly wage at the time of the injury, not to exceed the maximum amount allowed under the law. For non-catastrophic injuries, there is a limit of 400 weeks of benefits from date of injury if the injury occurred on or after July 1, 1992. For catastrophic injuries, benefits are unlimited.

**Temporary Partial Disability Benefits** – This benefit is payable to an employee when he/she returns to work in a job paying less as a result of an on-the-job accident. These benefits are payable for up to 350 weeks from the date of injury. This lost wage amount is two-thirds of the difference between the employee's average weekly wage before and after the injury. The maximum amount payable cannot exceed the maximum allowed under the law.

**Permanent Partial Disability Benefits** – This benefit is payable to the employee for a permanent disability resulting from an on-the-job injury. It is payable based upon a percentage given by your authorized treating physician in accordance with current AMA Guidelines. The percentage is calculated by a formula that contains number of weeks assigned by O.C.G.A 34-9-263(c) multiplied by the percentage rating multiplied by the Temporary Total Disability rate. Not all injuries result in ratings assigned by a physician.

**Death Benefits** – This benefit is payable to eligible dependents (i.e., dependent spouse, minor children) of an employee whose on-the-job injuries result in death. This benefit is payable at the rate of two-thirds of the deceased employee's average weekly wage at the time of the accident not to exceed the maximum

allowed under the law for all eligible dependents. **Funeral Expenses** are payable up to the maximum allowed under the law at the time of injury.

Benefits cannot be combined. Only one type of benefit is payable at a time.

**Q. What happens to my workers' compensation benefits if I receive a light-duty release from my physician while I am out of work?**

Your employer will try to place you in a job that meets the limitations placed on you by your physician. However if a light-duty job is not available and you remain out of work in a light-duty status for 52 consecutive weeks or, if periods of disability are interrupted, a maximum of 78 total calendar weeks, your income benefits will be reduced automatically by law from the Temporary Total Disability benefit to the maximum eligible Temporary Partial Disability benefit.

If you are given a light-duty release and a light-duty job is available, your employer will expect you to return to work. The Workers' Compensation Statute provides for a 15-working-day "grace period." This allows an employee to attempt to perform a light-duty job without fear of losing benefits if they are unable to perform the job duties. An attempt is defined by eight cumulative hours or one scheduled workday, whichever is greater.

## **QUESTIONS ABOUT SPECIFIC INJURIES**

**Q. Can I be compensated for occupational related diseases?**

Yes. If your disease meets certain tests imposed by law, you can be compensated. There must be a causal relationship between your employment and the disease. It cannot be a disease that is an ordinary disease of life to which others are exposed.

**Q. What happens if I re-injure a pre-existing condition or injury?**

The Workers' Compensation Act limits the extent to which an aggravation of a pre-existing condition or injury is compensable. An aggravation of an on-the-job injury is compensable while the aggravation is the cause of the disability. Once the aggravation resolves and you return to the pre-injury condition, the claim will no longer be compensable.

**Q. Can I be compensated for a repetitive motion injury?**

Yes. Repetitive motion injuries are compensable if they arise out of and in the course of employment.

**Q. What is a catastrophic injury?**

Catastrophic injuries are extremely severe injuries, i.e., loss of limbs, severe burns, etc. Your employer is required to appoint a rehabilitation supplier who has expertise in handling catastrophic cases. This person would assist you in managing your medical care as well as any other assistance you might need in the recovery period following the accident. You will be entitled to Temporary Total Disability benefits for as long as you remain unable to work. Once you have returned to work, the Temporary Total Disability benefits will cease. If you are placed in a lower paying job, you will begin receiving Temporary Partial Disability benefits. After those benefits have been paid, you will begin receiving Permanent Partial Disability benefits.

**Q. Are heart attacks and strokes covered under workers' compensation?**

Heart attacks and strokes are not considered injuries under workers' compensation unless it is shown by a preponderance of competent and credible evidence, which shall include medical evidence, that the condition was attributable to the performance of the usual work of employment.

