

**KENT INTERMEDIATE SCHOOL DISTRICT
EMPLOYEE/SUPERVISOR REPORT OF INJURY FORM**

EMPLOYEE WORK INJURY REPORT Fill All Blanks in Completely

Employee Name _____ Social Security # _____

Address _____ Date of Birth _____
Street Number & Name City/State Zip Code MM/DD/YYYY

Primary Phone # _____ Work Phone # _____ Primary Email _____

Job Title _____ School/Building Assigned _____

Time Emp Began Work _____ AM PM Time Injury Occurred _____ AM PM

Date of Injury _____ Exact Place of Accident _____
MM/DD/YYYY

Were you on employer premises at time of injury? Yes No (Describe) _____

Description of injury body part(s). Be specific. (e.g. *left knee, right shoulder*) _____

What were you doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material you were was using. Be specific. (e.g. *“climbing a ladder while carrying electrical materials”*; *“walking outside at the bus garage near the fueling station”*; *“lifting a box of books.”*)

Explain in detail how the injury occurred. What object or substance directly caused harm? Be more specific than “hurt,” “pain,” or “sore.”

Description of First Aid Provided _____

Who Provided First Aid? _____
(Name) (Phone Number)

Witness(es) to Accident _____
(Name & Phone Number) (Name & Phone Number)

***Employee must go to Spectrum URGENT CARE on the day of the injury.
Do not seek treatment from a personal doctor.
Any Spectrum Health Urgent Care is approved for First Treatment of Injury***

Did you seek medical treatment on the first day of injury? Yes No

If Yes, Date _____
MM/DD/YYYY

If Yes, which Spectrum Health Urgent Care Clinic? _____

Signature of Employee _____

Date of Report _____

Completed form should be forwarded within 24 hours to the Kent ISD Human Resources Office
Kent ISD Confidential Fax: 616-364-1488
Email: denaharris@kentisd.org / donnmartin@kentisd.org

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SUPERVISOR REPORT OF WORK INJURY

Was the employee performing his/her assigned work when injured? Yes No

Was the employee on employer premises when injury occurred? Yes No (Describe) _____

Does employer site have video surveillance that could be pulled to view the injury occurrence? Yes No

Describe the work being performed at time of injury. Be specific. _____

What machines or equipment were involved?

Were any unsafe conditions present which caused this injury?

What will be done to prevent a repetition of this type of injury?

***Employee must go to Spectrum URGENT CARE on the day of the injury.
Do not seek treatment from a personal doctor.
Any Spectrum Health Urgent Care is approved for First Treatment of Injury***

Did employee seek medical treatment on date of injury? Yes No

If Yes, Date _____
MM/DD/YYYY

If Yes, which Spectrum Health Urgent Care? _____

Supervisor Signature

Date of Report

Supervisor Printed Name

Phone Number

Email

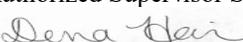
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Work Injury Report Initial Authorization to Treat Form

All additional treatments/services beyond first visit need approval from CCMSI.

*Supervisor: Please complete this form and **send it with the employee to Spectrum Urgent Care** for treatment for work-related injury. Failure to do so may result in denied/delayed additional treatment and/or denied/delayed payment of bills.*

This form must be returned to Kent ISD along with the Employee Report of Injury and Supervisor Report of Injury forms

Employee Information						
Name:	Date:					
Date of birth:	Social Security number:					
Location where accident/injury occurred:						
Date of injury:	Injured body part(s):					
Brief description of injury/accident:						
Employer Information						
Employer: Kent Intermediate School District	Primary contact: Dena Harris/ Donna Martin					
Phone: (616) 365-2220/ (616) 365-2211	Secure Fax: (616) 364-1488					
Address: 2930 Knapp NE, Grand Rapids, MI 49525						
Authorized Supervisor Signature: 	Printed Name & Title: Dena Harris, Human Resource Specialist					
<i>The employer accepts responsibility and authorizes initial treatment, including diagnostic testing, for the employee listed above under a self-insured workers' compensation program managed by a third-party administrator. The employee is to be treated for injuries under the provisions of the Michigan Worker's Disability Compensation Act.</i>						
Billing Information						
Workers' Compensation Insurance/ Third-Party Administrator: Cannon Cochran Management Services Inc. (CCMSI)						
Billing Address: 2364 Woodlake Drive, Ste. 100, Okemos, MI 48864						
Phone: (517) 347-2331	Fax: (217) 477-5970	Claim Number:				
<i>All additional treatments/services beyond initial visit need approval from CCMSI. The employer, via CCMSI, will pay related and reasonable charges provided that these charges are accompanied by medical records submitted directly to CCMSI. The patient is financially responsible for all other services unless otherwise authorized.</i>						
Authorized Medical Clinic – SPECTRUM HEALTH URGENT CARE	Before & After-Hours Care or Emergency Care					
<p>Any Spectrum Health Urgent Care location is authorized. Initial injury care is approved at any Spectrum Health Urgent Care.</p> <p>Walk-in injury care services at Urgent Care. No appointment needed at Urgent Care.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;">Blodgett Hospital Location 1840 Wealthy St. SE Grand Rapids</td> <td style="width: 50%; padding: 5px;">Butterworth Hospital Location 100 Michigan St NE Grand Rapids</td> </tr> <tr> <td colspan="2" style="padding: 5px;">United Hospital Location 615 S. Bower Street Greenville</td> </tr> </table> <p><i>These are the only hospital locations available outside out of normal occupational health hours or for true emergency care.</i></p>		Blodgett Hospital Location 1840 Wealthy St. SE Grand Rapids	Butterworth Hospital Location 100 Michigan St NE Grand Rapids	United Hospital Location 615 S. Bower Street Greenville	
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KENT ISD WORK INJURY PROCEDURE

AUTHORIZED MEDICAL CLINICS

Spectrum Health Urgent Care locations are the only authorized locations for the initial treatment of work injuries.

