

Employee Injuries on the Job

What is Worker's Compensation?

Worker's Compensation Insurance provides coverage for **work-related injuries** and illnesses as required under the Worker's Compensation laws of the State of Indiana. Worker's Compensation Insurance covers all authorized expenses related to the treatment of a work-related illness or injury and provides "lost time benefits" when an employee must be absent from work.

Who is covered?

All County employees are covered under the County's Worker's Compensation Insurance Plan.

What does an employee do if they are injured at work?

- The employee should report the injury to their supervisor or department head immediately.
- If the employee's injury is not serious or life threatening, the employee should go to Midwest HealthStrategies. If the injury requires **immediate emergency treatment for a serious injury**, the employee should go immediately to Ball Memorial Hospital Emergency Room and/or call EMS. If Midwest HealthStrategies is closed – and the injury can wait to be treated the next morning – the employee should utilize Midwest HealthStrategies when it opens in place of the more costly emergency room.
- There are two designated medical providers allowed to process the County's Worker's Compensation claims: Midwest HealthStrategies (3813 S. Madison) and Ball Memorial Hospital Emergency Room. **If an employee goes to any other facility the costs will NOT be covered and the charges will be the financial responsibility of the employee.**
- The **employee** must fill out an **Incident Inquiry Form** as soon as possible and leave it with the supervisor or department head. This is a two-page form that asks for details of the accident.
- The **Medical Authorization** form must also be signed. This is a standard form that allows the insurance company, Eastern Alliance, to obtain your medical information and records. Only the people involved in the handling of the claim will have access to any medical information about the employee.

What should a supervisor do if an employee is injured?

- If immediate treatment is needed for a serious injury, send the employee to Ball Memorial Hospital Emergency Room and/or call EMS.
- If the injury is not serious, send the employee to Midwest HealthStrategies. If Midwest HealthStrategies is closed and the injury is not serious, ask that the employee wait until 7:00 am when Midwest HealthStrategies opens. If treatment cannot wait, send the employee to the emergency room. (Please note that it

costs over \$300 more for the employee to go to the emergency room than if the employee goes to Midwest HealthStrategies for treatment.)

- Call Human Resources at 741-3397 and report the injury.
- Have the **employee** fill out the **Incident Inquiry Form** as soon as possible and deliver it or fax it to the Human Resources Department at XXX. If the employee cannot fill out the report, the supervisor or witness can fill out the report. When the employee is able, a second Incident Inquiry Form will need to be filled out.

What if an employee is injured away from the County while conducting the County's business or participating in a training program?

The employee should be treated by a health care provider in the geographical area where the illness or injury occurred. A claim should be submitted to the Human Resources Department.

What should the employee do with bills, claims or prescription fees?

Work-related illnesses or injuries should never be submitted under the County's group health insurance. All bills or claims related to the illness or injury should be turned in to the Human Resources Department to be submitted to the County's Worker's Compensation insurance carrier.

If the treating physician prescribes medication, the employee may have the pharmacy contact and directly bill the insurance carrier. The County's Worker's Compensation insurance carrier is:

Easter Alliance
PO Box 80099
Indianapolis, IN 46280-0099
Tel: (800) 243-5119

Medical Treatment Notice Worker's Compensation Insurance Coverage

Pursuant to I.C. 22-3-7-17 of the Indiana Worker's Compensation Statute, an employee is authorized to select the providers for medical treatment for work-related injuries.

Delaware County Government has selected the following sources as our **Designated Medical Providers**.

Primary Care Provider:

Midwest HealthStrategies
3813 S. Madison St.
Muncie, IN 47302
765-751-3300

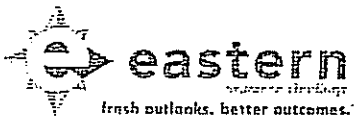
Hours: 7:00 am – 8:00 pm, Monday – Friday
8:00 am – 4:00 pm, Saturday and Sunday

Secondary Care Provider for serious injuries only:

Ball Memorial Hospital, Emergency Room
2401 W. University Ave.
Muncie, IN 47303

- **All injuries must be reported immediately to your supervisor** so that proper authorization can be given to the designated medical provider.

