

EMPLOYERS® Claims Kit

America's small business insurance specialist®

Claims Contact Information

Tel: 888-682-6671 | Fax: 877-329-2954 | www.employers.com/claimskit

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Your EMPLOYERS® Claims Kit

Thank you for the trust you have placed in EMPLOYERS. As a leading provider of workers' compensation insurance for America's small businesses, EMPLOYERS is focused on making premiums affordable, as well as helping our policyholders reduce the long-term costs associated with workplace injuries and illnesses.

Accessing Claims Kit Information for Your State

EMPLOYERS provides policyholders access to EMPLOYERS specific state-specific claim information on our website: www.employers.com/claimskit. Policyholders can request a printed copy of our claims kit by contacting us by phone at (888) 682-6671 or e-mail at customersupport@employers.com.

How to Report a Workers' Compensation Claim

Immediate reporting is a major step in cost and time containment of any claim and is beneficial to all parties involved. Any delays in the reporting of claims can result in delayed access to medical care, which in some instances may lead to further injury, resulting in the need for additional treatment subsequently leading to higher medical costs.

EMPLOYERS® offers two convenient phone numbers that are available 24/7 to report a claim with less paperwork. Both numbers are staffed with individuals fluent in both English and Spanish, with accommodations for other languages.*

1. Injured Employee Hotline – **855-365-6010**
    - Reporting of a new work-related injury or illness when the injured/ill employee has not yet received medical treatment.
        - Access to registered nurses who are specially trained to provide nurse triage and medical guidance.

2. Customer Support – **888-682-6671**
    - Reporting of a new work-related injury or illness when the injured/ill employee has already received medical treatment.
        - Injured employees who have not yet sought medical treatment will be transferred to our Injured Employee Hotline (IEH) and provided the IEH phone number.

*For all injuries or illnesses that require immediate assistance from Emergency Services please call **911**.



What to Do Before an On-The-Job Injury or Illness Occurs

Below are the three critical things you need to do before a work-place injury or illness occurs:

1. **Post all required posters and signage**−each state has its own laws about what employers must post and distribute relating to workers' compensation information in your workplace. Please go to www.employers.com/claim to access a link to the mandatory requirements for your state.
2. **Develop an effective work-place safety program**−employers can help reduce the chances that an on-the-job injury or illness will occur through the development and communication of a work-place safety program.
3. **Create a return-to-work/transitional modified job program**− a transitional modified jobs program can reduce the financial hardship that maybe experienced by the employee as well as the employer as the result of a workplace accident or injury.

What to Do After an On-The-Job Injury or Illness Occurs

Below are several things you can and should do after an on-the-job injury or illness occurs:

- Transport the injured employee to a medical care facility (in the case of an emergency, call 911 immediately).
- Order a post-accident drug test.
- Secure the scene of any serious accident for investigative purposes.
- Secure and save any equipment or materials that were involved in the incident.
- Complete an accident investigation report within 24 hours.
- Report the claim to EMPLOYERS within 24 hours following the injury.



Frequently Asked Questions About Drug-Free Workplaces

Q: What does it mean to be a drug-free workplace?
A: A drug-free workplace is a workplace free of the health, safety and productivity hazards caused by employees' abuse of alcohol or drugs. To achieve a drug-free workplace, many employers develop drug-free workplace programs. A comprehensive drug-free workplace program generally includes five components; a drug-free workplace policy, supervisor training, employee education, employee assistance and drug and alcohol testing. Although employers may choose not to include all five components, it is recommended that all options be explored when developing a drug-free workplace program.

Q: What are the benefits of establishing a drug-free workplace program?
A: Benefits of a drug-free workplace program may include:

- Improvements in morale, quality and productivity.
- Decreases in accidents, absenteeism, downtime, turnover and theft.
- Better employee health status.
- May qualify for incentives, such as decreased costs for workers' compensation and other kinds of insurance.

Q: Do drug-free workplaces receive workers' compensation discounts?
A: Yes. In some states, employers who have a Drug-Free Workplace Program will receive a discount. For more information, contact your insurance agent, visit www.dol.gov/elaws/drugfree.htm or contact your state's workers' compensation department.

Q: I need help developing a drug-free workplace Program. Can you help?
A: Yes. EMPLOYERS can provide you with a written Drug Free Workplace Program template to help you develop a customized drug-free workplace program for your organization.

For more information on how to develop a Drug-Free Workplace Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at losscontrol@employers.com.



Ways to Reduce Your Workers' Compensation Costs

Employers have the ability to control or influence many of the factors that contribute to worker's satisfaction levels, return-to-work outcomes, and claim cost. Studies have shown that the following actions can impact the cost and outcome of workers' compensation claims and the overall costs of insurance:

Identify and establish a relationship with a medical provider—setting up relationships with medical providers pre-injury helps facilitate the physician's understanding of employee job duties/transitional job opportunities.

Keep the lines of communication open—employers who maintain compassionate contact with their injured employees during the recovery period have more satisfied workers.

Provide transitional modified jobs (alternate duty)—employers who make transitional modified jobs available to injured workers can reduce the impact of their injured worker's injury or illness.

Develop an effective workplace safety program—the basic elements of an effective work-place safety program include:*

- Management Commitment
- Responsibility and Accountability
- Safety Work Rules and Procedures
- New Employee Orientation
- Ongoing Employee Education
- Employee Involvement
- Training and Safety Committees
- Accident Investigation
- Documentation

*Your EMPLOYERS® Loss Control Consultant can provide your company with more instructional and detailed information regarding how to build an effective work-place safety program. You can reach the EMPLOYERS Loss Control Department by phone at 800-588-5200 or by e-mail at losscontrol@employers.com.



Benefits of a Return-to-Work/Transitional Modified Job Program

Many injuries - including minor sprains and strains - can result in weeks, even months off the job. But they don't have to - if you take a proactive stance to prevent lost work time and long-term disability. Be prepared to offer a transitional modified job when an injured employee is released to work by his/her doctor, regardless of level of work.

Transitional modified jobs allow workers who are unable to perform their regular job duties because of a work-related injury or illness to return to work in a temporary modified duty capacity. Keep in mind, a transitional modified job (alternative duty) need not be at full hours, full wages and/or job/department of injury. Creativity in developing modified assignments enables the employee to be productive while meeting medical restrictions.

The primary goal of a Return-to-Work Program is to assist employees who sustain a work-related injury or illness in safely returning to work at the earliest medically approved time in a temporary (modified or alternate duty) assignment. The longer an injured worker remains away from work, the more difficult it may be to return to gainful employment. Returning to regular work duties is generally expedited when transitional or modified duty is offered.

Through safety measures and the development of a Return-to-Work program, employers may lower their experience modification rating, thereby reducing premium costs.

Benefits to the Employer:

- Recruitment and hiring costs for new or temporary employees may be eliminated
- The employer is able to better manage the claim, possibly leading to a better outcome
- The employer maintains the resources of an experienced worker on site
- Some employee production is received for wages paid
- The likelihood of malingering or fraud may be reduced
- Communication and relations between employee and management can be enhanced

Benefits to the Employee:

- Wages earned from the transitional modified job may bring the injured worker’s income closer to preinjury
- wages than workers’ compensation benefits alone
- Self-esteem, morale and personal security are maintained or restored through gainful employment and
- a productive lifestyle
- Stress, boredom, and depression are reduced or eliminated
- Skill level is maintained
- A connection with the company (including social contact) is continued

For more information on how to develop a Return-to-Work Program, please call the EMPLOYERS® Loss Control Department at 800-588-5200 or e-mail them at losscontrol@employers.com.



Georgia Required Postings & Forms

Please print and post the following notices, both in English and in Spanish, in a conspicuous location frequented by employees such as the break room, lunch room or time clock. If you have multiple business locations be sure to post the notices at each location.

