

# Workers' Compensation Injury Report Packet

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# Cherokee County



Dear Employee,

Attached are Workers' Compensation forms that provide information and guidance for employees' who have sustained a Workers' Compensation injury. The packet is divided into sections for use by the employee/supervisor and has a resource section containing additional forms, which may be needed in some cases.

Our goal is to ensure that employees are provided timely, and efficient medical treatment from one of the Doctors on our **Panel of Physicians** or the Emergency Room if needed. Employees are required to **immediately** notify their supervisor of any on the job injury. The goal of Workers' Compensation is to provide appropriate medical care and return the employee to work as soon as medically possible.

If you have any questions, please contact me: 770-721-7827 or cell ~ 470-380-4772.

Best Regards,

*Derek A. Nelson*

Director of Risk Management

Office - 770-721-7827 Mobile - 470-380-4772 Fax - 678-493-6035

E-mail [danelson@cherokeega.com](mailto:danelson@cherokeega.com)

Website <https://www.cherokeega.com/Risk-Management/>

**CHEROKEE COUNTY BOARD OF COMMISSIONERS**

1130 Bluffs Parkway

Canton, Georgia 30114

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

# PANEL OF PHYSICIANS

## OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

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

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases, the employer will also pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

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

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

### **The insurance company providing coverage for this business under the Workers' Compensation Law**

**is:** Insurer Name: Sedgwick Telephone: 770-721-7827  
Address: P.O. Box 14841, Lexington, KY 40512  
Insurer Email: [danelson@cherokeega.com](mailto:danelson@cherokeega.com)

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

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

1. Peachtree Immediate Care, 4125 Marietta Hwy Canton, GA 30114 678-626-7007 Open 7 Days 8am-8pm peachtreemed.com
2. Wellstar Urgent Care 1120 Wellstar Way, Ste 105 Holly Springs, GA 30114 678-494-2500 Open 7 Days 8am-8pm wellstar.org/urgentcare
3. Prestige Medical Group 3755 Sixes Rd. Ste 300 Holly Springs, GA 30114 678-494-9669 Open M-F 8am-5pm prestigemedicalgroup.org
4. Resurgens Orthopedic 1495 Hickory Flat Hwy Canton, GA 30114 678-505-4455 Doug Widener MD Open M-F 8am resurgens.com
5. Northside Ortho Sports Medicine 470 Northside Cherokee Blvd, Ste 180 Canton, GA 30115 770-517-6636 sportsmedicine.northside.com
6. Pinnacle Orthopedics 720 Transit Ave Ste 202 Canton, GA 30114 770-345-5717 Dr. Kuzmanski pinnacle-ortho.com
7. Marietta Eye Clinic 100 Old Ballground Hwy Canton, GA 30114 770-479-219 mariettaeye.com

(Additional doctors may be added on a separate sheet)

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

IF YOU HAVE QUESTIONS, PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://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-P1 (7/2023)

## EMPLOYEE INSTRUCTIONS

**IF INJURY IS LIFE THREATENING ~ CONTACT 911 IMMEDIATELY!**

### **Instructions for the Injured Employee:**

#### **What to do if I am injured on the job, need medical treatment, and can reach my supervisor:**

- Immediately report the accident to your supervisor
- If injury is not life threatening; the following Worker's Comp forms need to be completed:
  1. If a prescription(s) is needed, please use the OPTUM for "First Fill Rx"
  2. Sign the Receipt of Notice of WC "Panel of Physicians" (*circle selected provider*)
  3. Keep the Employee copy
  4. Drug test (10 Panel) is required anytime employee requires medical treatment

#### **What to do if I am injured on the job (not life threatening) and need medical treatment and cannot reach my supervisor:**

- If supervisor is not available; chose a provider from the "Panel of Physicians" list and seek medical attention
- As soon as possible, contact your supervisor or designated department representative to complete the forms listed above

#### **I am injured on the job and do not need medical treatment:**

1. Immediately notify your supervisor
2. Complete the Accident Investigation Report form
3. Witnesses complete and sign witness statement (*If applicable*)

**DOT Employees** (If 5 Panel Drug Test is required) Report for Alcohol and Drug Testing to:  
**Peachtree Immediate Care 4125 Marietta Pkwy., Canton, Ga. 30114 (678) 626-7007**

Questions as to this process may be addressed to: Derek A. Nelson, Risk Management Director  
Office (770)721-7827 Cell: (470)380-4772 Email: [danelson@cherokeega.com](mailto:danelson@cherokeega.com)

# Cherokee County



## SUPERVISOR INSTRUCTIONS

**Employee is injured on the job and needs medical treatment:**

**IF INJURY IS LIFE THREATENING ~ CONTACT 911 IMMEDIATELY!**

• **If injury is not life threatening complete the following forms:**

1. Injury Report Form **(below)**
2. Witnesses Statement - **if applicable**
3. If Rx is needed, please use OPTUM Access card for "First Fill Rx"
4. Have employee sign receipt of the WC "Panel of Physicians" - give them a copy
5. Complete Cherokee County Workers' Compensation Authorization for Treatment form for employee to give to Medical Provider
6. Drug test (10 Panel) is required anytime employee requires medical treatment

**Employee is injured on the job and does not need medical treatment:**

- Complete Injury Report form **(Below)**
- Witnesses complete the witness statement ~ **if applicable**
- Drug test (10 Panel) is required if there is damage to County property or a motor vehicle

**DOT Employees** (If 5 Panel Drug Test is required) Report for Alcohol and Drug Testing to:  
**Peachtree Immediate Care 4125 Marietta Pkwy., Canton, Ga. 30114 (678) 626-7007**

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# Cherokee County Injury Investigation Report

Employee Name:	Employee's Department:	Date and Time of Injury/Illness:
Job Title:	Location of Accident:	
Date of First Report:	Job Being Performed:	Has Employee Performed this Job Before? Yes                      No

Describe in detail how the injury occurred (use additional paper if necessary).

