



Don't just insure. **BE SURE.**

AlaC**MP**

CLAIMS REPORTING GUIDE

www.alacompins.com
P 888.661.7119 F 334.215.8479
PO Box 243007, Montgomery, AL 36117



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WELCOME

Welcome to Alabama Workers' Compensation Self-Insurance Fund (AlaCOMP) and Business Insurance Group. We are grateful that you have chosen to partner with us. Our goal is to offer the best services in the industry. We will strive to help you control your losses and improve safety practices, which in turn helps your bottom line.

Our mission is to investigate all claims in a prompt and thorough manner. We manage claims with the objective of ensuring injured workers receive the best medical care to return them to their job. Services are provided with the idea that employers want their employees to receive any and all benefits due in a fair, equitable and timely manner.

AlaCOMP/Business Insurance Group's staff of claims professionals are experienced in applying our team approach to claims administration to bring about cost-effective solutions to claims. Our practices, principles and beliefs have been embraced by self-insured employers, self-insured funds and insurance companies.

Once again, thank you for giving us the opportunity to serve your insurance needs. Please call us if you have any questions.

MATT GRAHAM
Claims Manager

AlaCOMP/BUSINESS INSURANCE GROUP
P.O. Box 243007 Montgomery, AL 36124
(334) 215-8234
(888) 661-7119

claimsfirstreport@alacompins.com
Claims FAX: (334) 215-8480
Loss Control FAX: (334) 215-8479

DISCLAIMER

The Claims Reporting Guide is not intended to be a comprehensive explanation of the Alabama Workers' Compensation Law. It is designed to assist you in reporting and managing your workers' compensation claims. The Claims Reporting Guide is intended for informational purposes only and is not intended to give legal advice and is subject to change without notice.

WHY FILE A CLAIM

1. The employer must file a workers' compensation claim immediately upon notice from the employee that they have incurred an alleged on the job injury. This is an Alabama Workers' Compensation statutory requirement. Failure to report a claim could result in the denial of the claim and benefits.
2. Alabama Case Law establishes that an injured worker must give the employer notice **within 90 days** of the alleged injury. The employer must complete a legible First Report of Injury.
3. The First Report of Injury can be filed online, emailed, faxed or mailed. To obtain a First Report of Injury, visit our website alacompins.com or contact us at (888) 661-7119.
4. AlaCOMP's participation agreement in item 11 states: The employer agrees to report to the Service Organization all accidents or illness which may give rise to a worker's compensation claim immediately upon the employer's receipt of same, but no later than five (5) days following receipt of same from the employee or the employee's representative. Such notice to be given in such manner and on such forms, that may be prescribed by the Fund or the Service Organization. Employer agrees that the Fund will not be liable for defense or indemnity from any default or other judgment rendered against Employer or prejudice resulting from Employer's failure to promptly notify the Service Organization of a Claim or to provide the Service Organization with any and all legal notices, demands, summaries, legal papers and other correspondence related to Claims.

Note: Before our Claims Department can assist you with a claim, we must have the First Report of Injury (FROI).

FAQ's

1. What if you have proper notice from your employee of an on the job injury but, you do not believe it is worker's compensation? **File the claim** and include on separate company letterhead why you believe it is not worker's compensation. All signed and dated claims will be thoroughly investigated. Any denials will be issued through our office and backed by a legal opinion.
2. If you have assurances from an at fault third party that they will cover the claim, do you have to file a worker's compensation claim? **YES**
3. If you receive notice after 90 days of an alleged on the job injury, do you have to file a worker's compensation claim? **YES**
4. If you receive a letter of representation from an attorney representing an employee alleging worker's compensation injury and this is your first notice, does the employer have to file a worker's compensation claim? **YES**

5. If you receive a Summons and Complaint with interrogatories regarding Count of Worker's Compensation? **Send immediately** to claimsfirstreport@alacompins.com. AlaCOMP/Business Insurance Group attorneys will defend and answer the interrogatories as provided for under your policy. Additional counts or charges may need to be handled separately. We will review each carefully and handle accordingly.