- √ **WC Bill of Rights**
- √ **WC-P3 Form (English and Spanish)**
- √ **Anti-Fraud Reward Program Notice**
- √ **Emergency Hospital Worksite Poster**
- √ **Copies of the Employee Notice and attachments (includes ID card, Physician Instructions, Dispute/Grievance Form**

  These are samples of documents that will be automatically generated and sent after the claims adjuster has reviewed and accepted the claim.

Please print and review the following forms with your current staff and new employees (at the time of hire):

- √ **Initial Employee Letter and Acknowledgement Form**

The following forms need to be completed and submitted to appropriate parties when a work-related injury occurs:

- √ **WC-1 First Report of Injury (FROI)**

  As soon as you have been notified of a work-related injury, please fill out this form and submit it to EMPLOYERS. This form must be completed within 10 days from notice of an accident. Fatalities must be reported within 24 hours. You must use this form to notify EMPLOYERS of every work-related injury or disease suffered by an employee, regardless of severity.

- √ **WC-6 Wage Statement**

  This form enables us to calculate the correct compensation that may be owed to an injured employee. Please complete this form and submit it to EMPLOYERS within five days after your knowledge of any accident that has caused your employee to be disabled for more than seven scheduled work days. Failure to do so allows an administrative law judge to make the final determination of the Average Weekly Wage (AWW).

- √ **Accident Investigation Report**

  This basic accident form should be completed by the employee's supervisor/manager as soon as possible after the accident. Please send the report to the following EMPLOYERS address as soon as it has been completed by the supervisor/manager: EMPLOYERS Claim Department, P.O. 14792 Lexington, KY 40512-4792 You should keep a copy on file for your records.



Georgia Required Postings & Forms (Continued)

Please print and provide the following items when an employee becomes injured:

√ **Channeling Letter**
This document directs the injured employee where to go for treatment after an injury and find a provider.

√ **First Fill Form**
This form provides your employees with basic information about our Pharmacy Benefit Program, including such things as the phone number to call to locate a First Fill participating pharmacy. When your employee becomes injured, please print and complete this form and provide it to your injured employee. Your employee will need to provide this completed form along with the prescription for his/her work-related injury or illness to the pharmacist. Using this form will help enable quick authorization for your employee's initial medication and ensure that the initial prescription is provided at no cost to the injured employee.

The following item is to be used as a reference document only.

√ **EMPLOYERS Georgia Managed Care Program Guide**
This document explains important information about the EMPLOYERS Georgia Managed Care (EMP GA MCO) program and the required notices.

Additional copies of these postings and forms can be found online at
http://www.employers.com/sup/ClaimKit-Georgia.aspx

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 $533.00 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 $533.00 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 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: https://www.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.

JUNTA ESTATAL DE COMPENSACIÓN DE TRABAJADORES DE GEORGIA

DECLARACIÓN DE DERECHOS PARA EL TRABAJADOR LESIONADO

Según lo requiere la Ley O.C.G.A. §34-9-81.1, esto es un recuento de sus derechos y responsabilidades. La Ley de Compensación de Trabajadores le provee a usted, como trabajador en el Estado de Georgia, ciertos derechos y responsabilidades si usted se lesiona en el trabajo. La Ley de Compensación de Trabajador lo provee a usted con cobertura de lesiones relacionadas con el trabajo aunque su lesión sea en el primer día de trabajo. Además de sus derechos, usted también tiene ciertas responsabilidades. Sus derechos y responsabilidades están descritos abajo.

Derechos de los Empleados

1. **Si usted se lesiona en el trabajo, usted puede recibir rehabilitación médica y beneficios de ingresos. Estos beneficios son proveídos para ayudarlo a regresar al trabajo. También sus dependientes pueden recibir beneficios si usted muere como resultado de lesiones recibidas en el trabajo.**

2. **Se le requiere a su empleador que anuncie una lista de seis doctores o por lo menos el nombre de un WC/ MCO certificado que provee cuidados médicos, al menos que la Junta halla otorgado una excepción. Usted puede escoger un doctor de la lista sin el permiso de su empleador. Sin embargo, en una emergencia, usted puede recibir asistencia medica temporaria de cualquier otro medico hasta que la emergencia termine después usted debe recibir tratamiento de los médicos que se anuncian en la lista.**

3. **Sus cuentas médicas autorizadas, cuentas de hospital, rehabilitación en algunos casos, terapia física, recetas y gastos de transporte serán pagados si la lesión fue ocasionada por un accidente en el trabajo. Todas las lesiones que ocurren en o antes 30 de junio de 2013 se tendrá derecho a beneficios médicos de por vida. Si el accidente ocurrió en o 1 de julio del 2013 el tratamiento médico será limitado a un máximo de 400 semanas a partir de la fecha del accidente. Si su lesión es catastrófica en la naturaleza que puede tener derecho a beneficios médicos de por vida.**

4. **Usted tiene derecho a recibir beneficios de ingresos semanales si usted ha perdido tiempo por más de siete días debido a una lesión. Su primer cheque debe ser enviado a usted dentro de 21 días, después del primer día que falto al trabajo. Si esta fuera más de 21 días consecutivos debido a su lesión, se le pagara la primera semana.**

5. **Los accidentes son clasificados ya sea catastróficos o no catastróficos. Lesiones catastróficas son las que envuelven amputación, parálisis severas, lesiones severas de la cabeza, quemaduras severas, ceguera que prevenga al empleado a que pueda realizar el o ella su trabajo anterior o cualquier otro trabajo disponible en numero considerable dentro de la economía nacional. En casos catastróficos usted tiene derecho a recibir un promedio de dos terceras partes de su ingreso semanal pero no más de $800 por semana por una lesión relacionada con el trabajo durante todo el tiempo que usted no pueda regresar a su trabajo. Usted también tiene derecho a recibir beneficios médicos y de rehabilitación. Si usted necesita ayuda en esta área llame a la Junta Estatal de Compensación de Trabajadores al (404) 656-0849.**

6. **En todos los otros casos (no catastróficos) usted tiene el derecho a recibir dos terceras partes de su sueldo promedio semanal pero no más de $800 por semana de una lesión relacionada de trabajo, usted recibirá estos beneficios mientras usted este incapacitado. Pero no más de 400 semanas si no esta trabajando y se determina que usted esta capacitado a desempeñar con restricción por 52 semanas consecutivas o 78 semanas agregadas sus ingresos semanales serán reducidos a dos terceras partes de su sueldo promedio pero no más de $533.00 por semana, que no excedan 350 semanas.**

7. **Cuando usted pueda regresar a trabajar pero solo pueda conseguir empleo de salario bajo como resultado de su lesión usted tiene derecho a un beneficio semanal de no más de $533.00 por semana pero no más de 350 semanas.**

8. **En caso de que usted muera como resultado de un accidente en el trabajo, su dependiente (s) recibirán para gastos de entierro $7,500 y dos terceras partes de su sueldo promedio semanal, pero no más de $800 por semana. Una esposa viuda sin niños se le pagara un máximo de $320,000 en beneficios continuos hasta que EL/ELLA se vuelva a casar o abiertamente cohabite con una persona del sexo opuesto.**

9. **Si usted no recibe beneficios cuando sea debido, la compañía de seguro/empleador debe de pagar penalidades, que se agregaran a sus pagos.**

Responsabilidades de los Empleados

1. **Usted debe de seguir las reglas escritas de seguridad y otras pólizas razonables y procedimientos del empleador.**

2. **Usted debe reportar cualquier accidente inmediatamente, pero no más tarde de 30 días después del accidente, a su empleador, los representantes del empleador, su capataz o supervisor inmediato. Fallar en hacerlo puede resultar en la perdida de sus beneficios.**

3. **Un empleado tiene la continua obligación de cooperar con proveedores médicos en el curso de su tratamiento relacionado con lesiones de trabajo. Usted debe aceptar tratamientos médicos razonables y servicios de rehabilitación cuando sean ordenados por la Junta Estatal de Compensación de Trabajadores o la Junta puede suspender sus beneficios.**

