Employee Injury Packet

Dealership Name

Claim Coordinator Name & Phone

To the Employee:

_____ 1. Contact your supervisor to report injury.

_____ 2. Choose Physician/Medical Clinic from Physician List (*Contact Supervisor or Claim Coordinator for Physician List*)

_____ 3. Visit Physician as directed – **Give physician this packet every visit**

_____ 4. Return the completed Injury Packet to your Supervisor or Claim Coordinator following every visit.

_____ 5. If prescriptions will be necessary, refer to *Express Scripts Prescription Coverage* information sheet inside this packet

To the Physician:

_____ 1. Please refer to Physician Selection List attached for necessary medical referrals.

_____ 2. Our dealership offers a Return-to-Work Program where we make every effort to promote expeditious recovery and transition back to the workplace. Please complete the attached Medical Treatment & Work Status Form detailing work restrictions and return to Employee (or mail to PMA)

_____ 3. See address below for filing Medical Bills and/or Medical Reports

The PMA Companies will be responsible for making all compensability decisions regarding this workers compensation claim. If the claim is determined to be compensable all medical bills will be paid by PMA Companies under the VADA Group Self Insurance Association policy. Therefore, please forward all medical billings and medical reports directly to:

PMA Customer Service Center
PO Box 5231
Janesville, WI 53547-5231

Please reference the PMA Claim number or the employee's name, date of accident, & SSN

Note: All bills should be sent with appropriate supporting medical reports as they cannot be processed without the appropriate supporting medical reports

To the Employee: *Contact Supervisor &/or Claim Coordinator for Physician Selection List.*

To the Physician: *Please see Attached Physician Selection List for Referrals.*

ATTACH PHYSICIAN SELECTION LIST HERE

Selecting Approved Doctors for Your Panel of Physicians

PMA uses a national PPO network called First Health Network to give you access to highly qualified physicians in your neighborhood. Many of these physicians are likely to be in your healthcare PPO networks as well. By using the First Health Network, you can take advantage of First Health's negotiated provider rates, often fixed below state fee schedules or usual and customary charges. To develop your customized physician panel, follow the instructions below:

1. Go to the VADA GSIA website: www.vadagsia.com
2. Click on the "Create A Panel" link, then the "Click Here to create a Panel of Physicians" button
3. We suggest starting with "Address Search" using your zip code.

NOTE: Clinics meet the following criteria: open at least 8AM-5:30 PM with doctor on duty, working lab and x-ray equipment, and capability to handle minor emergencies.

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Workers Compensation: Express Scripts Prescription Coverage

VADA GSIA provides prescription coverage for your workers' compensation claims through our partnership with PMA & *Express Scripts*. Virtually all major pharmacies can bill on-line through this network.

Medication prescriptions can be filled with NO MONEY OUT-OF-POCKET.

All claims should be reported immediately. However, if the first trip to the pharmacy is prior to this claim being fully registered in PMA's system, the pharmacy can still process the prescription fill through Express Scripts online through their "FIRST FILL" program if it is during normal business hours. Injured workers should be provided the Express Scripts Workers' Compensation Temporary Prescription ID Card form for their first prescription.

A sampling of the pharmacies that participate is listed below. However, if you don't see one you are looking for listed go to www.express-scripts.com/workerscompensation and click on "Injured Worker? Find a Pharmacy" or call Express Scripts at 888.786.9640 to find a pharmacy close to you.

MAKE COPIES OF THE EXPRESS SCRIPTS WORKERS' COMPENSATION TEMPORARY PRESCRIPTION ID CARD FORM AND SIMPLY GIVE IT TO THE EMPLOYEE WHEN THE INJURY IS REPORTED.

PMA Injured Worker Express Scripts Participating Pharmacies

PHARMACY NAME
BJ's Wholesale Club
Costco
CVS
EPIC Pharmacy Network
Farmer Jack
Giant Food
Hannaford
Harris Teeter
Kmart
Kroger
Martins
Publix
Rite Aid
Safeway
Sam's Club
Target
Walgreens
Wal-Mart
Wegmans

These are just a few Express Scripts participating pharmacies.

Go to
www.express-scripts.com/workerscompensation
and click on
"Injured Worker? Find a Pharmacy"
to find a participating pharmacy near you.

PLEASE HAVE YOUR PHARMACY CALL EXPRESS SCRIPTS REGARDING ANY QUESTIONS/AUTHORIZATIONS
@
888.786.9640

Medical Treatment & Work Status Form

*Employee Name*_____ *Dealership*_____

To Be Completed By Healthcare Provider

(Please Note: A separate *Medical Treatment & Work Status Form* must be completed for each visit to an approved provider.)

Patient has follow up appointment on_____ ( ) Check if treatment complete

Diagnosis: _____

Treatment (including surgery, physical therapy, medications, and diagnostic procedures):

_____

_____

_____

Medical Recommendations for Return to Work: (Modified duty will be considered for all employees)

WORK STATUS: (Health Care Provider, please check all appropriate boxes)

[ ] Patient released to regular duty on _____ or, [ ] Patient expected to return to full duty on _____

[ ] Patient may work transitional/ modified duty as of _____with restrictions as listed below:

WORK EFFORT LEVEL: (US Dept of Labor Classifications, 3rd Ed. 1993)

[ ] Sedentary: lift/carry 10 lbs. maximum: walk, stand, sit as needed

[ ] Light: lift/carry occasional 20 lbs. maximum; sitting as needed, may lift/carry up to 10 lbs. frequently, walk stand, push, pull (arm or leg controls), may walk/stand to significant degree

[ ] Light Medium: lift/carry occasional 35 lbs. maximum, frequently lift/carry up to 20 lbs.

[ ] Medium: lift/carry occasional 50 lbs. maximum, frequently lift/carry up to 25 lbs.

[ ] Medium Heavy: lift/carry occasional 75 lbs. maximum, frequently lift/carry up to 50 lbs.

[ ] Other restrictions _____

[ ] Medium Heavy: lift/carry occasional 75 lbs. maximum, frequently lift/carry up to 50 lbs.

[ ] Heavy: lift/carry occasional 100 lbs. maximum, frequently lift/carry up to 50 lbs.

[ ] Employee can drive to work

[ ] No reaching above shoulder height

[ ] No reaching below waist

[ ] No exposure to dust/fumes

[ ] No operating vehicles

[ ] No operating machinery

Name of Healthcare Provider Practice _____ Phone _____

Signature of Healthcare Provider _____ Date _____

HEALTHCARE PROVIDER: *Please forward records and bills from this visit as soon as possible to: PMA – P. O. Box 2854 –Clinton, IA 52733-2854*
EMPLOYEE: *Return this form to your supervisor/claims coordinator*
QUESTIONS: *Contact PMA Management Corp. Customer Service:* 888-476-2669

To be Completed by Employee (Employee Signature Required)

Name: _____ SSN: _____ Date of Injury: _____ Phone: _____

Home Address:_____ City: _____ State: _____ Zip: _____

I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, PMA, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.

Employee Signature: _____ *Date:* _____

Transitional Duty Provided: _____ Date Transitional Duty Started: _____

Description of Transitional Duty: _____ Expected Completion Date: _____

To be Completed by Supervisor

Signature of Supervisor: _____ Date: _____