

## Worker's Compensation

When an injury/accident occurs at work an employee is entitled to file Worker's Compensation. When the incident occurs, please make sure that LaRon Chadwick is immediately notified of the incident at 903-381-2296. **All incidents must be reported, even if the employee is not seeking medical attention or planning to file Worker's Comp.**

The employee will need to complete the Employee Accident Report and the Employee's Election Regarding Utilization of Sick Leave. **These forms will need to be completed and sent to the Business office within 24 hours.** The forms can be emailed to [lchadwick@lisd.org](mailto:lchadwick@lisd.org) or faxed to 903-381-4001. The originals will need to be sent over to the Business Office. The employee should also be given information regarding their rights, and a worker's compensation prescription form. **Failure to submit the forms in a timely manner, can leave the district open to fines and penalties ranging from \$500-\$25,000 per day.** The principal or supervisor will need to complete an accident investigation report. The investigation should be completed within 24 hours of the incident.

If the employee requires medical treatment the employee may see any doctor that accepts workers compensation insurance. The following clinics listed below are the approved clinics in this area:

<b>Healthcare Express (Preferred Prov).</b>	<b>LOMC</b>	<b>Good Shep Occmed</b>
1509 W. Loop 281	3202 N. Fourth St. Ste 100	409 N. 6 <sup>th</sup> St.
Longview,Tx 75605	Longview,Tx 75605	Longview,TX 75601
(903)759-9355	(903)757-0577	(903)315-5520

If the incident requires immediate attention please seek treatment at the nearest facility or provider.

LONGVIEW INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE ACCIDENT REPORT

Revised 5/01

The injured employee should complete this form. Lost time because of the injury should be reported immediately to the Supervisor and the Business Office.

PLEASE ANSWER EVERY QUESTION AND RETURN THE ORIGINAL REPORT TO THE BUSINESS OFFICE AS QUICKLY AS POSSIBLE. REPORT IMMEDIATELY ANY STATUS CHANGE OF AN INJURED EMPLOYEE, SUCH AS LOST TIME AND OR RETURN TO WORK DATE.

Employee #			
Name (Last, First, M.I.)			Sex F / / M / /
SS #	Home Phone	Date of Birth	
Does the Employee speak English? Yes / / If no, Specify Language			
Ethnicity	White / /	Black / /	Hispanic / / Other / /
Mailing Address			
City	State	Zip Code	County
Marital Status Married / / Widowed / / Separated / / Single / / Divorced / /			
Number of Dependent Children		Spouse's Name	
Did employee go to the doctor? Yes / / No / /			
If yes, furnish doctor's name and address:			
Date of injury		Time of injury	PM / / AM / /
Date Lost Time Began			
Type of Injury			
Part of Body Injured or Exposed (include left or right)			
How and Why Injury/Illness Occurred			
Was Employee doing his/her regular job? Yes / / No / /			
Occupation		Scheduled Hours per Week	
Worksite Location of Injury (stairs, dock, etc)			
Address Where Injury or Exposure Occurred			
Cause of Injury (fall, tool, machine, etc.)			
List Witnesses			
Return to work date or expected date			
Signature of Employee:			Date:
/ / I HAVE RECEIVED A COPY OF THE EMPLOYEE RIGHTS AND RESPONSIBILITIES. (Employee should initial above statement)			
I have reviewed this form with the injured employee and the statements are true and correct to the best of my knowledge.			
Signature of Principal/Supervisor			Date

# ACCIDENT INVESTIGATION PLAN

Each work-related accident should be investigated immediately (within 24 hours) after the occurrence. A systematic method should include the following:

- Visit the scene of the accident
- Take digital pictures as needed
- Interview the injured employee(s)
- Interview any witnesses
- Interview the supervisor
- Reconstruct chain of events leading up to the accident

In addition, the investigation should include a description of the following:

- Accident type or event that caused the injury (slip, trip or fall .. etc.)
- Part of body directly affected by the injury
- Unsafe conditions or equipment that caused or contributed to the accident
- Unsafe acts that caused or contributed to the accident
- Other related factors or elements that may have contributed to the accident

Once all the facts and information concerning the accident have been obtained, the following questions should be addressed to prevent similar type incidents from happening in the future.

- Can the unsafe condition be fixed, repaired, or eliminated?
- Can the unsafe equipment be fixed or replaced?
- Does the employee need post-accident safety training or disciplinary action?
- Are any changes needed in existing operations or procedures?

The purpose of accident investigation is to find the causes and recommend corrective action to eliminate or minimize these events. All accidents should be investigated and the emphasis on finding facts, not finding fault.



# ACCIDENT INVESTIGATION REPORT

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR  
Turn in to Business Office within 48 hours of accident

1. Name of injured: \_\_\_\_\_ Job title: \_\_\_\_\_

2. Injury date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ Medical care: Yes \_\_\_ No \_\_\_

3. Accident location: \_\_\_\_\_ Room/Area: \_\_\_\_\_

4. Type of Injury: \_\_\_\_\_  
(Body parts) (Signs/Symptoms)

5. What was the injured doing at the time of the accident? \_\_\_\_\_  
(What happened to cause accident?)

\_\_\_\_\_

\_\_\_\_\_

6. Equipment, tool(s), materials in use: \_\_\_\_\_

\_\_\_\_\_

7. Protective gear used: \_\_\_\_\_

\_\_\_\_\_

8. Findings of investigation: \_\_\_\_\_  
(Was the employee negligent? - Is safety equipment or retraining needed to prevent injury?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Name(s) of witnesses: \_\_\_\_\_

10. Witnesses description of events leading up to the accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Supervisors Signature/Date \_\_\_\_\_

Take pictures of any unsafe condition or equipment involved in accident.