4. **No se permitirá compensación por una lesión o muerte debido a una conducta mal intencionada de los empleados.**

5. **Debe de notificar a la compañía de seguro/empleador de su dirección cuando se mude a un nuevo lugar. Usted debe notificar a la compañía de seguros/empleador cuando usted halla regresado a trabajar de tiempo completo o medio tiempo y reportar la cantidad de su salario semanal porque usted puede tener derecho a algún beneficio de ingreso aun así halla regresado al trabajo.**

6. **Una esposa dependiente de un empleado difunto debe notificar a la compañía de seguro/ empleador de cambios de dirección o nuevo matrimonio.**

7. **Usted debe intentar un trabajo aprobado por su medico autorizado aunque el pago sea mas bajo que en el trabajo que usted tenia cuando se lesionó, si usted no intenta el trabajo sus beneficios pueden ser suspendidos.**

8. **Si usted cree que debe recibir beneficios y su compañía de seguros/empleador niega estos beneficios. Usted debe de hacer un reclamo dentro de un año después del ultimo tratamiento medico o dentro de dos años de su último pago de beneficios semanales o usted perderá sus derechos a estos beneficios.**

9. **Si su (s) dependiente (s) no reciben beneficio de pagos permitidos. El dependiente debe hacer un reclamo con la Junta Estatal de Compensación de Trabajadores dentro de un año después de su muerte o perderán los derechos a estos beneficios.**

10. **Algún pedido de reembolso a usted por millas o otros gastos relacionados con tratamiento medico debe ser sometidos a la compañía de seguros/empleador dentro de un año del día que los gastos fueron incurridos.**

11. **Si un empleado injustificadamente rehúsa a someterse a una prueba de droga después de una lesión en el trabajo habrá una presunción de que el accidente y lesión fueran causados por droga o alcohol. Si la presunción no se sobrepone por otras evidencias, algún reclamo hecho para beneficios de compensación de Trabajador serán negados.**

12. **Usted será culpable de un delito menor y una vez convicto debe ser castigado con una multa de no más de $10,000.00 o encarcelamiento de hasta 12 meses o las dos, por hacer declaraciones falsas o engañosos testimonios cuando reclame beneficios. También cualquier declaración falsa o evidencia falsa dadas bajo juramento durante el curso de alguna audiencia de división de apelación o administración es perjurio.**

La Junta de Compensación de Trabajadores le proporcionará la información relativa a la manera de presentar una reclamación y responderá a cualquier preguntas adicionales sobre sus derechos en virtud de la ley. Si usted llama en la zona de Atlanta, el teléfono es el (404) 656-3818 y fuera de la zona metropolitana de Atlanta, llame al 1-800-533-0682, o escriba a la Junta Estatal de Compensación de Trabajadores a 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299 o visita sitio web: https://www.sbwc.georgia.gov. No es necesario tener un abogado para presentar una reclamación a la Junta; sin embargo, si usted cree que necesita los servicios de un abogado y no tiene uno propio, usted puede ponerse en contacto con el Servicio de Referencia de Abogados (Lawyers Referral Service) al teléfono (404) 521-0777 o al 1-800-334-6865.

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

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 an employee's claim.

State Board of Workers' Compensation 270 Peachtree Street, N.W. Atlanta, Georgia 30303-1299
404-656-3818
or 1-800-533-0682
http://www.sbwc.georgia.gov

Your employer has enrolled with the certified Workers' Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers' compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.

Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF WC/MCO_____

MAILING ADDRESS_____

GEOGRAPHICAL SERVICE AREA_____

NAME OF CONTACT PERSON _____

PHONE NUMBER OF CONTACT PERSON _____

ADDRESS OF CONTACT PERSON _____

24- HOUR TOLL-FREE PHONE NUMBER_____

EFFECTIVE DATE OF WC/MCO_____

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

_____

Name

_____

address phone

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-655-3818 OR 1-800-533-0682 OR VISIT http:llwww.sbwc.georgia.gov

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).

WC-P3 (7/2006)

(Este aviso debe ser puesto en un lugar accesible al empleado todo el tiempo.)

AVISO OFICIAL

Esta compañía opera bajo las Leyes de Compensación de Trabajadores de Georgia

LOS TRABAJADORES DEBEN REPORTAR TODOS LOS ACCIDENTES INMEDIATAMENTE AL EMPLEADOR Y AVISARLE AL EMPLEADOR PERSONALMENTE, UN AGENTE, REPRESENTANTE, FEJE O CAPATAZ.

Si un trabajador se lesiona en el trabajo, el empleador debe pagar los gastos médicos y de rehabilitación dentro de los limites de la ley. En algunos casos el empleador también pagara una parte de los ingresos perdidos. Lesiones de trabajo y de enfermedades ocupacionales deben ser reportado por escrito cuando sea posible. El trabajador puede perder los derechos de recibir compensación si un accidente no es reportado dentro de 30 días (referencia O.C.G.A. ! 34-9-80). El empleador ofrecerá una planilla sin costo alguno cuando sea pedida para reportar accidentes y también sin costo alguno, puede suministrar información acerca de compensación de trabajadores. El empleador también suministrará, si es pedido, al empleado, copias de planillas de la junta archivadas con el empleador pertenecientes a reclamos de los empleados.

Junta Estatal de Compensación de Trabajadores
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-0682
404-656-3818
o 1-800-533-0682
http://www.sbwc.georgia.gov

Su empleador esta matriculado con la organización administrativa de cuidados de compensación de trabajadores (WC/MCO) inscrito abajo, para proveer todos los tratamientos médicos necesarios en lesiones de compensación de Trabajadores. El día efectivo aparece debajo. Si usted a tenido una lesión antes de la fecha efectiva inscrito abajo, usted puede continuar recibiendo tratamiento por su actual medico no-participante hasta que usted elija utilizar los servicios de WC/MCO.

Cada empleado se le proveerá una publicación la cual explica en detalles como adquirir los servicios de la (WC/MCO) y se le proveerá con una lista completa de los médicos proveedores disponibles. Y además, cada empleado recibirá una tarjeta tamaño billetera que contiene información de los servicios de la WC/MCO incluyendo un numero disponible las 24 horas con mensaje grabados con información de como utilizar los servicios.

NOMBRE DE WC/MCO _____

DIRECCION _____

AREA DE SERVICIO GEOGRAFICO _____

NOMBRE DE PERSONA DE CONTACTO _____

NUMERO DE TELEFONO DE PERSONA DE CONTACTO _____

DIRECCION DE PERSONA DE CONTACTO _____

NUMERO DE TELEFONO DE 24 HORAS _____

FECHA EFECTIVA DE WC/MCO _____

La compañía de seguro que provee cobertura para esta Empresa bajo
la Ley de Compensación de Trabajadores es:

Nombre

_____

Dirección Teléfono

SI USTED TIENE PREGUNTAS LLAME AL (404) 656-3818 o 1-800-533-0682 o VISITA SITIO WEB: http://www.sbwc.georgia.gov

HACER FALSOS TESTIMONIOS VOLUNTARIAMENTE CON EL PROPÓSITO DE OBTENER O NEGAR BENEFICIOS ES UN CRIMEN SUJETO A PENALIDADES DE HASTA 10,000.00 POR VIOLACIÓN (O.C.G.A. 34-9-18 Y 34-9-19.)

WC-P3 (7/2006)

WORKERS' COMPENSATION FRAUD NOTICE

UNDER GEORGIA LAW [O.C.G.A. 34-9-19]

any person, firm, or corporation who willfully makes any false or misleading statement or representation for the purpose of obtaining or denying any benefit or payment under this chapter shall be guilty of a misdemeanor of a high and aggravated nature and, upon conviction thereof, shall be punished by a fine of not less than $1,000.00 or more than $10,000.00 or by imprisonment not to exceed one year, or by both such fine and imprisonment. Additionally, any person, firm, or corporation who violates this Code section may also be assessed the cost of investigation or prosecution, or both, in accordance with Chapter 11 of Title 17, relating to the assessment and payment of costs of criminal proceedings.