REPORTING A CLAIM

1. Complete Employer's First Report of Injury.
2. File the First Report of Injury:
 - a. AlaCOMP portal: www.alacompins.com
 - b. Email: claimsfirstreport@alacompins.com
 - c. Mail: **AlaCOMP / Business Insurance Group Claims Department**
P.O. Box 243007 Montgomery, AL 36124
 - d. Fax: **(334) 215-8480**
3. Include any other related documentation:
 - a. Downloadable forms online: treatment authorization form, wage statement, mileage record.
 - b. Internal documentation: i.e. internal/supervisor's accident investigation report, medical billing/records, accident reports, etc.
4. Advise your claims adjuster of any witnesses, any possible third-party involvement or at fault, and availability of possible light/modified duty.

WHAT YOU CAN DO TO HELP

- Respond to requests promptly for information and assistance.
- Provide light/modified duty whenever possible even if available on part-time basis and/or you cannot pay the injured worker their usual wage. In such cases, we will pay temporary partial disability.
- Advise us of any injured workers' return to work.
- Unless the injured worker is represented by an attorney, stay in touch with them by calling or seeing them in person. Keep a record of such contacts and if a pattern of not being able to reach them develops, contact your claims adjuster.
- When possible, have your employee bring in any work excuses after each physician's visit. This has the advantage of keeping in touch and being able to address work availability immediately. Contact the adjuster regarding the work status and medical update.
- Advise us of any sightings or rumors of the injured workers activities that are inconsistent with the injury or disability that is being claimed.

EMPLOYER DRUG POLICY

Section 25-5-51 of the Alabama Code states that no compensation shall be allowed for an injury or death caused "by an accident due to the injured employee being intoxicated from the use of alcohol or being impaired by illegal drugs".

This company requires that you submit to drug testing in accordance with the standards adopted for drug testing by the U.S. Department of Transportation in 49 C.F.R. Part 40 immediately after you experience a work-related accident or as soon after such accident is medically possible.

Section 25-5-51 of the Alabama Code also states that no compensation shall be allowed if an employee refuses to submit to or cooperate with a blood or urine test as set out above after a work-related accident when the employee has been warned in writing that such refusal would forfeit the employee's right to recover compensation benefits.

Give a copy of this Drug Policy to each employee. Have them sign for receipt of their copy and keep it on file in their personnel folder. All employees need to know there will be no compensation if they test positive and their impairment from same is the proximate cause of the injury.

MEDICAL PROTOCOL: MEDICAL COST CONTAINMENT

The most important right an employer has under Alabama Workers' Compensation Law is the right to choose the medical provider(s). However, most employers fail to exercise this right. We encourage all employers to implement a medical protocol.

An established medical protocol is the most cost-effective measure in claims handling.

- a. It stops an employee from going to their family physician.
- b. It stops an authorized physician from making a referral to a specialist who is not approved by the employer.
- c. It authorizes emergency rooms to issue only enough medication to get the employee to the next business day.
- d. It authorizes emergency rooms to only refer to your company's authorized primary treating physician.
- e. **It helps eliminate** multiple emergency room visits for the sole purpose of seeking unauthorized treatment and medication.

We encourage you to establish a medical protocol program if you do not already have one. To assist you, we recommend you utilize the following:

1. **Medical Protocol for Workers Compensation Injuries:** This form standardizes your program between the employer, the employee and the authorized primary care physician. It is a reference guide for your HR and/or WC Coordinator. This form should be incorporated in your company's employee handbook.
2. **Emergency Protocol for Workers Compensation Injuries:** This form standardizes your program between the employer, the employee and the local emergency room.
3. **Letter to all Employees Implementing your Medical Protocol:** A one-time announcement via mass mailing or included in employee pay envelopes.

The suggested medical protocol is provided simply as a guide. Please feel free to modify it in any way to fit your company's needs. It does take effort to coordinate with your medical providers to set up and establish your medical protocol. However, once implemented, it will pay dividends in medical containment and cost effectiveness.

REFERRAL PROCEDURES

Please call the Claims Department at (888) 661-7119 regarding all referrals. Preauthorization must be obtained before treatment.

