

## WORKERS COMPENSATION CLAIM PROCEDURES

Workers Compensation covers any Paid Employee (someone paid by CFCC) full or part time, any volunteer that you have in your office, or any student assistant if they are injured performing duties of their position. **If an employee is on campus to attend a function and is off duty, it is a Liability Claim.** If anyone else is injured, it is a Liability Claim and the forms go to the Purchasing Department. The form on the website is always the latest version of the form.

1. **ACCIDENT-INCIDENT REPORT** — Should be completed by the employee if possible.
  - A. Complete Sections 1,2,3,6,7 & 8
  - B. Send Original to:  
Human Resources
  - C. Citrus Campus, Levy Center, and Hampton Center must complete forms and fax to HR.  
Use Fax # 352-873-5885 (this machine is in the HR office)

If this is a Band-Aid only case (one that does not need to go to the physician) the accident incident report is the only form to complete and send.

**For those cases that are more severe and require a physician's care, you must ALSO have the following form completed:**

2. **FIRST REPORT OF INJURY OR ILLNESS FORM** - Complete this form if employee requests to go to Doctor. **MUST BE FILED WITHIN 5 DAYS INCLUDING WEEKENDS!!!!**
  - A. Employee completes all pertinent areas e.g.:
  - B. Name, Home Street Address, City, State, Zip, Social Security Number, Date of Accident, Time of Accident (am or pm) Employee description of accident, Home Telephone Number, Occupations Date of Birth, Sex, Injury/Illness that occurred, Part of Body Affected (be specific, right arm, left ankle etc) Company Name, D.B.A. (Doing Business As) Street, City, State, Zip, Date First Reported, Nature of Business, Business Telephone, Employer's Location Address if any campus other than Ocala, Place of accident if other than any of the campuses – e. g. on a field trip, Supervisor should indicate if he/she agrees with description of accident, Employee should sign, Supervisor should sign, and if the person is sent to a Dr. or Hospital that information including Name, address and telephone number of Dr. or Facility (Must be a Managed Care Provider) and if it was authorized by the employer, supervisor or security it should be initialed as well.
  - C. Make sure that all fields are completed and that the form is signed by BOTH the injured employee and his or her supervisor.
  - D. Have someone hand carry both the Accident Incident Report and the First Notice of Injury to HR
  - E. If the accident /incident occurs in Citrus County, **Justine Hausheer** will be able to handle the paperwork and get the injured party on their way. In Levy County, please see **Rebecca Lord** in the office. **Russell Days** will assist anyone at the Appleton Museum and **Teresa Joyner** will help if you are at the Hampton Center.

**HR will provide a Physician Referral Form for the employee to go the physician that CFCC uses.**

3. **FLORIDA COMMUNITY COLLEGES RISK MANAGEMENT CONSORTIUM PHYSICIAN REFERRAL FORM**
  - A. Human Resources **COMPLETE** Section I of this form IF NOT ALREADY PREPRINTED.
    1. Workers Compensation Adjusting Company is as follows:

Gallagher Bassett Services  
5700 S. W. 34th St., Suite 140  
Gainesville, Fl. 32608-5372  
Phone: 352-335-7955  
Fax: 352-335-7660

2. HR representative signs as College Official and sends this form, makes a Xerox copy, then sends the 3 part form with Employee to the doctor the Xerox copy is sent to HR with the other documents. (TELL EMPLOYEE TO KEEP LAST [PINK] COPY FOR HIS/HER RECORDS AND IN CASE DR SENDS FOR PRESCRIPTION ETC. THIS FORM TELLS PROVIDERS WHO TO CALL FOR AUTHORIZATION

**3. HR WILL COPY FORM BEFORE SENDING WITH EMPLOYEE.**

- B. HR will Contact the Managed Care Facility and let them know the patient will be in (OCALA ONLY – OTHER CAMPUSES WILL NOTIFY MANAGED CARE FACILITY BEFORE THEY SEND EMPLOYEE OUT).
1. Names and Addresses of facilities available for your area may be obtained by going to the website: [www.ccnusa.com](http://www.ccnusa.com) and using the zip code to find a facility. Each campus should pre-select a site to which to send all employees making it easier for emergencies to be handled..
  2. If an emergency, the employee can be taken/sent to the nearest hospital.

**IF THE PERSON IS UNCONSCIOUS, BLEEDING PROFUSELY, STRUGGLING FOR BREATH OR IN ANY OTHER DIRE STRAIGHT – CALL 911 -- GET HELP FOR THEM.**

**IF YOU HAVE SUCH AN EMERGENCY, GET HELP FOR THE VICTIM - THEN DO AS MUCH OF THE PAPERWORK AS YOU CAN AND GET IT TO HR SO WE MAY ALERT THE APPROPRIATE PARTIES AND HAVE THE INJURY COVERED BY WORKERS COMPENSATION. SIGNATURE OF THE SUPERVISOR SHOULD BE OBTAINED BEFORE THE FORM IS CARRIED OR FAXED TO HUMAN RESOURCES, SIGNATURE OF THE VICTIM MAY BE OBTAINED LATER IN THE EVENT OF AN EMERGENCY. IT IS CRITICAL THAT WE GET THE PAPERWORK FILED IN A TIMELY MANNER FOR THE CLAIM TO BE COVERED.**

**THANK YOU.**