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

DEPARTMENT OF ADMINISTRATIVE SERVICES
RISK MANAGEMENT SERVICES
WORKERS' COMPENSATION UNIT
P.O. BOX 38198 CAPITOL HILL STATION
ATLANTA, GEORGIA 30334
404-656-6245

8/00

EMERGENCY WORKSITE POSTER
(TO BE POSTED AT EACH LOCATION)

NOTICE TO ALL EMPLOYEES

IF YOU BECOME INJURED OR ILL AT WORK:

Notify your supervisor immediately about your work-related injury or illness. Your supervisor will call EMPLOYERS Injured Employee Hotline at **1-855-365-6010** to initiate your First Report of Injury and notify the adjuster of your claim. You will be transferred to a Coventry Triage Nurse who will call to confirm your need for medical attention. If you need immediate medical attention, the Triage Nurse will help direct you where to go.

FOR EMERGENCY CARE PROCEED IMMEDIATELY TO:

You may use any hospital or urgent care facility for emergency care.

If the Triage Nurse determines that you need to see a physician, your supervisor will give you a *Channeling Letter* to help you find a provider. You can also call Coventry at any time at **1-800-937-6824 press option 1, 1, and 1.** By calling Coventry, a representative can help you:

- Locate a provider within the EMP GA MCO, or
- Assist in scheduling an appointment with a provider within the EMP GA MCO.

You can also find a provider by visiting the provider locator website at www.employers.com and choosing the *For Injured Workers* tab and selecting Provider Locator, then Georgia.

These medical providers have been chosen by your employer/insurance carrier as first choice of emergency medical providers for injuries/illnesses sustained on the job, pursuant to O.C.G.A. §34-9-208 and Board Rule 208 and the rules and regulations publicized by the Georgia Medical Cost Containment Department of the Workers' Compensation Division. The EMP GA MCO program has been selected and is designed to help you receive timely and effective medical care and treatment for your work-related injuries/illnesses and to help you return to work as soon as medically possible.

America's small business insurance specialist®

EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada

GEORGIA STATE BOARD OF WORKERS'

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY MUST BE TYPED OR PRINTED IN BLACK INK

Board Claim No. | Employee Last Name | Employee First | M.L | SSN or Board | Date of

A. IDENTIFYING INFORMATION

EMPLOYEE 1 Male Female | Birthdate | Phone Number | Employee E-mafl

Address | Clty | State | Zip Code

EMPLOYER Name | NAICS Code | Nature of Business (Trade, Transport, Mfg., etc.)

Address | Phone Number | Employer FEIN

City | State | Zip Code | Employer E-mail

INSURER/ SELF-INSURER Name | Insurer/Self-Insurer FEIN | Insurer/ Self-Insurer File#

CLAIMS OFFICE Name # | Claims Office FEJN | Claims Office Phone | Claims Office E-mail

SBWC ID# (five digit no.) | Address | City | State | Zip Code

EMPLOYMENT/WAGE | Date Hired by Employer | Job Classified Code No. | Number of Days Worked Per Week | Wage rate at time of Injury or Disease: D per Hour D per Day D per Week D per Month

Insurer Type Code | List Normally Scheduled Days Off

0 - Insurer IJ S-Self-insurer 0 Group Fund

INJURY/ILLNESS &MEDICAL | Time of Injury D am D pm | County of Injury | Date Employer had knowledge of Work Injury | Enter First Date Employee Failed to a Full Day

Did Employee Receive Pay on Date of Injury? D Yes D No | Did Injury/Illness Occur on Employer's premises? {J Yes O No | Type of Body Part

How Injury or Illness/ Abnonnal Health Condition Occurred

Treating Physician (Name and Address)

Initial Treatment Given:
D None
D Mlnor: By Employer
D Minor: Cllnlcal/Hospftal Emergency Room
D Hospitalized > 24hrs

Hospllal / Treating Facility (Name and Address)

If Returned to Work, Give Date:

Returned at what wage per Weak

If Fatal, Enter Complete Date of Death

Report Prepared By (Print or Type} | Telephone Number | Date of Report

IJ B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum

Previously Medical Only D Yes D No | Average Weekly Wage: $ | Weekly benefit $ | Date of disability:

Date of first Payment: | Compensation paid: $ | or Date salary paid: | Penalty paid: $

BENEFITS ARE PAYABLE FROM FOR:

D Temporary total disability D Temporary partial disability D Permanent partial disability of --- % to for --- weeks.

~~UNTIL WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE~~ THE FILING OF FORM WC-2 VvITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE.

DC. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION

Benefits will not be paid because:

o D. MEDICAL ONLY D No disability paid or controverted

Insurer/ Self-Insurer; Type or Print Name of Person Filing Fann	Signature	Date
Phone and Ext.	E-mail	

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.sbwc.georgia.gov

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.S-18 AND §34-9-19).

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

GEORGIA STATE BOARD OF WORKERS'

EMPLOYER'S FIRST REPORT OF INJURY OR
OCCUPATIONAL DISEASE

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

GEORGIA STATE BOARD OF WORKERS'

NOTICE TO EMPLOYER

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel, and explain the panel to the employee.

2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY.**
Do not send this form to the State Board of Workers' Compensation.

3. If you need additional help, call your insurance company or self-insurer claims office.

4. Report serious injuries immediately by telephone to your insure(s claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER/ SELF-INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form W-6 must be filed if weekly benefits are less than the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

Toll Free Telephone: 1-800-533-0682
In Atlanta: (404) 656-3818

http://www.sbwc.georgia.gov

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.sbwc.georgla.gov

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-S-18 AND§34-9-19).

WC-6 WAGE STATEMENT

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

WAGE STATEMENT

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking#	Date of Injury

A. IDENTIFYING INFORMATION

EMPLOYEE	County of Injury	Address		
E-mail Address		City	State	ZipCode
EMPLOYER	Nam,	Address		
E-mail Address		City	State	Zip Code
INSURER/ SELF-INSURER	Name	SBWC ID# (five digit number)		
CLAIMS OFFICE	Name	Claims Office Address		
E-mail Address	Insurer/Self-Insurer File#	City	State	Zip Code

B. COMPUTATION OF AVERAGE WEEKLY WAGE

If the weekly benefit is less than the maximum, complete the schedule below for thirteen (13) weeks immediately preceding the accident. !f the employee has not been in your emoloy for the thirteen 113) weeks, complete this schedule showina aross weekl earnin"s of a similar emn!o11ee in the same emolovment.

0 13 Weeks of Employee's Wages	0 13 Weeks of a Similar Employee's Wages	0 Full time weekly wage of injured employees	Wage at date of injury per week·

SCHEDULE OF WEEKLY EARNINGS

Week	From Date MMIDDNYYY	To Date MM/DDNYYY	No. of Days Worked	Gross Amount Paid Including Overtime or Extra Work	Value of Additional Compensation					Total Earnings
					Meals	Lodging	Rent	Tips	other	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
			Total							
			Averaae Weeklv Earninas							

C.	REMARKS:	REQUIRED TO COMPLETE:	OFF DAYS 0 Mon 0 T''' 0 Wed 0 Thur 0 Fri 0 Sat 0 Sun

Type or Print Name	Signature	Oat,
E-mail Address		Phone Number

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-666-3818 OR 1-800-533-0682 OR VISIT http:llwww.sbwc.georgla.gov

WILLFULLY MAKINGA FALSESTATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS ISACRIMESUBJECTTO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 ANO §34-9-19).

OPTUM®

PO Box 152539
Tampa, FL 33684-

EMPLOYERS®
America's small business insurance specialist®

MAKING IT EASY...

TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits by your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.

