



EMPLOYEE INCIDENT REPORT

EMPLOYEE INFORMATION – PLEASE TYPE OR PRINT (TO BE COMPLETED BY EMPLOYEE)

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY

MARITAL STATUS

BIRTH DATE

HOME PHONE

OF DEPENDENTS UNDER 18

REGULAR WORK SCHEDULE TIME

JOB TITLE

DATE OF HIRE

CURRENT ADDRESS (STREET, CITY, STATE)

INCIDENT INFORMATION

ADDRESS OF INCIDENT (STREET, CITY, STATE)

DATE OF INCIDENT

TIME OF INCIDENT

DESCRIBE HOW THE INCIDENT OCCURRED AND ANY RESULTING INJURY

LIST ANY EQUIPMENT, MACHINERY, OR CONTRIBUTING FACTORS TO THE INCIDENT (PLEASE ONLY INCLUDE FACTUAL INFORMATION)

IDENTIFY PARTS OF BODY INJURED:

LIST OTHER EMPLOYEES INVOLVED OR WITNESSES

I AGREE THAT THE ABOVE IS TRUE, CORRECT, AND COMPLETE

EMPLOYEE'S SIGNATURE

DATE

TELEPHONE #

SUPERVISOR'S REPORT

SUPERVISOR'S NAME

DATE INCIDENT REPORTED

DEPARTMENT

DID YOU WITNESS THE INCIDENT?

NO YES DESCRIBE/COMMENTS:

WHAT WAS THE EMPLOYEE DOING WHEN INJURED? (BE SPECIFIC, IDENTIFY TOOLS OR MATERIALS INVOLVED AND EXPLAIN HOW THEY WERE BEING USED)

HOW DID THE INJURY OCCUR? (DESCRIBE FULLY THE EVENTS RESULTING IN THE INJURY/ILLNESS. NAME ANY OBJECTS OR SUBSTANCES INVOLVED)

DID THE INJURY RESULT FROM MECHANICAL DEFECT?

NO YES DESCRIBE/COMMENTS:

DID THE INJURY RESULT FROM AN UNSAFE ACT?

NO YES DESCRIBE/COMMENTS:

WAS ACTION TAKEN TO PREVENT SIMILAR INCIDENTS?

NO YES DESCRIBE/COMMENTS:

EMPLOYEE WAS REFERRED TO:

EMERGENCY ROOM

REFUSED TREATMENT

SUPERVISOR'S SIGNATURE

DATE

PHONE

MEDICAL INFORMATION

EXAMINING PHYSICIAN:

DATE

DIAGNOSIS:

COMPLETED FORMS MUST BE SIGNED AND RETURNED TO ENVIRONMENTAL HEALTH AND SAFETY WITHIN 24 HOURS

MEDICAL RECORDS RELEASE AUTHORIZATION

CLAIM NUMBER: _____

In order for your claim to be fully evaluated for purposes of determining your eligibility for the receipt of benefits with respect to this claim, you must sign the following authorization. Please note that the amount and type of medical information sought pursuant to this authorization will depend upon the nature of the claim, but that it will be used solely to facilitate determinations regarding the validity of the claim and the payment of benefits or the administration of the insurance program under which the claim has been made. The authorization is subject to your revocation at any time except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to The PMA Insurance Group, P.O. Box 25250, Lehigh Valley, Pennsylvania, 18002, otherwise this authorization will continue to be valid. Your acceptance of benefits shall be considered an acceptance of the terms in this medical authorization, unless you indicate to the contrary in writing.

Authorization to Release Medical Information

I hereby authorize any employer, insurance company, government agency, medical prepayment plan, or service organization, and any physician, surgeon, therapist, pharmacist, or other duly licensed practitioner of the healing arts, and any hospital, including the Veteran's Administration, or medical transportation company, to release to any of the PMA Insurance Group of Companies (including the PMA Insurance Company and PMA Management Corporation), and their subsidiaries, affiliates, representatives, and agents (collectively PMA), any and all applicable medical records, medical information, and benefit payment information with respect to any illness, injury, medical history, consultations, prescriptions, treatment or benefits, and copies of all applicable records thereof, which may be appropriate or necessary to establish the validity of this claim.

This authorization shall specifically include but shall not be limited to medical records, medical information and benefit payment information pertaining or relating to the treatment of AIDS, HIV, mental illness, and drug or alcohol related medical problems.

I also authorize the Social Security Administration to release to PMA information concerning entitlement dates and benefit amounts for myself and my dependents.