The following list of services requires authorization from an adjuster:

- All outpatient physical therapy, occupational therapy and speech therapy services as ordered by an authorized treating physician.
- All chiropractic services.
- Radiology and test services including but not limited to MRIs, CT scans, EMG/NCVs.
- Referrals to specialists by the initial treating physician (not an emergency physician) for the purpose of the specialists assuming full case management responsibilities.
- Any potential work conditioning or any functional capacity evaluation (FCE) ordered by the authorized physician that may be used for establishing an employee's ability to return to work.

****Before our Claims Department can assist with the claim, we must have the FIRST REPORT OF INJURY****

The ALACOMP/Business Insurance Group RX PROGRAM

We offer pharmacy services to injured workers through networks that can bill us directly instead of billing the patient. Our networks are chosen for convenience and cost savings benefits.

Once the authorized treating physician writes a pharmacy prescription, the injured worker may take the prescription to their pharmacy of choice. Have the pharmacy call us at (888) 661-7119 to obtain authorization from the assigned claims adjuster.

If an injured worker chooses to pay for the initial pharmacy prescription(s), they may do so. To get reimbursed for this out of pocket expense, they may submit a copy to the pharmacy receipt for reimbursement. This receipt must reflect name of medication, quantity, and prescribing physician. Send their reimbursement request to:

**AlaCOMP/Business Insurance Group
ATTN: Claims Department
P.O. Box 243007
Montgomery, AL 36124**

FRAUD

Alabama Criminal Code defines workers' compensation fraud as "Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining compensation as defined in Section 25-5-1(1), as amended, for himself or herself or any other person is guilty of a Class C felony."

AlaCOMP/Business Insurance Group takes fraud very seriously and is committed to the identification and investigation of claim fraud. The identification of claim fraud begins when the claim is reported and does not end until it is closed. Private investigators are used as a part of this ongoing process; however, they are very costly. And to witness the claimant acting in a way that proves fraud is often a matter of being in the right place at the right time. The employer is typically the best source of information because both they and coworkers typically live in the same community as the injured worker. Thus, we encourage employers to keep us advised of the following: known and/or rumored activities of their injured employees that are peculiar given the nature and extent of claimed injury(s); or not consistent with subjective complaints; knowledge they are working elsewhere; inability to contact them; their unwillingness to return to work; or any other activity that doesn't seem appropriate given their claim. Having said this, it is most often the case that rumors are just in fact that, rumors and without merit.

If fraud is found to exist, the matter is referred to legal counsel for review and a determination is made as to whether additional investigation is needed. We will pursue all available avenues regarding potential fraud.

