Workers' Compensation Guidelines
And
Workers' Compensation Anti-Fraud Plan

Employee Acceptance Form

It is mandatory that this form be signed, dated and returned to the employee's immediate supervisor to be forwarded to Risk Management.
A copy of this signed form is to be kept at the location of employment.

I have read or had read to me the Workers' Compensation Guidelines for Williamson County Government, Williamson County School System and Williamson County Volunteer Firefighters.

I have read or had read to me the Williamson County, Tennessee Workers' Compensation Anti-Fraud Plan.

I understand that it is a crime to provide false, incomplete or misleading information to any party to a workers compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

I understand that if possible I should notify my supervisor immediately in the event of a job related injury or illness. Work related injuries or illness must be reported within 15 days. I understand that I must sign all appropriate forms.

I understand that I must choose one of the authorized physicians or seek medical treatment at the named medical facility in the event I am injured or contract an illness due to a work related incident.

I further understand the importance of an injury or illness as a result of a job related incident and understand that if I seek medical treatment or attention from any physician or facility other than those authorized, and/or do not follow the treatment prescribed by said physician and/or physical therapist I will become responsible for the payment of my own medical bills.

_____
Employee Name Printed

_____
Employee Name Signed

_____
Location / Department

_____
Date

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

CLAIMS ADM/CARRIER

JURISDICTION CLAIM # (STATE FILE #)

CLAIMS ADM CLAIM # (INSURER CLAIM #)

OSHA LOG CASE #

CLAIM TYPE CODE
- ☐ MED ONLY
- ☐ INDEMNITY
- ☐ BECAME LOST TIME
- ☐ BECAME MED ONLY
- ☐ NOTIFY ONLY
- ☐ TRANSFER

NAME OF INSURANCE CARRIER: Self-Insured

CARRIER FEIN: 62-6000913

CLAIMS ADMIN FIRM NAME (IF DIFFERENT FROM CARRIER)

FEIN OF CLMS ADM: 62-6000913

CLAIMS ADJUSTER NAME

CLMS ADJ PHONE #: 615-790-5466

CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2: 1320 W Main Street, Suite 108

CITY: Franklin | STATE: TN | ZIP: 37064

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE TENNESSEE WORKERS' COMPENSATION LAW AND MUST BE COMPLETED AND FILED WITH YOUR INSURANCE CARRIER IMMEDIATELY AFTER NOTICE OF INJURY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS' COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

IF YOU HAVE QUESTIONS, THE STATE NOW HAS A BENEFIT REVIEW SYSTEM WHERE A WORKERS' COMPENSATION SPECIALIST CAN PROVIDE ASSISTANCE. CALL 1-800-332-2667 (TDD)

EMPLOYER

EMPLOYER NAME: Williamson County Government

EMPLOYER FEIN: 62-6000913

SIC CODE

PHONE NUMBER: 615-790-5466

EMPLOYER ADDRESS LINE 1 AND LINE 2: 1320 W Main Street, Suite 108

NATURE OF BUSINESS: Government

CITY: Franklin | STATE: TN | ZIP: 37064

INSURED REPORT #

EMPLOYER LOCATION

POLICY

INSURED NAME (PARENT CO. IF DIFFERENT THAN EMPLOYER): Williamson County Government

POLICY NUMBER

SELF INSURED? ☉ YES ☐ NO

EFF DATE

EXP DATE

EMPLOYMENT STATUS CODE
- ☐ FULL TIME/REGULAR
- ☐ PART TIME
- ☐ PIECE WORKER
- ☐ SEASONAL
- ☐ VOLUNTEER
- ☐ APPRENTICE FULL TIME
- ☐ APPRENTICE PART TIME