If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit www.tmesys.com.

Questions? Need Help?

1-866-599-5426

OPTUM®

EMPLOYERS®
America's small business insurance specialist®

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

CARRIER/ EMPLOYE

INJURED WORKER

SOCIAL SECURITY DATE OF INJURY

Notice to Cardholder: Present this card to the pharmacy to receive medication for

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk 1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	EMPLFF		

NOTE: *This First Fill card is only valid for your workers' compensation injury or illness.*

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Com- pensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

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tmesys®

PO Box 152539
Tampa, FL 33684-

America's small business insurance specialist®

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales por su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:

Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica sin costo alguno.

Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.

La mayoría de farmacias y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite www.tmesys.com.

¿Tiene alguna pregunta?
¿Necesita ayuda?

OPTUM®

EMPLOYERS®
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WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

PORTADOR EMPLEADO

NOMBRE DEL TRABAJADOR

NUMERO DE SEGURO FECHA DE ALA LESION

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk 1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	EMPLFF		

NOTA: *Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.*

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Com- pensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

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Tampa, FL 33684-

Services, Inc. (in California, dba EIG Insurance Services) is an affiliated agency and adjuster. Not all insurers do business in all jurisdictions.

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Basic Accident Report

Date of Report:_____ Report Completed By:_____

Last Name of Injured Person:	First Name:	Job Title:
Date of Accident:	Time of Accident:	Location of Accident:
Supervisor's Name & Job Title:	Name of Witnesses:	
Full Description of Injuries:		
Description of accident/incident or employee's account, including sequence of events preceding the accident:		
Basic cause and contributory causes. Explain fully unsafe act, unsafe condition, personal factor, other:		
Recommended Corrective Measures:		Action By:
Names of Inspection Team Participants:		
Management Review By:	Date to be Completed By:	

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EMPLOYERS Georgia Managed Care Program Guide

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EIG Services, Inc., an affiliated agency and adjuster

Employers Preferred Insurance Company | Employers Assurance Company
Employers Compensation Insurance Company | Employers Insurance Company of Nevada

Georgia Managed Care Employer Guide

Introduction

As your workers' compensation insurance carrier, Employers Compensation Insurance Company, Employers Preferred Insurance Company or Employers Assurance Company (EMPLOYERS), we are committed to the well-being and safety of your employees. As part of our commitment, we want to ensure that every employee who sustains a work-related injury or illness obtains prompt medical care, receives high quality treatments, and returns to work as soon as medically possible. We have selected to work with Coventry Health Care Workers Compensation Services, Inc. (Coventry) to offer Workers' Compensation Managed Care Organization (MCO) services to your injured or ill employees.

The MCO program offered by Coventry in conjunction with EMPLOYERS is known as the **EMPLOYERS Georgia Managed Care Organization (EMP GA MCO).** Below you will find an explanation of how the EMP GA MCO program will provide injured employees with the best-managed care services available.

EMP GA MCO Documents

There are materials that all employer locations should have in order to be in compliance with the EMP GA MCO program. The items are as follows:

1. State of Georgia Form WC-P3
2. Emergency Hospital Work Site Poster
3. Initial Employee Letter and Acknowledgement Form
4. Channeling Letter - This document directs the injured employee where to go for treatment after an injury and find a provider.
5. Copies of the Employee Notice and attachments (includes ID Card, Physician Instructions, & Dispute/Grievance Form)

These items are available for download at our website:
https://employers.com/sup/ClaimKit-Georgia.aspx

Staff Training

Make sure that all key personnel are trained on the EMP GA MCO prior to the implementation date. Each employer's staff/location should be well trained on how the program works, have access to all the materials and understand how to look up a provider via the EMPLOYERS web site.

- One week prior to implementation of the EMP GA MCO, send the "Initial Employee Letter and Acknowledgement Form" to each employee and subsequently to all new hires. This can be sent in any format e.g. Presentation, Email, etc.

- Each employee must sign the Acknowledgement Form and return it to a key individual at your location that will place the form in the employee's personnel file, acknowledging receipt of the information packet.
- Each employer should select an emergency hospital or urgent care facility closest to your location and put the name in the box on Emergency Work Site Poster. In an emergency, all care will automatically be provided at these locations e.g. this is where the ambulance will take the injured employee for emergency care.
- Post the following documents in a conspicuous location that is readily accessible to all employees:
    1. State of Georgia Form WC-P3
    2. Emergency Hospital Work Site Poster
    3. Copies of the Employee Notice, ID, Physician Instructions, Dispute/Grievance Form

If you are missing any of these documents, please visit the EMPLOYERS website at http://www.employers.com/sup/ClaimKit-Georgia.aspx.

At Notice of Injury

- If an emergency, send the injured employee to the nearest hospital or urgent care facility for emergency services and then report the claim. For non-emergencies, report the claim first.
- Initiate the process for starting a claim. For your convenience, EMPLOYERS offers several ways to report a claim:

    - ***EMPLOYERS Injured Employee Hotline:*** this hotline is available 24 hours a day, seven days a week and is staffed by registered nurses specially trained to provide medical guidance over the phone for a new work-related illness or injury. Employees or their supervisors can access the hotline by calling 855-365-6010.
    - ***Online Reporting at EMPLOYERS.com:***
        - Step 1: Select the For Small Business tab at the top
        - Step 2: From the menu on the left-hand side, click How to Report a Claim
        - Step 3: Scroll down to Online and click on the Start A Claim (First Report of Injury)
    - ***Telephone:*** Claims can be reported 24 hours a day, seven days a week by calling EMPLOYERS Customer Support at 888-682-6671. Please be prepared to provide your company's policy number, a summary of the accident/injury, and the injured worker's name and contact information.
    - ***E-mail:*** send your completed First Report of Injury (FROI) form to reportaclaim@employers.com.
    - ***Fax:*** send your completed FROI form to 877-329-2954.
    - **Loss Control Connection℠**: Enroll in Loss Control Connection to gain valuable access to a variety of Loss Control resources including safety policies and procedures, training material, posters, brochures and more. Once enrolled, you'll

have the ability to submit a First Report of Injury online through Loss Control Connection.

- Provide the injured employee with the Channeling Letter, which will assist the injured employee in locating a physician.
- Plan for the employee's return to work with modified light or alternative duty opportunities.

Adjuster Responsibilities

- Upon receipt of the claim, the adjuster will review the claim. If there are questions about the claim, please contact the adjuster at 888-682-6671.
- After the adjuster has reviewed and accepted the claim, he/she will send the "Employee Notice" materials that contain a letter to the employee, ID Card/Letter, Instructions for the Provider, Grievance Procedure and Grievance form. These materials explain to the injured employee how the program works and what the injured employee must do under the program. This should occur within a few days of the injury. During the time between the notice of injury and the adjuster sending the documents, it is important that the injured employee is directed to a network provider at the earliest time.

Obtaining a EMP GA MCO Provider

If at any time the injured employee needs a network provider, contact your adjuster at 888-682-6671 or visit the provider locator website at www.employers.com and go to the For Injured Workers tab, select Provider Locator, and then Georgia.

The online directory lists EMP GA MCO providers according to the geographic area for your employees. These providers are to be used by injured employees for an initial evaluation of a work-related injury or illness. Employees must have access to all EMP GA MCO providers within their geographic area from which to choose a provider. The provider chosen by the employee is deemed the authorized treating physician.

The authorized treating physician will direct and coordinate all future medical care and specialty referrals as required for the injured employee. A case manager may also be assigned to follow the care and rehabilitation process through to recovery and return to work.

Georgia Managed Care Employer Guide

Care Management (Utilization Review, Case Management, Catastrophic Case Management, Vocational Rehab)

If you call the **EMPLOYERS, Injured Employee Hotline** at **855-365-6010,** communication with a Coventry Triage Nurse begins. A Triage Nurse will be alerted to contact the injured employee to determine if he/she needs medical attention. If the injured employee needs medical attention, the nurse will make sure the injured employee finds a network provider and is receiving the care needed.