**Walk-In Services:
All Spectrum Health
Urgent Care locations**

**Kent
ISD** 

We Lead Learning

INJURED AT WORK?

We hope that you are never injured while at work. But sometimes accidents happen. If you are injured while performing your work duties and require medical treatment, you will need to go to Spectrum Health Urgent Care clinic. All Spectrum Health Urgent Care clinics are approved.

Itinerant staff, in particular, need to be certain to follow these Kent ISD procedures as the work injury practices in your district may be different. Kent ISD manages the Worker's Compensation for Itinerant staff. In order for Kent ISD to cover necessary treatment, it must be provided at Spectrum Health Urgent Care.

How do I obtain treatment for my work injury?

We want to make it as easy as possible, while still obtaining all the information we need to report your injury claim to the insurance carrier.

1. Call Kent ISD Human Resources at 365-2220 to report your injury.
2. Complete the Spectrum Health initial treatment form and bring it with you to Spectrum Urgent Care so that they know to bill Kent ISD for your treatment. You will not have to show your medical insurance card and Kent ISD will receive the bills.
3. Complete the Employee/Supervisor Report of Injury Form. Complete this form with your Supervisor and return to Kent ISD within 24 hours.
4. Follow up with Kent ISD Human Resources after every medical appointment.

Q: Do I have to seek treatment?

A: No, you are not required to seek treatment for a work injury – but, it may not be possible to obtain authorization days or weeks later if it is still bothering you. It is better to be safe than sorry. The longer you wait before seeking initial treatment, the greater the risk of your injury claim being denied. You do still need to complete the Employee/Supervisor Report of Injury Form to simply document and report the incident. If you are declining treatment at the time of injury – you must indicate that decision on the Employee/Supervisor Report form.



Contact Us

Kent ISD Human Resources

2930 Knapp NE

Grand Rapids, MI 49525

P: 616-365-2220 – Dena Harris

P: 616-365-2211 – Donna Martin

F: 616-364-1488

Hours: 7am-4:00pm Monday-Friday

Q: Can I go to my own doctor?

A: Unfortunately not. During the first 28 days of treatment, Kent ISD has the right to choose the doctor, which is managed through Spectrum Health. You do not need authorization from Kent ISD to change doctors after the first 28 days, as long as the treatment is reasonable and necessary, your claim is not in dispute and you notify Kent ISD in writing.

Q: What about prescriptions?

A: Pharmacy benefits are managed under Worker's Compensation. You ARE NOT permitted to use your own personal health insurance for Worker's Compensation prescriptions. Shortly after your claim is reported, you will be mailed a prescription drug card and information for using it if medications are part of your claim. If you need to fill a Worker's Compensation prescription prior to receiving the information in the mail, contact Kent ISD Human Resources for a "first fill flyer" which will give you a temporary supply until your card comes in the mail.

*Send in your injury report and documentation
within 24-hours of the injury. Doing so will
ensure your claim is processed accurately.*

You can fax or email the reports to Kent ISD HR.

THINGS TO REMEMBER

Report all injuries to your supervisor immediately.

Obtain necessary treatment through Spectrum Health Urgent Care for first injury care.

Complete and return all injury reporting forms within 24 hours to Kent ISD Human Resources.

When injured, you can receive wage loss benefits, medical care, and rehabilitation services.

There is a 7-day waiting period for benefit payments. You will not receive a workers' compensation check for disability lasting less than 7 days. If your wage loss lasts longer than 7 consecutive days, you are entitled to benefits as of the 8th day. If your wage loss continues for 14 days or longer, you are entitled to receive payment for that first week of disability. Your district may allow you to use sick time to fill in the gap. Please contact your district HR department for details.

RETURNING TO WORK

It is our hope that you will have a speedy recovery and return to work quickly following a work related injury. Kent ISD is able to accommodate most restrictions due to work injuries. By staying in communication with Human Resources and your Supervisor, we will together stay up to date on your progress and determine a restricted duty work plan.

Itinerant staff, please communicate with your district HR department and your direct supervisor to arrange accommodations for restricted duty work, if necessary.

Workers' Compensation *FIRST FILL* – Temporary Prescription Card

Mitchell ScriptAdvisor has been selected by CCMSI to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **present it at the pharmacy** at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchellscriptadvisor.com to access the pharmacy locator.

Employee

- You may contact Mitchell Customer Service at (866) 846-9279 or you may present this sheet to the pharmacist along with your prescription.

Pharmacy

- This sheet is a Temporary Prescription ID Card for a **10** Days' Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor		
Temporary Prescription Benefit Card		SCRIPT CARE, LTD.
Member Name:		
Member ID #:		
Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)		
Rx BIN:	019082	
PCN:	MPS	
Group:	MPS001150TC	



Questions?

Contact us at 866.846.9279

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.



mitchell

Mitchell International
866.221.6588

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