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 & return to Employee (or mail to PMA)

Questions? Contact PMA at 1-888-476-2669

_____ 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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WORKPLACE INJURY PRESCRIPTION INFORMATION

Employer:

Please fill out the employee information below and provide the employee with this document to take to any pharmacy for their workplace injury prescriptions.

Employee:

PMA Companies has partnered with **Cadence Rx** to make filling workers' compensation prescriptions easy. Medications may be subject to formulary and pre-authorization requirements. Please take this letter and your prescription(s) to a pharmacy near you.

Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at https://cadencerx.com/find-a-pharmacy/ or call Cadence Rx toll-free at 1-888-813-0023.

This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you if your claim is deemed compensable for pharmacy benefits.

IF YOU HAVE QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY, PLEASE CALL 888-813-0023

Pharmacist:

Please obtain the below information from the injured employee to process prescriptions for the workplace injury only. Please do not send the patient home or have the patient pay for medication(s) before calling Cadence Rx for assistance.

Note: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

Prescription Drug ID Card

Employee Name:	
Member ID Number*	***Refer to Member ID Format**
Date of Injury:	
Group Number:	**PMACRX**
PCN Number:	**CRX**
BIN Number:	**021460**

Card Created On: _____/____/____

Pharmacy Information

This form allows you to fill your initial prescriptions with a maximum cost of $500 per medication and no more than a 14-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.

The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.

- **Member ID format: The ID must start with FF followed by the last 4 digits of the social security number plus 8- digit DOI (MMDDYYYY). Example: FF999901012018**

INFORMACIÓN DE RECETAS POR LESIONES EN EL LUGAR DE TRABAJO

Empleador:

Complete la información del empleado a continuación y proporcione este documento al empleado para que lo lleve a una farmacia para sus recetas por lesiones en el lugar de trabajo.

Empleado:

PMA Companies se ha asociado con **Cadence Rx** para que sea más fácil rellenar las recetas de los trabajadores. Las medicaciones podrán estar sujetas a requisitos de autorización previa y formularios. Lleve esta carta y su(s) receta(s) a una farmacia cercana.

Cadence Rx cuenta con una red de más de 72.000 farmacias por todo el país. Para encontrar una farmacia de nuestra red cerca de usted puede usar el buscador de farmacias en https://cadencerx.com/find-a-pharmacy/ o llame a Cadence Rx sin cargo al 1-888-813-0023.

Este documento sirve como tarjeta temporal de recetas. Le enviaremos una tarjeta de recetas permanente para su enfermedad o lesión laboral si se considera que su reclamación amerita compensación con prestaciones farmacéuticas.

SI TIENE ALGUNA PREGUNTA O NECESITA ASISTENCIA EN LA FARMACIA LLAME AL 888-813-0023

Farmacéutico:

Obtenga la siguiente información del empleado lesionado para procesar las recetas sólo aplicadas a la lesión en el lugar de trabajo. No envíe al paciente a casa ni le haga pagar la(s) medicación(es) antes de llamar a Cadence Rx.

Nota: Ciertas medicaciones están preaprobadas para este paciente; estas medicaciones serán procesadas sin autorización. El resto necesitan aprobación previa.

Tarjeta Identificativa de Recetas

Nombre del empleado:	
Número ID de Miembro*	***Consultar Formato de ID de Miembro**
Fecha de Lesión:	
Número de Grupo:	**PMACRX**
Número PCN:	**CRX**
Número BIN:	**021460**

Tarjeta Creada El: _____/____/____

Información para la Farmacia

Este formulario le permite completar sus primeras recetas con un costo máximo de $500 por medicación y no más de 14 días de abastecimiento por receta. Farmacia, si requiere asistencia para procesar este reclamo, llame al 1-888-813-0023.

La tarjeta de prestaciones farmacéuticas solo debe ser usada para medicaciones recetadas para su lesión laboral. Al usar esta tarjeta usted reconoce y acepta responsabilidad económica por cualquier receta facturada bajo esta tarjeta que resulte no estar relacionada con su lesión.

- **Formato de ID de Miembro: El ID debe comenzar por FF seguido por los últimos 4 números del número de seguridad social más los 8 números del DOI (MMDDAAAA). Ejemplo: FF999901012018**

PMAcare+

CADENCE Rx
PEER TO PEER PRESCRIPTION PLATFORM

Participating Pharmacies/Farmacias Participantes:

Below are some of the major pharmacy chains Cadence Rx partners with/
A continuación se presentan algunas de las principales
cadenas de farmacias con las que se asocia Cadence Rx:

Acme Pharmacy
Albertson's
Aurora Pharmacy
Bartell Drugs
Big Y
Bi-Lo
Bi-Mart
Brooks
Brookshire Brothers
Brookshire Grocery
Carrs
Costco
CVS
Dillons
Discount Drug Mart
Eckerd Drug
EPIC Pharmacy
Food City
Food Lion
Fred Meyer
Fry's Food and Drug
Giant Eagle
Hannaford
Harris Teeter
HEB Grocery
HY-VEE Pharmacy
Ingles Markets
King Sooper's Pharmacy
Kinney Drugs
Kroger Pharmacy
Kmart Pharmacy
Leader Drug Stores
Longs Drug Store
Marsh Drugs
Medicap
Medicine Shoppe
Meijer Pharmacy
New Albertson's
Osco
Price Chopper
Publix
Raley's Drug Center
Ralphs
Randalls
Rite Aid
Safeway
Sam's Club
Sav Mor Drug Stores
Save Mart
Shaw's
Shoprite
Smith's Food and Drug Center
Snyder
Stop and Shop Pharmacy
SuperValu Pharmacy
Target Pharmacy
Thrifty Drugs
Tom Thumb
Tops
United Pharmacy
Vons
Walgreens
Walmart
Wegmans
Weis
Winn Dixie

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: _____