EMPLOYEE

EMPLOYEE LAST NAME

PHONE INCL AREA CODE

FIRST | MI

DEPARTMENT REGULARLY WORKED

GENDER
- ☐ MALE
- ☐ FEMALE
- ☐ UNKNOWN

ADRRESS LINE 1 & 2

OCCUPATION DESCRIPTION

CITY | STATE | ZIP

MARITAL STATUS
- ☐ MARRIED
- ☐ UNMARRIED, SINGLE, DIVORCED
- ☐ SEPARATED
- ☐ UNKNOWN

NCCI CLASS CODE

SSN | DATE OF BIRTH | DATE OF HIRE

WAGE

WAGE $

PERIOD
- ☐ HOURLY
- ☐ DAILY
- ☐ WEEKLY
- ☐ BI-WEEKLY
- ☐ MONTHLY

NUMBER OF DAYS WORKED PER WEEK

SALARY CONTINUED IN LIEU OF COMPENSATION ☐ YES ☐ NO

FULL WAGES PAID FOR DATE OF INJURY ☐ YES ☐ NO

ACCIDENT/INJURY

DATE OF INJURY

TIME OF INJURY ☐ AM ☐ PM ☐ COULD NOT BE DETERMINED

TIME EMPLOYEE BEGAN WORK ON INJURY DATE ☐ AM ☐ PM

DATE EMPLOYER NOTIFIED OF INJURY

BODY PART AFFECTED CODE

NATURE OF INJURY CODE

CAUSE OF INJURY CODE

DATE CLAIM ADM NOTIFIED OF INJURY

DATE LAST DAY WORKED

DATE DISABILITY BEGAN

RETURN TO WORK DATE (IF APPLICABLE)

HOW INJURY OR ILLNESS OCCURRED. DESCRIBE THE INCIDENT INCLUDING WHAT THE EMPLOYEE WAS DOING JUST BEFORE, THE PART OF THE BODY AFFECTED AND HOW, AND OBJECT OR SUBSTANCE THAT DIRECTLY HARMED THE EMPLOYEE

DATE OF DEATH (IF APPLICABLE)

IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP
- ☐ WIDOW
- ☐ WIDOWER
- ☐ MOTHER
- ☐ FATHER
- ____ DAUGHTER
- ____ SON
- ____ SISTER
- ____ BROTHER
- ____ HANDICAPPED CHILD

TOTAL # DEPENDENTS

DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? ☐ YES ☐ NO

ADDRESS WHERE INJURY OCCURRED (IF OTHER THAN EMPLOYER'S PREMISES) CITY STATE ZIP

COUNTY OF INJURY

TREATMENT

PHYSICIAN NAME

HOSPITAL OR OFF SITE TREATMENT NAME

ADDRESS LINE 1 AND 2

ADDRESS LINE 1 AND 2

CITY | STATE | ZIP

CITY | STATE | ZIP

INITIAL TREATMENT
- ☐ NO MEDICAL TREATMENT
- ☐ MINOR BY EMPLOYER
- ☐ MINOR BY CLINIC/HOSPITAL
- ☐ HOSPITALIZED > 24 HRS
- ☐ EMERGENCY CARE
- ☐ FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED

OTHER

DATE PREPARED | PREPARER'S NAME & TITLE | PREPARER'S COMPANY NAME | PHONE NUMBER

FORM C-42

TENNESSEE
BUREAU OF WORKERS' COMPENSATION

EMPLOYEE'S CHOICE OF PHYSICIAN
Medical Panel

Employer

- List at least three physicians and provide this panel to employee upon the report of a workplace injury.
- Keep the completed original form on file and send a copy to the employee for their records.
  - Do *not* send this form to the State unless requested.

Employee

- Fill out the bottom portion of this form to indicate which physician you choose.
  - If you refuse to accept medical services from the chosen physician, your rights to benefits may be delayed.
  - Traveling more than 15 miles (one way) to (or from) medical treatment? Employees may seek reimbursement of their travel expenses from the insurance carrier.
- **Send** completed form **back to your employer.**

TO BE COMPLETED BY THE **EMPLOYER:**

Employee Name _____ Date Panel Provided _____

Employer Williamson County Government Date of Injury _____

Employer Contact Laura Honaker Phone (615) 790-5466 Email laura.honaker@williamsoncounty-tn.gov

Physician 1	**Physician 2**	**Physician 3**
Name Williamson Medical Center	Name Vanderbilt (Walk-In) Health Services	Name Vanderbilt (Walk-In) Health Services
Phone (615) 435-5000	Phone (615) 791-7373	Phone (615) 791-7373
Address 4321 Carothers Parkway	Address 919 Murfreesboro Road	Address 1834 W. McEwen Drive
		Suite 110
City Franklin	City Franklin	City Franklin
State TN Zip 37067	State TN Zip 37064	State TN Zip 37067
Is Telehealth available with Physician #1? Yes ☐ No ☒	Is Telehealth available with Physician #2? Yes ☐ No ☒	Is Telehealth available with Physician #3? Yes ☐ No ☒
If yes, web address	If yes, web address	If yes, web address

ADDITIONAL PHYSICIANS LISTED ON NEXT PAGE

(Optional) Telehealth-Only **Physician 4** Name _____ Phone _____

Telehealth Provider email address _____ Web address _____

TO BE COMPLETED BY THE **EMPLOYEE:**

I have selected the following physician from the list provided to me by my employer:

Physician Name _____ Appt Date/Time _____

I select: In-person treatment ☐ **or** Treatment by Telehealth ☐ Were you offered in-person treatment? Yes ☐ No ☐

Employee Signature _____ Date _____

FORM C-42 (Additional Physicians)

Employee Name _____ Date Panel Provided _____

Employer Williamson County Government Date of Injury _____

Employer Contact Laura Honaker Phone (615) 790-5466 Email laura.honaker@williamsoncounty-tn.gov

Physician 4

Name Vanderbilt (Walk-In) Health Services

Phone (615) 791-7373

Address 3098 Campbell Station Parkway

City Spring Hill

State TN Zip 37174

Is Telehealth available with Physician #4? Yes ☐ No ☑

If yes, web address

Physician 5

Name Bone & Joint Institute of Tennessee (Dr. Geoffrey Watson; Dr. Scott Arthur; Dr. Ian Byram; Dr. John Klekamp; Dr. Paul Thomas; Dr. Todd Wurth)

Phone (615) 791-2630

Address 3000 Edward Curd Lane

City Franklin

State TN Zip 37067

Is Telehealth available with Physician #5? Yes ☐ No ☑

If yes, web address

Physician 6

Name Tennessee Orthopaedic Alliance (Dr. J. Bartley McGehee, III; Dr. Ryan Snowden)

Phone (615) 236-5000

Address 215 Gothic Court

City Franklin

State TN Zip 37067

Is Telehealth available with Physician #6? Yes ☐ No ☑

If yes, web address

Physician 7

Name Vanderbilt Orthopaedics (Dr. Paul Rummo; Dr. Douglas Weikert)

Phone (615) 790-3290

Address 206 Bedford Way

City Franklin

State TN Zip 37064

Is Telehealth available with Physician #7? Yes ☐ No ☑

If yes, web address

EMPLOYEE TO MAKE PHYSICIAN SELECTION ON PAGE 1

Workers' Compensation Temporary Prescription ID Card

myMatrixx by Evernorth

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 800.945.5951.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 800.945.5951.

To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of $150. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call Express Scripts at 888.786.9640.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

myMatrixx, by Evernorth

ID#: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: M4JA

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

To the Supervisor:

Please fill in the information requested for the injured worker.

Employee Information

_____ _____ _____
First M Last

_____
Street Address or PO Box

_____ _____ _____
City State ZIP

Employer Name

_____

CRP1806_0245 EME46657 OT48016Y

Participating Retail Network Pharmacies

A & P
Acme Pharmacy
Albertson's
Albertson's/Acme
Albertson's/Osco
Albertson's/Sav-On
Amerisource Bergen
Anchor Pharmacies
Arrow
Aurora
Bartell Drugs
Bigg's
Bi-Lo
Bi-Mart
BJ's Wholesale Club
Brooks
Brookshire Brothers
Brookshire Grocery
Bruno
Carrs
Cash Wise
Coborn's
Costco
Cub
CVS
D&W
Dahl's
Dierbergs
Discount Drugmart
Doc's Drugs
Dominicks
Drug Emporium
Drug Fair
Drug Town
Drug World
Eckerd
Econofoods
EPIC Pharmacy Network
FamilyMeds
Farm Fresh
Farmer Jack
Food City
Food Lion
Gemmel
Giant
Giant Eagle
Giant Foods
Hannaford
H-E-B
Hi-School Pharmacy
Hy-Vee
Jewel/Osco
Kash n Karry
Keltsch
Kerr
Kmart
Knight Drugs
LeaderNet (PSAO)
Longs Drug Store
Major Value
Marsh Drugs
Medic Discount
Medicap
Medistat
Meijer
Minyard
NCS HealthCare
Neighborcare
Network Pharmaceuticals
Northeast Pharmacy Services
Osco
P & C Food Markets
Pamida
Park Nicollet
Pathmark
Pavilions
Price Chopper
Publix
Quality Markets
Raley's
Randalls
Rite Aid
Rosauers
Rx Express
RXD
Safeway
Sam's Club
Sav-On
Save Mart
Schnucks
Scolari's
Sedano
Shaw's
Shop 'N Save
Shopko
ShopRite
Snyder
Stop & Shop
Sun Mart
Super Fresh
Super Rx
Target
Texas Oncology Srvs
The Pharm
Thrifty White
Times
Tom Thumb
Tops
Ukrop's
United Drugs
United Supermarkets
Vons
Waldbaums
Walgreens
Wal-Mart
Wegmans
Weis
Winn Dixie