The Triage Nurse will confirm the injured employee has received the medical care needed and evaluate if further care management will be beneficial. The case manager will present the request to the adjuster to determine if further care management is necessary.

The injured employee will take the Channeling Letter to a treating physician, which instructs the provider to call EMPLOYERS for "pre-certification" for any of the services noted. Utilization Review (UR) may be performed for the service being requested. Providers may call EMPLOYERS for UR at 888-441-9223 or fax to 702-671-7676.

In the event a service is not approved, the injured employee, adjuster and provider will receive a "non-certification notice" with instructions for the injured employee or provider to appeal. The provider and/or injured employee must exhaust the EMP GA MCO appeal process before pursuing additional recourse from the state.

Return to Work

When appropriate, the topic of "return to work" should be a part of discussions with all parties, especially between the authorized treating physician and injured employee. Let all parties know about any transitional, modified or alternative light duty is available at the workplace to support early return to work for the injured employee.

Complaints or Grievances

If the provider or injured employee wishes to file a complaint or grievance, direct them to Coventry's Grievance Coordinator at 800-262-6122 to explain the process.

Questions

If you have any questions on how the EMP GA MCO functions, call **Coventry at 800-262-6122** and you will be able to speak to a Coventry representative familiar with Georgia's workers' compensation laws and the EMP GA MCO program.

SAMPLE EMPLOYEE NOTICE

Date

Injured Employee Name
Injured Employee Address
Injured Employee City, State, Zip

RE: *Injured Employee Instructions, Rights and Obligations about Your Work-Related Injury or Illness*

Employee / Empleado:	Injured Employee Name
Employer / Empleador:	Employer Name
Claim Number / Num de Reclamo:	Claim Number
Date of Injury / Fecha de lesion:	Date of Injury
Insurer / Aseguradora:	Insurer Name

Dear Injured Employee Name

Employer Name participates in the EMPLOYERS Georgia Managed Care Organization Plan (EMP GA MCO). This plan works in combination with Employer Name's workers' compensation carrier, Insurer Name and Coventry Health Care Workers Compensation, Inc, a national managed care company. The EMP GA MCO is a certified plan that provides access to medical care for workers who have work-related injuries or illnesses. The role of the EMP GA MCO is to ensure that the medical and health care services you receive are provided in a timely and effective manner that meets your needs.

Your employer and adjuster can answer your general questions about the program and how to get medical care and treatment through the EMP GA MCO. In addition, you may obtain general information about the EMP GA MCO by dialing **1-800-262-6122**. There are also postings at your workplace, which reflect relevant information.

What to do if you are injured while on the job...

- ***REPORT YOUR INJURY*** - You must report your work-related injury to your Supervisor immediately. Your Supervisor will call Injured Employee Hotline at **1-855-365-6010** to initiate your claim and to speak with a Coventry Triage Nurse, who will call to confirm your need for medical attention. If you need immediate medical attention, the Triage Nurse will help direct you where to go.

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- ***SEEK EMERGENCY CARE*** - If your injury requires immediate, emergency care, or after-hours care, go to the nearest hospital or urgent care facility. Emergency care is defined as a medical condition that if left untreated could lead to disability or death; or when one seeks to alleviate severe pain, only.

- ***LOCATE A PHYSICIAN –***If you do not require emergency medical treatment, contact your adjuster at 1-888-682-6671 or visit the provider locator website at www.employers.com. Go to For Injured Workers tab and select Provider Locator, then Georgia to locate a provider within your Geographical Service Area (GSA). You must use a provider within your GSA. A Word document ID card is enclosed. Cut out this card and keep it in your wallet to access the toll free numbers for obtaining an EMP GA MCO provider.

- ***TREATMENT*** - You must receive an initial evaluation or treatment from your choice of physician from the GSA within 24 hours of reporting your work-related injury to your employer, unless you require immediate emergency care. Contact your adjuster at **1-888-682-6671** or Coventry at **1-800-937-6824** options 1, 1, and 1 for assistance in locating a provider. A representative is available to assist you in the selection of a treating physician. The selected treating physician you choose will be responsible for overseeing the medical care and treatment you receive for your work-related injury.

- ***Change of Physician*** - You may change your treating physician within the network one (1) time only without prior approval. Notify your adjuster about your choice of physicians. If you need to make any subsequent changes to providers, contact your adjuster noting the reason for the change. Your adjuster will review your request and respond whether the request is approved.

- ***ACCESS TO NON-NETWORK PROVIDERS:*** You must attempt to use EMP GA MCO providers within your GSA whenever possible. Coventry provides reasonable access to hospitals and primary care providers within your GSA. Below are the circumstances under which you may access a non-network provider:

  - For emergency or after-hours urgent care;
  - If your injury and subsequent treatment occurred prior to the implementation of the EMP GA MCO;
  - When a provider in the specialty needed is not available through the EMP GA MCO;
  - By prior approval of your Employer and/or Coventry; or,
  - If the State instructs you to see a specific provider.

  You must call your Adjuster for approval prior to seeking care with a non-network provider at: **1-888-682-6671**.

- ***SUBMIT CARE THROUGH UTILIZATION REVIEW*** **(UR)** – EMPLOYERS requires certain services be reviewed for medical necessity using evidenced-based treatment guidelines. Give the provider the **"Instructions to the Treating Provider"** letter attached to this document to make sure your physician contacts EMPLOYERS for UR at **1-888-441-9223** to initiate the process.

  EMPLOYERS or Coventry will send you and your provider a notice indicating if the services are certified. In the event your services are not certified, you will receive a written non-certification recommendation. You and your provider have the right to appeal the non-certification decision

SAMPLE

with Coventry. Instructions for filing a utilization review appeal will be included in the non-certification recommendation.

- ***File a Dispute*** – You may submit a dispute for the following reasons:

  - To appeal a non-certification recommendation,
  - To dispute any component of medical care, or
  - To request a change of treating physician.

  The instructions for filing a dispute and a copy of the Dispute/Grievance form are attached to this Employee Notice.

- ***REFER TO A SPECIALIST*** - Your physician must refer in the EMP GA MCO network whenever possible unless the circumstance allows access to a non-network provider. (See "Non-network Exceptions"). You or your provider may view the network listing of providers by contacting at your adjuster at 1-888-682-6671 or visit the provider locater website at www.employers.com. Go to For Injured Workers tab and select Provider Locator, then Georgia**.**

  In the event you are unable to locate a provider in the specialty you need, you may be able to use a non-network provider. (See "Non-network Exceptions" below to see if your circumstances qualify). Your treating physician **must receive approval** to refer to a non-network provider by contacting your Adjuster.

- ***USE OF CASE MANAGEMENT*** – Under certain circumstances, your Adjuster will initiate case management activities on your behalf with EMPLOYERS or Coventry. A Case Manager may contact you to help coordinate your treatment plan in an effort to assist in your recovery process and to expedite your return to work. If you require case management services, please contact **1-888-682-6671.**

- ***ASK QUESTIONS ABOUT COMPENSABILITY, ELIGIBILITY, BENEFITS OR PAYMENT*** – For questions involving any of these topics, you should contact your Adjuster at **1-888-682-6671**.

- ***FILE A GRIEVANCE*** (NON-MEDICAL ISSUES) – You, your representative or your treating physician have the right to file a grievance/dispute against EMP GA MCO if you are dissatisfied with any services associated with the EMP GA MCO program. A copy of the Grievance Process and Form is attached to this Employee Notice. To submit a grievance, you must complete the grievance form and submit it to: EMP GA MCO Grievance Coordinator, 3200 Highland Ave., Downers Grove, Illinois 60515. If you have any questions about the grievance process, you may call Coventry at **1-800-262-6122**.