STATE OF ALABAMA
EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

Ombudsman 1-800-528-5166

CLAIM REFERENCE					
1. Insured Report Number		2. Filing Office Claim Number		3. OSHA Log Case Number	
EMPLOYER					
4. Employer Business Name			ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS		
5. Physical Address 1			10. Mailing Address 1		
6. Physical Address 2			11. Mailing Address 2 or Telephone Number		
7. City		8. State	9. Zip		12. City
15. Federal ID Number			16. U.C. Account Number		17. NAICS
INSURER / FILING OFFICE					
18. Insurer Name Alacomp			21. Filing Office Name Business Insurance Group 21a. Service Co. #59214		
19. Insurer Federal ID Number 63-1061602			22. Mailing Address 1 Po Box 243007		
20. Type Insurer <input type="checkbox"/> Insurance Co. Ins Co #			23. Mailing Address 2 or Telephone Number 334-215-8234		
<input type="checkbox"/> Self-Insurer SI #			24. City Montgomery 25. State AL 26. Zip 36124		
<input checked="" type="checkbox"/> Group Fund GF # 19			27. Filing Office Federal ID Number 33-1024937		
EMPLOYEE / WAGES					
28. First Name			32. Employee ID Number		
29. Middle Name			33. Type Employee ID Number		
30. Last Name			SSN	Passport Number	Green Card
31. Last Name Suffix (ie. Jr., Sr., III)			Employment Visa	Assigned by Jurisdiction	
34. Mailing Address 1			40. Gender		41. Date of Birth
35. Mailing Address 2			Male		42. Nbr of Dependents
36. City			Female		
37. State			38. Zip		39. Phone
43. Marital Status					44. Date Hired
Unmarried (Single or Divorced or Widowed) Married Separated Unknown					
45. Occupation Description				46. Number of Days Worked Per Week	
47. Wages \$			49. Received Full Pay For Day of Injury? Yes No		
48. Hourly Daily Weekly Bi-weekly Monthly			50. Did Salary Continue? Yes No		
INJURY / TREATMENT					
51. Date of Injury		52. Time of Injury		53. Time Employee Began Work	
		a.m. p.m. unk		a.m. <input type="checkbox"/> p.m.	
54. Date Disability Began			55. Date of Death		
PLACE OF ACCIDENT, INJURY, OR EXPOSURE			61. Injury Occurred on Employer's Premises?		
56. Site Address			Yes No		
57. City			58. State		59. Zip
			60. County		
			62. Date Employer Notified		
63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)					
63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)					
PROVIDE DESCRIPTION CODES to identify Nature of Injury, Part of Body that was affected, and Cause of Injury. (FOR COMPLETE LIST OF CODES, GO TO HTTP:// DIR.ALABAMA.GOV/WC					
64. Nature of Injury Code		65. Part of Body Code		66. Cause of Injury Code	
67. Initial Treatment			68. Name of Treatment Facility		
No Medical Treatment First Aid By Employer			69. Address		
Minor Clinic / Hospital Emergency Room			70. City		
Hospitalized > 24 Hours Major medical/Lost time			71. State		72. Zip
Hospitalized Overnight					
73. Name of Physician or Other Health Care Professional			74. Has Injured Returned to Work		If so, 75. Date
			Yes No		76. Time a.m. p.m.
OTHER					
77. Date Prepared		78. Preparer's First Name		79. Last Name	
				80. Title	
				81. Preparer's Telephone Number	