**QUESTIONS REGARDING TIME LIMITS/FILING CLAIMS**

**Q. What if my employer or workers' compensation administrator denies my claim?**

If your claim is denied, you will be notified of the reason for the denial. You have the right to request a hearing from the State Board of Workers' Compensation if you disagree with the denial of your claim. A claim with the State Board must be filed within one year of the date of injury. The procedure for filing a claim with the State Board of Workers' Compensation is outlined on the back of the Workers' Compensation form titled "Employer's First Report of Injury" (WC-1).

**Q. Is there a time limit or statute of limitation on filing a workers' compensation claim and if so, what is it?**

After properly reporting an injury, you have one year from the date of the injury to file a claim. If you received remedial treatment from your employer for the injury, you have one year from the date of treatment to file a claim for workers' compensation benefits. If you received weekly income benefits as a result of the on-the-job injury, you have two years from the date of your last payment of weekly income benefits to file a claim.

In the case of an occupational disease claim, you have one year from the date you become aware of your disease or, in the exercise of reasonable diligence, should have known of the relationship between your disability and its relationship to your employment. No claim for an occupational disease may be filed after seven years from the last date you were exposed to the employment hazards related to your disease. However, for the diseases asbestosis or mesothelioma related to exposure to asbestos, you have one year from the date of first disablement after diagnosis to file a claim.

**Q. Once I'm treated for my injury and have reached maximum medical improvement and begin having problems in the future due to my injury, may I receive additional treatment for this injury?**

All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum period of 400 weeks from the accident date. If your injury is catastrophic in nature, you may be entitled to lifetime medical benefits.

**Q. When could my claim be closed?**

When appropriate benefits have been paid, or once a settlement agreement is reached by all parties and approved by the State Board of Workers' Compensation and a monetary amount is paid to you or your dependents, your claim is closed. Note that not all claims are closed. Some claims, due to the nature of the injury, remain open until the statute of limitations runs, or until the injured worker's death, whichever occurs first.

## WC-207 AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION****Instructions: This form shall not be filed with the Board, unless otherwise requested**

<b>TO:</b>		
Print Name and Title		
Address		
City	State	Zip Code

<b>RE: _ Employee / Patient</b>		
Last Name	First Name	M.I.
SSN or Board Tracking #4	Date of Injury	Birthdate

This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical practitioner is authorized to release medical information to \_\_\_\_\_ in accordance with applicable State and Federal laws.

The information covered by this Authorization and Consent to Release is that authorized by O.C.G.A. §34-9-207 which reads as follows:

(a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician, including, but not limited to, communications with psychiatrists or psychologist. This waiver shall apply to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Notwithstanding any other provision of law to the contrary, when requested by the employer, any physician who has examined, treated, or tested the employee or consulted about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to an examination, treatment, testing, or consultation concerning the employee.

(b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, the employee, upon request, shall provide the employer with a signed release for medical records and information related to the claim or history or treatment of injury arising from the incident, including information related to the treatment for any mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Said release shall designate the provider to whom the release is directed. If a hearing is pending, any release shall expire on the date of the hearing.

(c) If the employee refuses to provide a signed release for medical information as required by this Code section and, in the opinion of the Board, the refusal was not justified under the terms of this Code section, then such employee shall not be entitled to any compensation at any time during the continuance of such refusal or to a hearing on the issues of compensability arising from the claim.

**Federal regulations (42 CFR Part 2), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512(1) which reads as follows: "The covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related illnesses or injury without regard to fault." Anyone who receives information under this authorization receives the same under all limitations set forth in Federal and State law regarding further dissemination of such information.**

**This release shall expire in 180 days or upon written notice of revocation by the patient if a hearing is pending, this release shall remain in effect until the hearing and shall expire on the date the hearing is held.**

Employee / Patient Signature

Date

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800.533.0682 OR VISIT <http://www.sbvec.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO 110,000.00 PER VIOLATION (O.C.G.A. §34-0.1 IT AND 334-9-14).

# Workers' Compensation Temporary Prescription ID Card

## » 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 1-866-590-5882.

## 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 1-866-590-5882.

## » 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 1-866-590-5882.

### 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

### 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 #:** GIC6200

**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

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



EXPRESS SCRIPTS®