  Within seven (7) days, Coventry will send you an acknowledgement confirming receipt of the grievance. Within 30 days after the grievance is filed, Coventry will resolve or make a final determination of the grievance.

If you are dissatisfied with the resolution of the grievance, you may file the issue with the State Board of Workers' Compensation.

Sincerely,

EMPLOYERS Claims Department

SAMPLE

Phone: 888-682-6671
Fax: 866-461-2934

Enclosures: ID Card
EMP GA MCO Physician Instructions
Grievance Form

cc: Worker's Representative
The Medical Provider

SAMPLE

EMPLOYERS®

America's small business insurance specialist®

EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) ID Card

Dear Injured Employee,

EMPLOYERS has selected to partner with Coventry Health Care Workers Compensation, Inc. (Coventry) to provide medical services through EMPLOYERS Georgia Managed Care Organization (EMP GA MCO). The EMP GA MCO is a certified plan that provides access to medical care for workers who have work-related injuries or illnesses. The role of the EMP GA MCO is to ensure that medical and health care services you receive are provided in a timely and effective manner that meets your needs.

To help you find a provider, call Coventry at 1-800- 937-6824 options 1, 1 and 1 or visit the provider locator website at www.employers.com and go to the For Injured Workers tab, select Provider Locator and then Georgia.

Present the Identification Card when seeking medical care with an EMP GA MCO provider. Possession of the ID card shall not be interpreted as authorization for medical service or payment. This card provides important contact information.

Cut along lines and place in wallet

EMP GA MCO

1-800-937-6824 options 1, 1, and 1

If you have a work-related illness or injury, immediately contact your Supervisor.

If you need emergency medical care or care after hours, go to the nearest Hospital facility. If you need care but it is not an emergency, you must use an EMP GA MCO Provider. Call the toll free number above to obtain a list of MCO physicians in your geographic service area.

Supply this card to the provider prior to every visit.

Employer Name:	_____
Carrier:	_____
Injured Employee Hotline:	1-855-365-6010
Adjuster Phone:	1-888-682-6671
EMPLOYERS UR & Case Management:	1-888-441-9223
UR Fax:	1-702-671-7676

Note: Possession of verification or ID card is not to be construed as authorization for medical service or payment.

SAMPLE

EMP GA MCO
Physician Instructions

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INSTRUCTIONS TO THE TREATING PROVIDER:

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Please give the following to your provider.

Employers Compensation Insurance Company, Employers Preferred Insurance Company, or Employers Assurance Company (EMPLOYERS) has implemented the EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) program, which is supported by Coventry Health Care Workers Compensation, Inc. (Coventry).

Coventry has made its EMP GA MCO Provider Reference Manual available to you on its website at www.coventrywcs.com to explain the rules and responsibilities of the program.

Please call EMPLOYERS at 1-888-441-9223 for utilization review pre-certification services or fax your request to 1-702-671-7676. When calling, please have the Injured Worker's name, Social Security Number, and Employer name.

List of recommended services for UR includes:

- Physical Therapy > 6 visits
- Chiropractic treatments > 6 visits
- Acupuncture > 3 visits
- Repeat Diagnostics
- Myelograms
- Discograms
- Inpatient hospital stays
- All surgeries
- IDET
- Psych Testing
- Weight Loss Programs
- Neurocognitive Rehab
- Other Rehab Services
- Gym Memberships
- Nursing Home Admissions
- Home Health Aides
- Biofeedback
- Interferential Units
- Bone Growth Stimulators
- Vax-D
- Chemical Dependency Programs
- Inpatient Pain Management Programs
- Work Hardening/Work Conditioning > 2 wks
- DME > $500(electric wheelchairs, certain back braces)
- Experimental Procedures (e.g., Prolotherapy, Disc Replacement)

If you need to locate a specialist, please refer within the EMP GA MCO Network. You may call Coventry at 1-800-937-6824 options 1, 1, and 1 or visit the provider locator website at www.employers.com. Go to For Injured Workers tab and select Provider Locator, then Georgia to locate a provider within the patient's applicable Geographic Service Area (GSA).

SAMPLE

EMPLOYERS®
America's small business insurance specialist®

COVENTRY
Workers' Comp Services

Coventry
Dispute/Grievance Form

(Please **PRINT** Clearly)

DATE:	**INITIATOR'S NAME:**	**INITIATOR'S PHONE #:** ( )
CLIENT NAME:		**EMPLOYER NAME:**
INJURED WORKER'S NAME (FIRST, M, LAST):	**DATE OF INJURY:**	**SSN#:**
PROVIDER NAME (FIRST, M, LAST or Facility Name):	**PROVIDER TITLE:**	**PROVIDER PHONE #:** ( )
PROVIDER OR FACILITY ADDRESS (Street, City, State and Zip):		
PROVIDER OR FACILITY TAX ID #:	**DATE OF DISSATISFACTION:**	

Please describe your complaint in detail below. Include dates, names, and the specific resolutions that you feel might remedy the situation.

PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.

THIS ISSUE INVOLVES (check all that apply): **Service**_____ **Medical Care**_____ **Other** _____

_____

_____

_____

REQUESTED ACTION:

_____

_____

SIGNATURE:

FORWARD FORM TO: COVENTRY COMPLAINTS & GRIEVANCES, 3200 HIGHLAND AVE, DOWNERS GROVE, IL 60515
E-mail: complaintsandgrievances@cvty.com
Phone Number: 800-262-6122

Your Rights & Obligations when filing a Grievance:
Any grievance must be filed on this form and submitted to the Grievance Coordinator at the address identified on this form. The formal written grievance must be received by the Grievance Coordinator of the certified plan. Coventry will respond to the grievance as quickly as possible and will submit a decision on the grievance within thirty (30) days of receipt of said grievance. If you are dissatisfied with a decision rendered by the Coventry Grievance Committee, you may appeal the decision. For any questions on the grievance or appeal procedure, please call the toll-free 1-800-262-6122.

SAMPLE

EMPLOYERS® GA MCO Initial Employee Acknowledgement Letter

***[Instruction*:** *This letter should be provided to new employees at the time of hire and all current employees prior to the implementation of the EMP GA MCO. The information on this letter should be placed on your company's letterhead. You should maintain documentation that you provided this information to your employees. The language on the Initial Employee Acknowledgement letter should not be modified or altered. However, you may add additional information if deemed appropriate–such as whom within the company employees should contact if they have questions about the letter]*

Insert Date

Dear Employee:

RE: Workers' Compensation Illnesses or Injuries

{insert policyholder name} is committed to the well-being and safety of our employees. As part of our commitment, we want to ensure that every employee who sustains a work-related injury or illness obtains prompt medical care, receives high quality treatments, and returns to work as soon as medically possible under the Georgia State Board of Workers' Compensation Managed Care Organization plan.

{insert policyholder name} is working with Employers Compensation Insurance Company, Employers Preferred Insurance Company or Employers Assurance Company (EMPLOYERS) to support all workers' compensation claims. {insert policyholder name} has implemented the EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) plan, which is supported by Coventry Health Care Workers Compensation, Inc. (Coventry), a national managed care company. The EMP GA MCO is certified by the Georgia State Board of Workers' Compensation to manage the delivery of medical care and return to work for any employees who experience a work-related illness or injury.

This initial notice is to advise you that workers' compensation injuries/illnesses will be medically managed under the EMP GA MCO. If you have a work related injury or illness, you will be receiving additional information from EMPLOYERS about your responsibilities under the EMP GA MCO. If you have any questions about your claim, contact your adjuster at the number provided in the materials sent to you at the time of injury. Here are a few key notes that you will need to know:

- If you have a work-related illness or injury, notify your Supervisor immediately.
- If you require immediate medical attention go to the nearest hospital or urgent care facility.
- If you need non-emergency medical services, you MUST obtain treatment from within the EMP GA MCO Network within your geographic service area (GSA).
- See the attached listing to identify your GSA.
- If you need assistance in finding a provider within the GSA, your Supervisor will give you a Channeling Letter to help you find a provider. You can call Coventry at any time at 1-800-937-6824 option 1, 1, and 1 or visit the provider locator website at www.employers.com. Go to the For Injured Workers tab and select Provider Locator, then Georgia.
- Following notice of your work-related injury or illness, you may receive a call from a nurse to assist you in receiving medical care and in working with {policyholder name}, EMPLOYERS, your provider and you to determine the best time for you to return to work.