NATURE OF INJURY	PART OF BODY	CAUSE OF INJURY
01. No Physical Injury	10. Multiple Head Injury	01. Chemicals
02. Amputation	11. Skull	02. Hot Objects or Substances
03. Angina Pectoris	12. Brain	03. Temperature Extremes
04. Burn	13. Ear(s)	04. Fire or Flame
07. Concussion	14. Eye(s)	05. Steam or Hot Fluids
10. Contusion	15. Nose	06. Dust, Gases, Fumes or Vapors
13. Crushing	16. Teeth	07. Welding Operation
16. Dislocation	17. Mouth	08. Radiation
19. Electric Shock	18. Soft Tissue	09. Contact With, NOC.
22. Enuclation	19. Facial Bones	10. Machine or Machinery
25. Foreign Body	20. Multiple Neck Injury	11. Cold Objects or Substances
28. Fracture	21. Vertebrae	12. Object Handled
30. Freezing	22. Disc	13. Caught In, Under or Between, NOC.
31. Hearing Loss or Impairment	23. Spinal Cord	14. Abnormal Air Pressure
32. Heat Prostration	24. Larynx	15. Broken Glass
34. Hernia	25. Soft Tissue	16. Hand Tool, Utensil; Not Powered
36. Infection	26. Trachea	17. Object Being Lifted or Handled
37. Inflammation	30. Multiple Upper Extremities	18. Powered Hand Tool, Appliance
40. Laceration	31. Upper Arm	19. Caught, Puncture, Scrape, NOC.
41. Myocardial Infarction	32. Elbow	20. Collapsing Materials (Slides of Earth) Either Man Made or Natural
42. Poisoning - General	33. Lower Arm	25. From Different Level (Elevation) Off Wall, Catwalk, Bridge, Etc.
43. Puncture	34. Wrist	26. From Ladder or Scaffolding
46. Rupture	35. Hand	27. From Liquid or Grease Spills
47. Severance	36. Finger(s)	28. Into Openings Shafts, Excavations, Floor Openings, Etc.
49. Sprain or Tear	38. Shoulder(s)	29. On Same Level
52. Strain or Tear	39. Wrist (s) & Hand(s)	30. Slipped, Do Not Fall
53. Syncope	40. Multiple Trunk	31. Fall, Slip or Trip, NOC.
54. Asphyxiation	41. Upper Back Area	32. On Ice or Snow
55. Vascular	42. Lower Back Area	33. On Stairs
58. Vision Loss	43. Disc	40. Crash of Water Vehicle
59. All Other Specific Injuries, NOC	44. Chest	41. Crash of Rail Vehicle
60. Dust Disease, NOC	45. Sacrum and Coccyx	45. Collision or Sideswipe With Another Vehicle
61. Asbestosis	46. Pelvis	46. Collision with a Fixed Object Standing Vehicle or Stationary Object
62. Black Lung	47. Spinal Cord	47. Crash of Airplane
63. Byssinosis	48. Internal Organs	48. Vehicle Upset Overturned or Jackknifed
64. Silicosis	49. Heart	50. Motor Vehicle, NOC.
65. Respiratory Disorders	50. Multiple Lower Extremities	52. Continual Noise
66. Poisoning - Chemical, (Other Than Metals)	51. Hip	53. Twisting
67. Poisoning - Metal	52. Upper Leg	54. Jumping
68. Dermatitis	53. Knee	55. Holding or Carrying
69. Mental Disorder	54. Lower Leg	56. Lifting
70. Radiation	55. Ankle	57. Pushing or Pulling
71. All Other Occupational Disease Injury, NOC	56. Foot	58. Reaching
72. Loss of Hearing	57. Toes	59. Using Tool or Machinery
73. Contagious Disease	58. Big Toes	60. Strain or Injury By, NOC.
74. Cancer	60. Lungs	61. Wielding or Throwing
75. AIDS	61. Abdomen Including Groin	65. Moving Part of Machine
76. VDT - Related Diseases	62. Buttocks	66. Object Being Lifted or Handled
77. Mental Stress	63. Lumbar & or Sacral Vertebrae	67. Sanding, Scraping, Cleaning Operation
78. Carpal Tunnel Syndrome	64. Artificial Appliance	68. Stationary Object
79. Hepatitis C	65. Insufficient Info to Properly Identify	69. Stepping on Sharp Object
80. All Other Cumulative Injury, NOC	66. No Physical Injury	70. Striking Against or Stepping On, NOC.
90. Multiple Physical Injuries Only	90. Multiple Body Parts	74. Fellow Worker; Patient
91. Multiple Injuries Including Both Physical & Psychological	91. Body Systems and Multiple Body	75. Falling or Flying Object
	99. Whole Body	76. Hand Tool or Machine in Use
		77. Motor Vehicle
		78. Moving Parts of Machine
		79. Object Being Lifted or Handled
		80. Object Handled By Others
		81. Struck or Injured, NOC.
		82. Absorption, Ingestion or Inhalation, NOC
		84. Electrical Current
		85. Animal or Insect
		86. Explosion or Flare Back
		87. Foreign Matter (Body) in Eye(s)
		88. Natural Disasters
		89. Person in Act of a Crime
		90. Other Than Physical Cause of Injury
		91. Mold
		94. Repetitive Motion Callous, Blister, Etc.
		95. Rubbed or Abraded, NOC.
		96. Terrorism

INSTRUCTIONS FOR FILING WC FIRST REPORT OF INJURY

Employers should send a completed legible form to the insurance carrier or, if self-insured, to the designated office handling their workers' compensation claims. The insurance carrier or designated office should forward this First Report on to the Workers' Compensation Division, Department of Labor, Montgomery, Alabama 36131 within fifteen (15) days from the date of injury or date of notification to the employer for all injuries for which compensation is claimed or paid. This includes deaths, permanent disabilities or temporary disabilities exceeding three (3) days).

Block 1. A number assigned by the insured to identify a specific claim

Block 2. An identifier for a specific claim within a claim administrator's claims processing system. Block 3. Case number from log maintained for OSHA

Block 4 - Block 14. Self

Explanatory Block 15.

