**ABC, LLC**

MEDICAL PROTOCOL FOR WORKERS COMPENSATION INJURIES

**REPORT INJURY TO:**

Company: ABC, LLC

Contact Person: John Doe

Phone: (123) 456-7890

**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).

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. A post-accident drug screen must be completed within 24 hours of the incident. Report to designated treating physician’s office. If their office is closed, then report to Emergency Room

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

\*\*Physician Name & Address\*\*  
\*\*Physician Telephone 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\*\***

**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, LLC