



Winchester Fire and Rescue

FIRE, RESCUE, HAZARDOUS MATERIALS & EMERGENCY COMMUNICATIONS

J. SCOTT CULLERS, FIRE CHIEF
GARY GANOE, CAPTAIN/ FIRE MARSHAL
CARL E. MCCLELLAN, CAPTAIN
SCOTT KENSINGER, CAPTAIN

231 EAST PICCADILLY STREET, SUITE 330, WINCHESTER, VIRGINIA 22601

PHONE (540) 662-2298

FAX (540) 542-1318

TDD (540) 662-4131

TO: Career Fire and Rescue Personnel
FROM: J. Scott Cullers, Chief
DATE: November 3, 2010
SUBJECT: Reporting Work Related Injury

Beginning **March 15, 2010**, please follow the updated/revised instructions for reporting work related injuries. If reporting an on-the-job injury or illness, the following procedures apply to all City employees:

- Do not delay calling Coventry Workers' Comp Services NT24 Nurse Triage at 1-877-234-0898, complete the nurse triage information sheet and sign the panel of physicians form. Send completed forms to the office.
- Workers' Compensation Packet includes: Nurse Triage Information Sheet, Panel of Physicians Form, and Prescription Card Form. This packet must be completed for all injuries.

Nurse Triage Information Sheet:

- Form can be found at: <http://fire.winchesterva.gov/>
- Forms are to be returned and signed 24 hours post-accident.
- ALL injuries must be reported by supervisor and employee to the Coventry Workers' Comp Services NT24 Nurse Triage at 1-877-234-0898 and all paperwork must be returned to the office.
- If professional medical attention is required, a registered nurse will determine the best course of action based on the symptoms reported.
- Supervisors must provide a detailed description of the accident and injuries/illness.
- Employees are required to sign the nurse triage information sheet and the panel of physicians form.

Panel of Physicians Form Last Revised May 2009:

- Form can be found at : <http://fire.winchesterva.gov/>
- Supervisors must give all employees the opportunity to read, sign and retain a copy of the Panel of Physicians list for all on-the-job injury or illness claims.
- All employees must be given the opportunity to sign the form after each minor or major injury or illness; otherwise the employee may be giving up their benefits.
- Supervisors are encouraged to make a copy of this form and give it to the employee for future medical treatment.

Prescription Card Form:

- Form can be found at : <http://fire.winchesterva.gov/>
- VML has instituted a prescription card plan for workers' compensation claimants that can be used with a valid paneled physician's prescription. If an employee needs a workers' compensation prescription filled, the employee can use this one time card at any pharmacy.
- Employees do not pay any out-of-pocket expense for a valid workers' compensation prescription.

Special Notes for Supervisors:

- VML Policy – if the workers' compensation claim is delivered within 24 hours and an employee seeks medical attention with a POP doctor, VML will pay the initial visit regardless of compensability or later denial.
- Employees are responsible for paying any invoice regarding a missed workers' compensation doctor appointment.
- Supervisors shall not prejudice any worker's rights to file a workers compensation claim out of disbelief, revenge or any other willful behavior.

Please distribute and review this information with your supervisors. Thank you!

Supervisors: In case of an injury your responsibilities are:

For minor injuries....

- Provide first-aid
- Complete the Nurse Triage Information Sheet and sign a Panel of Physicians Form
- Have supervisor and employee call Coventry Workers' Comp Services NT24 Nurse Triage
- Forward completed paperwork to the office

For moderate and severe injuries....

- Provide first-aid
- Secure the accident scene
- Call ahead to medical provider
- Accompany employee to medical provider
- Complete Nurse Triage Information Sheet
- Have employee sign Panel of Physicians Form
- Accompany employee
 - home, if he/she cannot return to work due to injury
 - back to work, apply restriction if appropriate

Important: The employee MUST see a medical provider on the attached Panel of Physicians if there is any question about his or her medical condition.

Coventry Workers' Comp Services NT24 - Nurse Triage - 1-877-234-0898

Report Number: _____

Employee Name (last name first): _____ SSN# _____

Home Address: _____ Zip: _____

Home Phone#: _____ Work Phone#: _____ D.O.B. _____

Date of Injury/Illness: _____ Location: _____ Time: _____ a.m. p.m.

Dept: _____ Job Title: _____

Incident Description: _____

Nature of Injury/Illness (including body part affected): _____

Name of Witness: _____

First-Aid Treatment Administered by: _____

Describe First-Aid Treatment: _____

Actual/Anticipated return to work date: _____

Supervisor's Signature

Date

Employee Signature

Date

**CITY OF WINCHESTER
WORKERS' COMPENSATION PANEL OF PHYSICIANS**

William J. Bender, M.D. Harry Nelson Gustin, III, M.D. Jefferson Livermon, M.D. Patricia Houser, M.D.	Amherst Family Practice 1867 Amherst Street Winchester, Virginia 22601	540-667-8724 <u>Hours of Operation</u> M-F 7am-6pm Sat 9am-2pm
Kevin Culbert, DO	Occupational Health Services	540-536-2200 M-F 8am-4:00pm
John Giangola, MD Gregory MacIssac, MD George Moomau, MD Jo Ellen Jones, MD	Urgent Care Center 607 East Jubal Early Drive Winchester, Virginia 22601	540-536-2232 <u>Hours of Operation</u> M-F 8am-8pm Sat&Sun 9am-6pm
Sheris Kaiser, MD Christine Aiello, MD	Berryville Medical Assoc. 115 S. Church Street Berryville, Virginia 22611	540-955-4811 <u>Hours of Operation</u> M-F 8:30am-5pm

**THE CITY HAS AN AGGRESSIVE LIGHT DUTY/RETURN TO WORK POLICY
FOR ALL WORKERS' COMPENSATION ACCIDENTS**

**THE CLOSEST HOSPITAL MAY BE USED IN AN EMERGENCY SITUATION. ONCE THE
EMERGENCY TREATMENT IS COMPLETED A PANEL PHYSICIAN MUST BE CHOSEN
FOR FOLLOW UP CARE**

_____ I agree to select a doctor from the above panel.

_____ I decline to select a doctor from the above panel. I understand that I will have to pay for medical treatment and doctor bills, and that I will be denied workers' compensation for any absence based on disability that is not certified by an approved doctor.


Signature of Employee

Date

Signature of Employer

Date



	Instant Coverage Workers' Compensation Prescription Program
Plan, Carrier, Group:	VML169
Employer:	City of Winchester
Claimant's Name:	_____
Claimant's ID:	_____
<u>Attention Pharmacist</u>	
Please retain for your records; billing is through Restat.	

RESTAT	<i>Customer Service: 1-800-248-1062 BIN No. 600471</i>
Covered medications include only those normally used in Workers' Compensation injury cases. Process prescriptions through Restat.	
Administered By: Modern Medical, Inc. 1-800-547-3330	

Tomorrow's Medical Product Solutions Today

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