EMPLOYERS® GA MCO Initial Employee Acknowledgement Letter

- You have the right to file a Dispute to appeal a non-certification notice, to dispute any component of medical care, or request a change of treating physician.
- You also have a right to file a grievance if you are dissatisfied with the service provided to you within the EMP GA MCO.

Additional instructions will be provided in the Employee Notice you receive at the time of injury. Please read all related materials carefully and contact your adjuster with any questions. To confirm receipt of this material, please sign & return the Employee Acknowledgement Form to your human resources representative.

EMPLOYERS® GA MCO Initial Employee Acknowledgement Letter

Geographical Service Areas (GSA)

#1 - Athens = Banks, Barrow, Butts, Clarke, Dawson, Dekalb, Elbert, Forsyth, Franklin, Fulton, Greene, Gwinnett, Habersham, Hall, Hancock, Hart, Henry, Jackson, Jasper, Lincoln, Lumpkin, Madison, McDuffie, Morgan, Newton, Oconee, Oglethorpe, Putnam, Rockdale, Stephens, Taliaferro, Walton, Warren, White & Wilkes.

#2 - Atlanta = Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Floyd, Forsyth, Fulton, Gordon, Gwinnett, Hall, Haralson, Heard, Henry, Jackson, Jasper, Lamar, Lumpkin, Meriwether, Monroe, Morgan, Newton, Oconee, Paulding, Pickens, Pike, Polk, Rockdale, Spalding, Troup & Walton.

#3 - Augusta = Burke, Candler, Columbia, Emanuel, Glascock, Hancock, Jefferson, Jenkins, Johnson, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington & Wilkes.

#4 - Brunswick = Appling, Bacon, Brantley, Bryan, Camden, Charlton, Chatham, Glynn, Liberty, Long, Mcintosh, Pierce, Tattnall, Ware and Wayne.

#5 - Columbus = Chattachoochee, Clay, Coweta, Crawford, Harris, Heard, Lamar, Macon, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Terrell, Troup, Upson & Webster.

#6 - Forsyth = Banks, Barrow, Bartow, Cherokee, Clarke, Cobb, Dawson, Dekalb, Fannin, Forsyth, Franklin, Fulton, Gilmer, Gordon, Gwinnett, Habersham, Hall, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oconee, Pickens, Rabun, Rockdale, Stephens, Towns, Union, Walton & White.

#7 - Houston = Baldwin, Ben Hill, Bibb, Bleckley, Crawford, Crisp, Dodge, Dooley, Houston, Jones, Lamar, Laurens, Lee, Lowndes, Macon, Monroe, Peach, Pulaski, Schley, Sumter, Talbot, Taylor, Twiggs, Upson, Wilcox and Wilkinson.

#8 - Macon = Baldwin, Bibb, Bleckley, Butts, Crawford, Dodge, Dooly, Greene, Hancock, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Macon, Monroe, Morgan, Newton, Peach, Pike, Pulaski, Putnam, Rockdale, Schley, Spalding, Talbot, Taylor, Twiggs, Upson, Washington & Wilkinson.

#9 - Rome = Bartow, Carroll, Catoosa, Chattooga, Cherokee, Cobb, Dade, Dawson, Douglas, Floyd, Forsyth, Fulton, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker & Whitfield.

#10 - Liberty = Appling, Bacon, Brantley, Bryan, Bulloch, Candler, Chatham, Effingham, Evans, Glynn, Liberty, Long, McIntosh, Pierce, Screven, Tattnall, Toombs & Wayne.

#11 - Valdosta = Atkinson, Berrien, Brooks, Clinch, Coffee, Colquitt, Cook, Echols, Grady, Irwin, Lanier, Lowndes, Mitchell, Thomas, Tift, Ware & Worth.

Single County GSA's

#12 - Baker	**#16 - Early**	**#20 - Montgomery**	**#24 - Turner**
#13 - Calhoun	**#17 - Jeff Davis**	**#21 - Seminole**	**#25 - Wheeler**
#14 - Decatur	**#18 - Marion**	**#22 - Telfair**	
#15 - Dougherty	**#19 - Miller**	**#23 - Treutlin**	

EMPLOYERS® GA MCO Initial Employee Acknowledgement Letter

Employee Acknowledgement Form

Please sign your name, print your name and date this form in the spaces below to indicate that you have received this information. Return this signed and dated form to your Human Resources Representative or Supervisor.

By signing this form, I confirm the following:

- I have received an initial letter and information from my employer about the use of the EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) plan for any work-related injury or illness;
- That in the event I have a work-related injury or illness, my care will be supported under the EMP GA MCO;
- That at the time of injury/illness, I will:
  - Immediately notify my Supervisor about my injury/illness;
  - Obtain more information from my employer and EMPLOYERS about my role and responsibilities under this program, including how to locate a provider and utilize only the medical providers available through the EMP GA MCO if I am injured in a work-related accident except in cases of emergencies.

I also understand that if I go to a medical provider for treatment of a workers' compensation claim and the provider is not included as part of EMP GA MCO that this treatment **may not** be authorized. I also understand there is a dispute and grievance process in place for any concerns I may have regarding the EMP GA MCO and my medical treatment within the EMP GA MCO. I understand my rights and responsibilities within the certified EMP GA MCO and agree to comply with its provisions.

Sign, return to your Human Resources Representative or Supervisor.

_____
Employee Signature

_____ _____
Print Name Date

EMP GA MCO Channeling Letter

Employers Compensation Insurance Company, Employers Preferred Insurance Company, or Employers Assurance Company (EMPLOYERS) uses the EMPLOYERS Georgia Managed Care Organization (EMP GA MCO) plan for all work-related injuries or illnesses. The network is supported by Coventry, a national managed care company, and EMPLOYERS. If you have a work-related injury or illness:

1. **Notify your Supervisor.** Your Supervisor will call the Injured Employee Hotline at **1-855-365-6010** to initiate your claim and be transferred to a Coventry Triage Nurse who will call to confirm your need for medical attention. If you need immediate medical attention, the Triage Nurse will help direct you where to go.

2. **If this is an EMERGENCY – go to the nearest hospital or urgent care facility listed on the Emergency Worksite Poster.**

3. **For all Non-Emergency Services call Coventry at: 1-800- 937-6824 option 1, 1, and 1** or visit the provider locator website at www.employers.com. Go to For Injured Workers tab and select Provider Locator, then Georgia.

   You must use an EMP GA MCO Provider whenever possible unless:

   - You need Emergency Services;
   - You cannot find a provider in your Geographic Service Area (GSA) in the specialty needed. By calling Coventry's Call Center at the toll free number above, a representative will assist you with locating a provider within your designated Geographic Service Area (GSA). The GSA consists of multiple counties from which you may choose a provider. The types of providers you will need include:

     - Initial Treatment: Family Practitioner, General Practitioner, Internal Medicine, Occupational Medicine, Occupational Medicine Clinics & Urgent Care Centers

     - Continued Care **-** choose an "Authorized Treating Provider" who will be an MD or DO to assist in coordinating the care needed.

You may use any provider within the GSA for these services. Failure to use an EMP GA MCO provider may result in your responsibility to pay the non-network provider bills unless access to a non-network provider is approved by your adjuster. There are limited exceptions to using a non-network provider as noted above.

You will be receiving more information from the adjuster outlining additional responsibilities you will have under the EMP GA MCO. If you have any questions about this program or using a non-network provider, contact your adjuster at 1-888-682-6671.