TO THE INJURED EMPLOYEE: PLEASE READ CAREFULLY

This is a Worker's Compensation Claim.

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Longview Independent School District's Worker's Compensation Plan is Self-Funded which means that LISD pays 100% of the cost of your claim.

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If you receive medical treatment for your injury, the medical service provider should telephone LaRon Chadwick ( Patricia Roper if LaRon is unavailable) in the LISD Business Office at (903)381-2296 for approval of the initial medical treatment. Additional medical treatment should be approved by Claims Administrative Services at 1-800-765-2412.

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Do not pay for your Medical Services and/or Prescriptions. The provider should mail the claim to Claims Administrative Services, P.O. Box 7500, Tyler, Texas 75711.

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Do not present your Health Insurance card to providers for medical services or prescriptions related to this injury. Please use the attached temporary prescription card if medication is needed.

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As provided by State law, if an employee misses work due to the injury, LISD's workers compensation plan will pay benefits beginning on the 8<sup>th</sup> calendar day of lost time. However an employee may elect to take sick leave, if available, for the first 7 days.

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On the 8<sup>th</sup> calendar day of lost time, LISD's workers compensation plan will begin paying for your lost time at 70% of your wages. The employee may also elect sick leave, if available to make up the 30% difference in wages.

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Benefits cease under the plan when the employee is released by their doctor or when they are able to return to work, whichever is first.

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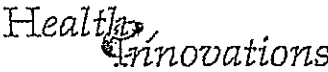
Please contact Bobbi Wade, in Human Resources, if you wish to elect sick leave to help compensate for your lost time.



## Workers' Compensation Prescription Information

### Longview ISD:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

 <b>Claims Administrative Services, Inc.</b> <small>Our reputation for excellence is no accident.</small>		
Employee Name:		
Group#:	10602583	
Member ID (SSN):		
Date of Injury:		
Processor:	mymatrixx	
Bin#:	014211	
Day supply is limited to 7 days for a new injury		
myMatrixx Help Desk: (877) 804-4900		

Employer Signature:	Phone:	Date:
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### Employee:

CAS has partnered with *myMatrixx* to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900**

**Pharmacist:** Please obtain the above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.





**OFFICE OF INJURED EMPLOYEE COUNSEL**  
NORMAN DARWIN, PUBLIC COUNSEL

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**Notice of Injured Employee Rights and Responsibilities in the  
Texas Workers' Compensation System**

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel. This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the state agency that administers the system through the Division of Workers' Compensation.

You can contact the Office of Injured Employee Counsel by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Also, more information is available on the Internet at: [www.oiec.state.tx.us](http://www.oiec.state.tx.us)  
<<http://www.oiec.state.tx.us>>

You can contact the Division of Workers' Compensation by calling the toll-free telephone number 1-800-252-7031. More information about the Division of Workers' Compensation is available on the Internet at: <http://www.tdi.state.tx.us/wc/indexwc.html>

**Your Rights in the Texas Workers' Compensation System:**

**1. You may have the right to receive benefits.**

You may receive benefits regardless of who was at fault for your injury with certain exceptions, such as:

- You were intoxicated at the time of the injury;
- You injured yourself on purpose or while trying to injure someone else;
- You were injured by another person for personal reasons;
- You were injured by an act of God;
- Your injury occurred during horseplay; or
- Your injury occurred while voluntarily participating in an off-duty recreational, social, or athletic activity.

**2. You have the right to receive medical care to treat your workplace injury or illness. There is no time limit to receive this medical care as long as it is medically necessary and related to the workplace injury.**

**3. Choosing a treating doctor:**

- If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list.
- If you are not in a network, you may choose any doctor who is willing to treat your workers' compensation injury.
- If you are employed by a political subdivision (e.g. city, county, school district), you must follow its rules for choosing a treating doctor.

It is important to follow all the rules in the workers' compensation system. If you do not follow these rules, you may be held responsible for payment of medical bills.

**4. You have the right to hire an attorney at any time to help you with your claim.**

**5. You have the right to receive information and assistance from the Office of Injured Employee Counsel at no cost.**

Staff is available to answer your questions and explain your rights and responsibilities by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432) or visiting any Division of Workers' Compensation/Office of Injured Employee Counsel local field office.

**6. You have the right to receive ombudsman assistance if you do not have an attorney and a dispute resolution proceeding about your claim has been scheduled.**

An ombudsman is an employee of the Office of Injured Employee Counsel. Ombudsmen are trained in the field of



workers' compensation and provide free assistance to injured employees who are not represented by attorneys. At least one Ombudsman is located in each local field office to assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot sign documents for you, make decisions for you, or give legal advice.

7. You have the right for your claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from the Division of Workers' Compensation.

### Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work or in the scope of your employment.

You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. Your employer must give you a copy of the TDI network rules. Read the rules carefully. If there is something you do not understand, ask your employer or call the Office of Injured Employee Counsel. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.state.tx.us/consumer/compfrm.html#vc>.

3. If you worked for a political subdivision (e.g. city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment. Your employer should be able to provide you with the information you will need in order to determine which health care provider can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed claim form (DWC-41) to the Division of Workers' Compensation. You have one year to send the form after you were injured or first knew that your illness might be work related.

Send the completed DWC-41 form even if you already are receiving benefits. You may lose your right to benefits if you do not send the completed claim form to the Division of Workers' Compensation. Call 1-800-252-7031 or 1-366-393-6432 for a copy of the DWC-41 form.

6. You have the responsibility to provide your current address, telephone number, and employer information to the Division of Workers' Compensation and the insurance carrier.

7. You have the responsibility to tell the Division of Workers' Compensation and the insurance carrier any time there is a change in your employment status or wages. Examples include:

- You stop working because of your injury;
- You start working; or
- You are offered a job.