I further authorize PMA to release any such medical information to its reinsurers, attorneys or to medical peer review panels, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, or my employer and its excess insurer, to the extent that PMA considers doing so to be reasonable appropriate or necessary for purposes of its administration of the claim or the insurance program under which the claim has been made. I understand the information released to PMA as a result of this authorization may no longer be subject to certain protections provided under the Health Insurance Portability and Accountability Act of 1996.

Unless revoked earlier by me in writing this authorization shall be valid for three years after the claim has been closed by PMA. A copy of this authorization is to be considered as valid as the original.

Employee Signature _____ Date _____

Employee Name _____

WORKERS COMPENSATION
EMPLOYEE NOTIFICATION

Workers' Compensation is designed to provide wage loss benefits and reimbursement for reasonable medical care for one who is injured on the job. Your employer shall provide payment for reasonable surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

Your employer, in compliance with Workers' Compensation Act, has posted a list of at least six (6) medical providers from which you are to select. You are to obtain treatment from one of the providers of your choice for ninety (90) days from the date of your first visit.

If you are faced with an immediate medical emergency, you may secure assistance from the closest hospital, physician or other health care provider of your choice. If follow up treatment is needed, you must then seek treatment from a physician or other health care provider listed on your employer's physician panel list for the first ninety (90) days from the date of your first treatment.

If during the initial 90-day period you wish to change medical providers, you must one again re-visit your employer's panel and select a new physician. If you do not seek treatment from a provider on the panel list for the initial 90 days following your first visit, your employer will not have to pay for the services rendered.

If one of the listed providers recommends invasive surgery, you are entitled to a second opinion from a physician of your choice. Should your physician's opinion differ, and you choose that opinion, the panel physician will abide by same for 90 days.

After the initial 90-day period, if additional or continued treatment is needed, you may now choose to go to another physician or health care provider of your choice. Should you decide to change providers, you must notify your employer within five (5) days of your first visit with your new provider. Failure to notify your employer will relieve your employer of the responsibility for the payment of the services rendered if such services are determined to have been unreasonable or unnecessary.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I hereby acknowledge that I have been informed of and understand my rights and duties under the Workers' Compensation Act

Employee Signature _____ Date _____

Employee's Name _____

WORKER'S COMPENSATION
EMPLOYEE NOTIFICATION

Workers Compensation Information

- (1) The workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.
- (2) Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer, Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place , including without limitation , areas used for the treatment of injured employees or for the administration of first aid.
- (3) You should report immediately any injury or work-related illness to your employer.
- (4) Your benefits could be delayed or denied if you do not notify your employer immediately.
- (5) If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.
- (6) The Bureau of Workers' Compensation cannot provide legal advice, However, you may contact the Bureau of Workers' Compensation for additional general information at: Bureau of Workers Compensation, 1171 South Cameron Street, Room 103, Harrisburg, Pennsylvania 17104-2501; telephone number within Pennsylvania (800) 482-2383; telephone number outside of this Commonwealth (717) 772-4447; TTY (800) 362-4228 (for hearing and speech impaired only); www.state.pa.us, PA Keyword: workers comp.



PCOM - PA
 4170 City Avenue
 Philadelphia, PA 19131-1610
 1001-39112
 05/09/2024



NOTICE TO ALL EMPLOYEES

05/09/2024

The following applies if you are involved in a work-related injury. Your employer is required to pay for reasonable surgical and medical services, supplies, orthopedic appliances and prostheses, including training in their use.

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|---|---|---|
| <p>1. Concentra Medical Center <i>Occupational Medicine Clinic</i> 5800 Ridge Ave, Suite 234 Philadelphia, PA 19128 215-857-5430 <i>Est Dist: 2.6 mi</i> <i>Hours: Mon 8:00 am - 5:00 pm, Tue 8:00 am - 5:00 pm, Wed 8:00 am - 5:00 pm, Thu 8:00 am - 5:00 pm, Fri 8:00 am - 5:00 pm</i></p> | <p>2. Miller, Andrew J., MD Philadelphia Hand to Shoulder Center~Premier Orthopaedics <i>Orthopedic: Surgery</i> 834 Chestnut St Ste G114 Philadelphia, PA 19107 215-521-3001 <i>Est Dist: 5.4 mi</i></p> | <p>3. Beredjikian, Pedro K., MD Rothman Institute at Jefferson~Rothman Institute of New Jersey, P.A. <i>Orthopedic: Surgery</i> 925 Chestnut St Fl 5 Philadelphia, PA 19107 800-321-9999 <i>Est Dist: 5.3 mi</i></p> |
| <p>4. myDoc Urgent Care <i>Occupational Medicine Clinic</i> <i>Urgent Care Clinic</i> 1501 N Broad St Process Plaza #10 Philadelphia, PA 19122 267-457-5553, 215-350-3956 <i>Est Dist: 4.4 mi</i></p> | <p>5. Gni Neuroservices <i>Surgery: Neurosurgery</i> 30 Lawrence Rd Ste 700 Broomall, PA 19008 844-464-6387 <i>Est Dist: 5.5 mi</i></p> | <p>6. Rebisz, Brian K. High Land Park Chiropractic Center Highland Park Chiropractic Center, LLC Highland Park Chiro Ctr <i>Chiropractic Medicine</i> 8420 W Chester Pike Upper Darby, PA 19082 610-446-2828 <i>Est Dist: 3.2 mi</i> <i>Hours: Monday:10AM-7PM, Tuesday:10AM-7PM, Wednesday:10AM-7PM, Thursday:10AM-7PM, Friday:10AM-7PM</i></p> |