Nature of Injury/Illness:

Part of Body Affected/Injured:

INDICATE ALL OF THE FOLLOWING CONTRIBUTING FACTORS TO THE ACCIDENT:

<input type="checkbox"/>	Unsafe Act	<input type="checkbox"/>	Lack of Experience	<input type="checkbox"/>	Defective Equipment
<input type="checkbox"/>	Employee Training	<input type="checkbox"/>	Improper Lifting	<input type="checkbox"/>	Improper Procedure(s)
<input type="checkbox"/>	Unsafe Conditions	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>	Improper PPE or PPE Not Used
Violation of Safety Rules			Other		

Recommended Corrective Action(s):

Was Post-Accident Drug Test Administered?	Yes	No
If Yes, Hospital/Location of Testing Facility	If No, Why Not?	

Signatures:	
Employee	Supervisor
Date	Date
Printed Name of Person Filling Out Report	Date

Cherokee County



WORKERS' COMPENSATION  
AUTHORIZATION FOR TREATMENT

Employer: CHEROKEE COUNTY BOARD OF COMMISSIONERS

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**Drug Test Required:**



Type of Test:  10 Panel (Non-DOT)  
 5 Panel (DOT)

**Employer Authorization for Treatment:**

\_\_\_\_\_  
**Name (Print)**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Employer Contact Information:

Derek A. Nelson, Director Risk Management  
[danelson@cherokeega.com](mailto:danelson@cherokeega.com)  
Cherokee County BOC  
Risk Management Dept.  
1130 Bluffs Pkwy.  
Canton, Ga. 30114  
Office: (770)721-7827 Cell: (470)380-4772

Worker's Compensation Billing Information:

Sedgwick  
P.O. Box 14841  
Lexington, KY 40512  
Fax: (866)548-2637

**Please give to Medical Provider**



sedgwick

Physician's Report / Pharmacy Guide

EMPLOYER: Please complete the top section and give to the injured employee to take to the authorized treating physician.

Name of Employee/Patient: Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Name of Doctor Chosen: \_\_\_\_\_

EMPLOYEE: Please take this form with you to the authorized treating physician. Please have the physician complete the middle section and return this immediately to your employer. The bottom section is for you to show the pharmacist should you need to have any prescriptions filled as prescribed by your authorized treating physician for this work related injury.

AUTHORIZED PHYSICIAN, PLEASE COMPLETE

Diagnosis: \_\_\_\_\_

A post-accident drug test has been completed  or  has not been completed (check one)

In accordance with this patient's physical capability, check all that apply:

- May resume work immediately with no restrictions
May resume work immediately with the following restrictions:
Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
Light work (lifting less than 20 pounds)
Medium work (lifting less than 50 pounds)
Heavy work (lifting less than 100 pounds)
Normal shift
Limited hours per day: 2 hours, 4 hours, 6 hours
Other:

Repetitive Motion Restrictions (specific to hand/arm injuries):

Table with 4 columns: Frequency, Left, Right, Both. Rows include No Use, Occasional <33% of time, Frequent 34-66% of time, Regular 67-100% of time.

- Patient may return to work at full duty on (date):
Patient has a return appointment on (date): at (time)

Please indicate any referrals that are required: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician's Name (type or print) \_\_\_\_\_

PHARMACIST: Process all prescriptions through Optum for this patient. Contact Optum at (800) 547-3330 to establish eligibility.

DO NOT CHARGE THE PATIENT FOR THE PRESCRIPTION

Table listing participating pharmacies such as Walgreens, CVS, Rite Aid, and others, with columns for pharmacy names and addresses.







PO Box 152539  
Tampa, FL 33684-2539



## MAKING IT EASY TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED

Optum has been chosen to manage your workers' compensation pharmacy benefits for 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 person:



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. In most cases, the pharmacy will fill the prescription at no cost to you.



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



### Employer:

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



### Finding a network pharmacy

Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [tmesys.com](http://tmesys.com).



### Questions? Need Help?

# 1-866-599-5426

<b>WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM</b>	
Sedgwick CARRIER/TPA	Cherokee County EMPLOYER
INJURED PERSON NAME _____	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER _____	DATE OF INJURY (YYMMDD) _____
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work related injury. To locate a pharmacy <a href="http://tmesys.com">tmesys.com</a>	

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and to obtain the ID# for online adjudication of approved benefits for the injured individual. Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

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

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' Compensation 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 to as "Optum."



IMP14-2013-20

# Accident Witness Statement

To be completed and signed by the witness ONLY!!!!

Injured Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
*(Please print)*

Date of Accident: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Describe fully how accident occurred:

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Describe Injury Sustained (be specific):

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Recommendations on how to prevent this accident from occurring:

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The above is factual to the best of my knowledge:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

# Cherokee County



## Information for Dental Related Injuries



If an Employee suffers from a job-related dental injury, they may choose to see their own dentist. Please follow the procedures for Worker's Compensation medical injuries and utilize the authorization treatment form located in the Worker's Compensation packet.

### **Billing Information:**

Worker's Compensation Third Party Administrator:

Sedgwick  
P.O. Box 14841  
Lexington, KY 40512  
Fax: (866)548-2637

Claim Number: If you do not have a claim number contact:

Derek A. Nelson, Director Risk Management  
[danelson@cherokeega.com](mailto:danelson@cherokeega.com)  
Cherokee County BOC  
Risk Management Dept.  
1130 Bluffs Pkwy.  
Canton, Ga. 30114  
Office: (770)721-7827 Cell: (470)380-4772