

Nebo School District
EMPLOYEE'S STATEMENT REGARDING ACCIDENT
Utah School Boards Insurance Association
860 East 9085 South, Sandy, Utah 84094

WARNING - If your injury is not limb/life threatening, you must call the Company Nurse Injury Hotline at 1-888-375-0279 to report the accident and receive a medical referral before seeking medical treatment.

Name of injured employee _____ Age _____

Home address _____

Phone (cell/home) _____ Occupation _____

Hours worked per week _____ Rate of pay per hour _____ Day _____ Wk. _____ Month _____

Date/Time/Location (facility name/address) of accident _____

Specific location of accident (room/outside area, etc.) _____

Date accident was reported to employer _____

Name and position of person the accident was reported to _____

Were you doing your regular work? Yes No. If no, what were you doing? _____

How did the accident happen (sequence of events, work process engaged in, tools equipment used, factors that caused or contributed to the accident etc.)? _____

Part(s) of body injured _____

Prior to this incident, have you ever received medical treatment related to any of the body parts you have listed? _____. If yes, please explain _____

Did your injury/injuries require you to leave work? Yes No. If yes, on what date _____

Have you returned to work? Yes No. If yes, list the date _____. If no, list the date you expect to return to work _____.

Please list any witnesses (anyone that saw, heard or became immediately aware of the accident).

1. _____

2. _____

3. _____

Do you have other employment? Yes No. If yes, please list the employer and the days/hours worked each week. _____

DEPENDENT MINOR CHILDREN 18 YRS OF AGE OR YOUNGER AND LIVING AT HOME

Full Name	Relationship	D.O.B.	Current Address

If you have not received medical treatment, it is not necessary to list treating physicians.

Name, phone, address of treating physician(s)/Clinic(s)

1. _____

2. _____

3. _____

If additional space is required, use reverse side.

Signature of employee _____ **Date** _____

When completed, please fax pages 1 and 2 to 801-354-7492, attention Risk Management

WARNING - The Employee Should Read and Keep This Page!

Mitchell **ScriptAdvisor**

IMPORTANT PRESCRIPTION INFORMATION

Please use this document to obtain your workers' compensation prescription medications.

- Please present this document to your pharmacist for prescription medications related to your workplace injury.
- Your medications will be filled with no out of pocket expense to you.

You will be mailed a permanent card to use at the pharmacy for future medication needs.

Employer: Upon receiving notice of injury, immediately fill in the information below and provide this letter to your injured employee.



Find a Pharmacy

- Call: 866.221.6588
- Click: mitchell.com/scriptadvisor
- Visit your local pharmacy



Walmart



Smith's

SHOW THE PHARMACIST THE CARD BELOW

RECEIVE YOUR MEDICATION

Mitchell **ScriptAdvisor**

Patient Name: _____

Member Number: _____

Member Number: SS# plus 8-digit date of injury (xxxxxxxxMMDDYYYY)

RxBin: 610642

PCN: MPS

RxGroup: USBAFF



Questions?
Contact us at
866.221.6588

To learn more about your prescription benefits and how you can find an in-network pharmacy, please contact us at Mitchell ScriptAdvisor. Mitchell ScriptAdvisor can only be utilized for approved medications prescribed to treat your accident related injury. You will be financially responsible for any prescriptions filled by Mitchell International which are not related to your specific injury/claim.



WARNING - The Employee Should Read and Keep This Page!

The following is the Rule that the Industrial Commission has enacted to cover changes of doctors. **It is important that you are aware of this rule if you are to avoid problems with billings.**

R568-2-9 CHANGES OF DOCTORS AND HOSPITALS

- A.** It shall be the responsibility of the insurance carrier or self-insured employer to notify each claimant of the change of doctor rules. Those rules are as follows:
1. If a company doctor, designated facility or PPO is named, the employee must first treat with that designated provider. The insurance carrier or self-insured employer shall be responsible for payment for the initial visit, less any health insurance co-pays and subject to any health insurance reimbursement, if the employee was directed to and treated by the employer's or the insurance carrier's designated provider, and liability for the claim is denied and if the treating physician provided treatment in good faith and provided the insurance carrier or self-insured employer a report necessary to make a determination of liability. Diagnostic studies beyond plain x-rays would need prior approval unless the claimed industrial injury or occupation illness required emergency diagnosis and treatment.
 2. The employee may make one change of doctor without requesting the permission of the carrier, so long as the carrier is promptly notified of the change by the employee.
 - a. Physician referrals for treatment or consultation shall not be considered a change of doctor.
 - b. Changes from emergency room facilities to private physicians, unless the emergency room is named as the "company doctor", shall not be considered a change of doctor. However, once private physician care has begun, emergency room visits are prohibited except in cases of:
 - i. Private physician referral, or
 - ii. Threat to life.
 3. Regardless of prior changes, a change of doctor shall be automatically approved if the treating physician fails or refuses to rate permanent partial impairment.
- B.** Any changes beyond those listed above made without the permission of the carrier/self-insurer may be at the employee's own expense if:
- (1) The employee has received notification of rule, or
 - (2) A denial of request is made.
- C.** An injured employee who knowingly continues care after denial of liability by the carrier may be individually responsible for payment. It shall be the burden of the carrier to prove that the patient was aware of the denial.
- D.** It shall be the responsibility of the employee to make the proper filings with the Industrial Commission when changing locale and doctor. Those forms can be obtained from the Commission.
- E.** Except in special cases where simultaneous attendance by two or more medical care practitioners has been practitioners approved by the carrier/employer or the Industrial Commission, or specialized services are being provided the employee by another physician under the supervision and/or by the direct referral of the treating physician, the injured employee may be attended by only one practitioner and fees will not be paid to two practitioners for similar care during the same period of time.
- F.** The Industrial Commission shall have the jurisdiction to decide liability for medical care allegedly related to an industrial accident.

CONTACT YOUR ADJUSTER FOR AN "APPLICATION TO CHANGE DOCTORS"

801-569-3632

In other words, an injured employee is entitled to one change of doctor or hospital, but they must first notify their claim adjuster at the Utah School Boards Insurance Association and complete the change of doctor application.