Employer Federal ID number

Block 16. Employer Unemployment Compensation Account Number

Block 17. NAICS Industry Codes

http://dir.alabama.gov/docs/forms/wc_naics.pdf Block

18. Carrier's name

Block 19. Carrier's FEIN

Block 20. A code representing the kind of entity providing financial responsibility for the claim, exp: (I) Insurance Carrier (S) Self Insurer (G) Guarantee Fund/Group

Block 21 through Block 63. Self Explanatory

Block 64. Nature of Injury Codes

http://dir.alabama.gov/docs/forms/wcio_nature_table.pdf

Block 65. Part of Body Codes

http://dir.alabama.gov/docs/forms/wcio_part_table.pdf

Block 66. Cause of Injury Codes

http://dir.alabama.gov/docs/forms/wcio_cause_table.pdf

Block 67 through Block 81. Self Explanatory

97. Repetitive Motion Carpel Tunnel Syndrome

98. Cumulative, NOC

99. Other - Miscellaneous, NOC

MILEAGE RECORD

Name: _____

Address: _____

Date of Injury: _____

DATE	DESTINATION AND ADDRESS	TOTAL MILEAGE

**By endorsement of this form, the signee is attesting that he/she has received, understands and acknowledges the following statement:
Any person who, knowingly, and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided by law.**

SIGNATURE

TREATMENT AUTHORIZATION FORM

Form to be presented to physician's office for treatment.

EMPLOYEE INFORMATION

(Valid identification is needed for all drug screens and breath alcohol tests)

Name: _____ Position: _____ Date: _____

SCREENS REQUIRED UPON TREATMENT: _____ Breath Alcohol Test _____ Instant Drug Test

EMPLOYER INFORMATION AND AUTHORIZATION

AUTHORIZED TREATMENT PROVIDER: _____

SUPERVISOR NAME: _____ OFFICE: _____ FAX: _____

CONTACT PERSONNEL: _____ OR _____

Please call _____ at _____ after treatment

AUTHORIZATION: This form, completed and signed by an authorized representative of _____, serves as authorization to treat the above named employee and to bill for services rendered. Please submit a first report of this injury to the company as soon as possible.

Authorized Signature: _____ Date: _____

BILLING INFORMATION

Submit all billing to:

AlaCOMP /Business Insurance Group
PO Box 243007
Montgomery, Alabama 36124

WAGE STATEMENT

EMPLOYEE _____ EMPLOYER: _____

DATE OF INJURY _____ CLAIM NO. _____

Please complete this table to show the weeks worked and the **gross** wages earned by this employee for the fifty-two (52) weeks **prior to the date of injury** in accordance with Alabama Workers' Compensation Law 25-5-57(b). If this employee did not work a sufficient number of weeks to complete this table, use the wages of a fellow employee of the same class and who was engaged in the same type work for the time period stated above.

	Week Ending			Days Worked	Gross Payroll		Week Ending			Days Worked	Gross Payroll
	Mo.	Day	Year				Mo.	Day	Year		
1						27					
2						28					
3						29					
4						30					
5						31					
6						32					
7						33					
8						34					
9						35					
10						36					
11						37					
12						38					
13						39					
14						40					
15						41					
16						42					
17						43					
18						44					
19						45					
20						46					
21						47					
22						48					
23						49					
24						50					
25						51					
26						52					
				Total	\$					Total	\$

Annual Total \$

This report was prepared by _____ Date _____
 (Please complete fringe benefit information on page two.)

FRINGE BENEFIT INFORMATION

EMPLOYEE _____ EMPLOYER: _____

DATE OF INJURY _____ CLAIM NO. _____

1. Please indicate if any of the following benefits are provided for this employee. If yes, list the cost (amount paid by the employer) for each benefit provided on behalf of this employee.

Health Insurance \$ _____

Life Insurance \$ _____

Disability Insurance \$ _____

2. Do you still provide the benefits? Yes or No

3. If no, what date did you discontinue the benefits? _____

Verified by _____ Date _____

NOTE: Should you discontinue fringe benefits at a later date prior to resolution/closure of this employee's worker's compensation claim, notify AlaCOMP/Business Insurance Group, LLC immediately.

