

SCHOOL DISTRICT
WHAT TO DO IN CASE OF A WORK-RELATED INJURY
EFFECTIVE AUGUST 2004

If you suffer a work-related injury, your health and well being are our first concern. If the injury is of a serious nature and requires the assistance of an ambulance or rescue personnel, they should be contacted immediately. If the injury is of a less serious nature, the following procedures must be followed:

1. If you suffer a work-related injury, the first thing you **MUST** do is report the injury to your supervisor. S/he or a designated person in your building, will provide you with an SDIC packet, you can call "First Step" @ 1-800-445-6965 ext. 101. You must also call District Coordinator, Title.
2. If you require a prescription for your work-related injury or disease, do not use your personal health plan prescription card. Please use the Jordan-Reses First Fill Sheet. When you call in your report of injury to SDIC, they will assign you a claim number. Please use this claim number when seeing a panel physician.
3. If you suffer a work-related injury, **SCHOOL DISTRICT** or our insurer will pay reasonable surgical and medical services and supplies, orthopedic appliances and prosthetics, including training in their use when needed. In order to insure that your medical treatment will be paid for by School District or our insurer, you must select from one of the health-care providers listed below for your initial care:

Occupational Medicine

Emergency Medicine

Orthopedic Medicine

Chiropractic

Physical Therapy

Ophthalmology

Raytel Imaging

Novacare

SAMPLE

4. Please call in advance for an appointment if you need treatment. You must continue to treat with one of these providers for ninety (90 days) from the date of your first visit.
5. If, after this ninety (90) day period, you still need treatment and the **School District** has provided this list as set forth above, you may choose to continue with this health care provider, or you may choose another provider. You must notify District Coordinator, Title, of this action within five (5) days of your first visit to the health care provider of your choice. Your bills will be paid if you have provided proper notice and if your provider files reports as required. (These reports must be filed within ten (10) days after your first visit and at least once a month for as long as treatment continues.)
6. If one of the health care providers listed above refers you to a specialist, the **School District** or our insurer will pay for these services as provided by law.

ACKNOWLEDGMENT: I have been informed of and understand my rights and duties as specified herein.

Signature: _____ Date: _____

Please Print Name: _____