

WORKERS' COMPENSATION MEDICAL PROCEDURES

These procedures have been developed to ensure prompt care of injured employees and to assist in containing the cost of employee injury treatment. Written authorization is necessary for Hurley Medical Center-Occupational Medical Facility (OMF). The authorization form must be faxed or carried to the OMF.

If you suffer a work-related injury, Risk Management will direct you to the OMF, or an emergency room, if appropriate. Supervisors should contact Risk Management prior to directing the employee to the OMF, unless the condition is life threatening.

Phone: Stephen Cooperrider 810-257-2628
Alternate: Irena Vanderkarr 810-257-3002 FAX: Risk Mgmt 810-257-3502

Hurley Medical Center –Occupational Medical Facility, 1 Hurley Plaza, Flint, MI 48503, 810-262-9899

Hours: Mon-Fri, 8am-10pm, and Sat & Sun, 10am-6pm

In the case of a severe trauma or life-threatening injury, the employee should be transported by ambulance to the nearest hospital emergency room. If in doubt, contact your supervisor, or the Risk Management Office.

NOTE: After hours listed above for the OMF, go to the Hurley Emergency Room, tell them that it is a work-related injury. A member of the OMF will be paged.

If the work-related injury is not an emergency, and the employee does not want to be seen immediately; the employee may be referred to the OMF listed above the following day, with authorization from Risk Management.

1. If the initial visit is to a hospital and there is an indication to follow-up with “your personal physician” or, that you may be unable to return to work; contact Risk Management they will direct you to the appropriate clinic. **DO NOT** follow-up with your family physician for work-related injuries. To ensure that you will receive payment for authorized lost workdays and that the medical costs will be covered by workers compensation (*if the claim is accepted*), you must follow this procedure.
2. The “OMF” will evaluate your condition as to your ability to return to work or refer you to a specialist as needed. Return the “OMF (*or Hospitals*)” evaluation and forms to your supervisor. The supervisor will send it to the Risk Management Office through inter-office mail or by email or fax.
3. You and your supervisor must prepare the necessary workers compensation forms (GC website: Department/Fiscal Services/Risk Management/WC Accident Injury Report Form and the “Authority for Release of Information”) within **24 hours of the injury or illness** or as soon as feasible, and forward them to the Risk Management Office.
4. You must notify the Risk Management Office and your supervisor of any change in your injury or illness status, i.e. reduction or extension of time off, referrals by the clinic for other treatments (physical therapy). A copy of the doctor’s determination of work status must be provided to your supervisor and Risk Management.
5. Most medical providers will bill Risk Management or the claims service directly for payment of authorized bills. If you receive a medical bill resulting from a work-related injury, forward it to the Risk Management Office. Copies of prescriptions for medication, mileage costs and/or medical equipment/services should be sent to the Risk Management Office. If authorized, payment may be made directly, if possible, to providers or reimbursed to employee for out-of-pocket expenses (copies of receipts must accompany prescriptions). Any other costs for which an employee seeks reimbursement must also be submitted to Risk Management for a review and approval by the County’s claims service.
6. During the course of treatment for your injury, The ASU Group will administer your claim. In addition to contacting the Risk Manager, you may contact the adjuster, Jayne Danhof, directly at 1-866-794-0005 (toll free).

A secondary contact is Misty Zell at 800-968-3767 ext. 7914
7. Your employer has direction of medical care for the first 28 days. Any subsequent change of primary treating physician, you must notify the Risk Management Dept. in written form. Information pertaining to the new physician must be included in the notification (Name, Address, Phone #).

Your failure or refusal to follow the above procedures may initiate a “Notice of Dispute” by the claims service.
WORK SAFELY!!