CHILD SUPPORT GARNISHMENT/LEVY

Have you, the employer, received an order/notice to withhold income for child support? Yes or No

If yes, provide us a copy of the order.

ALABAMA DEPT OF CORRECTIONS WORK RELEASE PROGRAM

Is this employee a participant in the Work Release Program? Yes or No

If yes, provide employee's AL DEPT OF CORRECTIONS prisoner ID number. _____

Name (facility), address, and telephone number of the Work Release Program: _____

ABC, LLC

MEDICAL PROTOCOL FOR WORKERS COMPENSATION INJURIES

REPORT INJURY TO:

Company: ABC, LLC
Phone: (123) 456-7890
Contact Person: John Doe

TREATING PHYSICIAN:

Doctors Office
Dr. Greene
123 Apple Street
Any City, AL 12345
(444) 444-4444

EMERGENCY ROOM:

Weekends or night shift (where treating physician's office is closed)

ABC Hospital
5555 Office Way
No City, AL 67890
(098) 765-4321

- ER personnel are authorized to treat emergencies regarding the above referenced cases.
- In the event further treatment is necessary, the ER physician shall refer the employee back to the designated treating physician.
- The ER Personnel has the authority to issue enough prescription drugs to last until the next business day. Then, the emergency room physicians should instruct the employee to go back to the designated treating physician for any further prescriptions. The intent is to have all prescription management handled by one doctor.

PRESCRIPTIONS

The authorized treating physician shall prescribe generic drugs on prescriptions when available. Prescription cards are available through your adjuster.

AlaCOMP RX Program:

Once the authorized treating physician writes the prescription, the injured worker may take the prescription to the pharmacy of choice. Have the pharmacy call AlaCOMP/Business Insurance Group at (888)661-7119 to obtain authorization from the assigned claims adjuster. The injured worker can pay for the initial prescription(s) and can be reimbursed after a copy of the pharmacy receipt is submitted (to include name of medication, quantity, and prescribing physician).

(COMPANY NAME) MEMORANDUM

TO: (Employee)
FROM: Human Resource Department
DATE: (Date)
RE: Workers' Compensation Medical Protocol

Dear Employee:

The following is the established medical protocol for workers' compensation injuries that occur during the day and night shifts or on the weekends that are not life threatening or do not involve serious bodily injuries.

Mandatory Notice: You must report all incidences of injury to your supervisor immediately.

Daytime workers' compensation accidents: Report to treating physician's office.

Physician Name & Address

Physician Phone Number

Nighttime/Weekend workers' compensation accidents:

Report to treating physician. If their office is closed, then report to Emergency Room

ER Facility Name & Address

ER Phone Number

Emergency needs during any shift: Any injuries that can be handled at a physician's office should be sent to the authorized treating physician. However, in the case of an emergency, or in the case of the authorized treating physician being closed, the employee should be directed to the authorized emergency room.

Failure to report to the above listed medical providers may jeopardize your workers' compensation benefits. Prior authorization must be received whenever possible.

If you have any questions, please contact your HR Department.

Thanks,
Bob Smith
ABC,LL

STATE OF ALABAMA
WORKERS' COMPENSATION
INFORMATION



If you are injured on the job, or
contract an occupational disease,
notify your employer
immediately.

Your employer will advise you of
the physician to see for authorized
medical treatment.

WORKERS' COMP
INSURANCE CARRIER:

AlaCOMP
PO BOX 243007
Montgomery, AL 36124

TELEPHONE NUMBER:

1-888-661-7119

ASSISTANCE IS AVAILABLE UNDER THE ALABAMA WORKERS' COMPENSATION LAW INCLUDING
MEDIATION SERVICE.

FOR INFORMATION CALL: 1-
800-528-5166

Alabama Department of Labor
Workers' Compensation Division 649
Monroe Street

Montgomery, AL 36131

CODE OF ALABAMA, 1975, § 25-5-290(d), REQUIRES THAT THIS NOTICE BE POSTED
IN ONE OR MORE CONSPICUOUS PLACES IN YOUR BUSINESS.

FORM WCC#1 10/12