Scheduling Services

For all Sedgwick Specialty Services Contact Provider Connection: 1-87-SEDGWICK (1-877-334-9425)

| | |
|-----------------------------|------------------|
| • Physical Therapy | • Transportation |
| • Durable Medical Equipment | • Translation |
| • Diagnostics | • Dental |

1. You must continue to visit one of the practitioners listed above if you require treatment during the first 90 days from the date of your initial visit. In order to ensure that your medical treatment will be paid for your employer or the insurance company you must select one of the physicians or practitioners listed above.
2. After this 90-day period, if you still need treatment, you may choose to go to another licensed physician or practitioner of the healing arts for treatment. You should notify your employer within 5 days of your visit to the person of your choice. Your bills will be paid if your licensed physician or practitioner of the healing arts files reports as required (these reports must be filed within 30 days after your first visit and at least once a month for as long as treatment continues).
3. If one of the persons listed above refers you to another licensed specialist, your employer or his Insurance company will pay the bill for these services.

Sedgwick takes care to ensure the reliability of the information provided. Regardless of continual diligence by Sedgwick, real-time changes may occur ahead of Sedgwick's ability to document the updates. User agrees that the information is subject to the actual time during which a process or event occurs/changes. Sedgwick makes no representation regarding the completeness, accuracy, or timeliness of any information or data posted, and the information is provided "as is" without warranty of any kind.

(This notice must be printed on legal-sized paper and posted in a conspicuous place readily accessible to the employee at all time.)

PANEL OF PHYSICIANS

OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY
TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY,
AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible. (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Insurer Name:
Address:
Insurer Email:

Phone:

Instructions to injured worker: Review the following physician's contact information and select the provider with whom you would like to receive medical treatment.

Physician's Contact Information: Name, Address, Phone, and website listed below:

- | | | |
|--|---|---|
| 1. Shah, Jayendrakumar J. MD Gwinnett Clinic <i>Orthopedic: Surgery</i> 475 Phillip Boulevard Suite 100 Lawrenceville, GA 30046 770-995-3300 <i>Est Dist: 4.3 mi</i> | 2. Duckett III, James William M.D Academy Orthopedics Llc - Duluth <i>Orthopedic: Hip</i> <i>Orthopedic: Knee</i> <i>Orthopedic: Surgery</i> 3540 Duluth Park Ln Suite 220 Duluth, GA 30096 770-476-1900, 844-443-2792~ Scheduling: (844) 443-2792 <i>Est Dist: 6.0 mi</i> | 3. Concentra Medical Center <i>Occupational Medicine</i> 755 Lawrenceville Suwanee Road Ste 1600 Lawrenceville, GA 30043 770-995-1500 <i>Est Dist: 5.9 mi</i> www.concentra.com |
| 4. Nova Medical Centers Nova Medical Center - Atlanta Norcross <i>Occupational Medicine Clinic</i> <i>Urgent Care Clinic</i> 6300 Jimmy Carter Blvd Ste 110 Norcross, GA 30071 770-280-1919 <i>Est Dist: 11.2 mi</i> | 5. Peachtree Immediate Care <i>Family Practice</i> 3551 Satellite Blvd Duluth, GA 30096 770-947-1112 <i>Est Dist: 6.0 mi</i> | 6. Shah, Meena J. MD Gwinnett Clinic LTD <i>Family Practice</i> 3490 Pleasant Hill Rd Duluth, GA 30096 770-814-2870 <i>Est Dist: 6.2 mi</i> |

(Additional doctors may be added on a separate sheet)

This box is checked if additional physicians are listed on separate sheet.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwgc.org>
WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A.
§34-9-18 and §34-9-19).

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$800 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$533.33 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$533.33 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$800 per week. A widowed spouse with no children will be paid a maximum of \$320,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0582, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1399 or visit our website <https://sbwc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-334-6865.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>
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REVISION 07/2023

WC - BILL OF RIGHTS