- **IMPORTANT: Medical treatment for work-related injuries which is not obtained from the designated medical providers may not be covered under Worker's Compensation Benefits and would be the financial responsibility of the employee.**



Return to: Eastern Alliance Insurance Group
 P.O. Box 80099
 Indianapolis, IN 46280

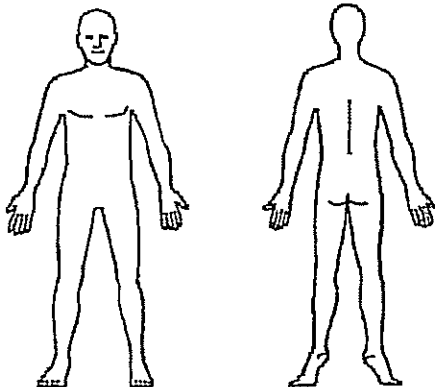
Incident Inquiry Form

FILE NUMBER

GENERAL INFORMATION					
LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER ()		
ADDRESS (Street, number, city, state and ZIP code)					
NAME OF EMPLOYER					DLN NUMBER
CLAIMANT DATA					
DATE OF BIRTH	SEX <input type="checkbox"/> F <input type="checkbox"/> M	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			S.S. NUMBER
NO. OF CHILDREN UNDER 18	HEIGHT	WEIGHT	RATE OF PAY	EDUCATION	
	ALTERNATE CONTACT ADDRESS				ALTERNATE PHONE NUMBER ()
POSITION AND JOB DESCRIPTION					
SUPERVISOR OR FOREMAN			LENGTH OF EMPLOYMENT	DAYS AND HOURS WORKED	
OTHER EMPLOYMENT				SUPERVISOR OR FOREMAN	
PRIOR EMPLOYMENT					
SUPERVISOR OR FOREMAN					
DESCRIPTION OF ACCIDENT					
DATE OF INJURY/ILLNESS	TIME	PLACE/DEPARTMENT			
DESCRIPTION					
REPORTED TO WHOM AND WHEN					
WITNESSES					
HOBBIES (Health Club, etc.)					

MEDICAL DATA	
CLINIC OR EMERGENCY ROOM	FIRST SECT
INPATIENT? YES NO	DATES
HOSPITAL	
ADDRESS (Street, number, city, state and ZIP code)	
ATTENDING PHYSICIAN	PHONE NUMBER ()
FAMILY DOCTOR	PHONE NUMBER ()
ADDRESS (Street, number, city, state and ZIP code)	
PARTS OF BODY INJURED	

Indicate on diagram location of injury



INJURY

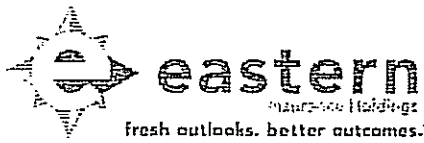
- 1 No apparent injury
- 2 Contusions
- 3 Lacerations
- 4 Possible fracture
- 5 Fracture
- 6 Head involved
- 7 Burn
- 8 Hematoma
- 9 Abrasion
- 10 Other _____

PRIOR INJURIES
PRIOR WORKERS' COMPENSATION INJURIES

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

I HEREBY DECLARE THAT THE FACTS STATED ARE TRUE

Signed X _____ Date _____



**AUTHORIZATION FOR DISCLOSURE
OF PROTECTED HEALTH INFORMATION FOR WORKER'S
COMPENSATION PURPOSES (HIPAA COMPLIANT)**

I hereby authorize all healthcare providers to use and disclose my Protected Health Information (PHI) as described in this authorization. A photocopy of this Authorization is as valid as the original.

PATIENT IDENTIFICATION INFORMATION

Account or medical record number: _____ Claim No.: _____

Patient's Full Name: _____
Last First Middle

Address: _____

Social Security No.: _____ Date of Birth: _____

Name and address of recipient: Eastern Alliance Insurance Group
8425 Woodfield Crossing Blvd. Suite 125
Indianapolis, Indiana 46240

Release

The purpose of use or disclosure of patient information is for my worker's compensation claim.

I understand the following information will be released pursuant to a work-related/occupational injury or illness/workers' compensation claim: hospital and emergency operational logs, outpatient records; medical reports; clinical notes; nurses' notes; physical therapy records; patient's history of injury; subjective and objective complaints; x-rays; test results; interpretation of x-rays or other tests (including a copy of the report); diagnosis and prognosis; bills for services; payments received; and any other relevant and material information in the health care provider's possession. This Authorization also includes, if applicable, drugs/alcohol, psychiatric/psychological services and social work disease, acquire immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or ARC reports. This authorization includes the release of documents in the possession of the healthcare provider whether or not created in your office or by another healthcare provider.

I also agree that any and all of my health care providers may discuss the details of my medical information with the representatives of the above named recipient. However, the covered entity will not condition treatment on the completion of the authorization.

Conditions

I understand that information released in response to this authorization may be used or disclosed to administer, determine and/or litigate my claim. Patient information may be redisclosed to the parties, their agents and representatives; authorized is subject to disclosure to other parties, and that any other person, firm or entity that releases materials pursuant to this authorization is released from any liability that might otherwise result from the release of this information.

I understand that this authorization is valid until my case has been closed and for up to one year from the date of closure. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing to Eastern. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I have read this Authorization and understand that I can retain a copy.

Patient, the patient's personal representative or
patient's guardian (if the patient is a minor or incapacitated adult) Date

Printed name, address, phone number of guardian

Description of Authority to Act for Patient: _____