



## **WILSON COUNTY PROCEDURES TO FILE A WORKERS COMPENSATION CLAIM**

### **STEP ONE**

Injured employee must complete the Wilson County Employee Report of Work Related Injury or Illness form. Injured employee and supervisor must both sign and date this form. Return this form to Debbie Green, Risk Manager, or call her within 24 hours of the date of injury. This information will be used to report the claim to the State of Tennessee Department of Labor and Workforce Development.

### **STEP TWO**

Injured employee must review and choose a treating physician from the Panel of Physicians, complete the Panel of Physicians form (Form C-42) and sign and date the form. Return this form to Debbie Green, Risk Manager.

### **STEP THREE**

Injured employee must go to that chosen treating physician for care. Injured employee **MUST** identify that the physician visit is for a Workers Compensation related injury.

### **STEP FOUR**

Injured employee must submit to a drug and alcohol test.

### **STEP FIVE**

As required, injured employee must take the attached pharmacy form to one of the listed pharmacies for prescribed medication. Injured employee **MUST** identify that the prescription is for a Workers Compensation related injury.

### **STEP SIX**

Treating physician will contact and report results of physician visit to Debbie Green, Risk Manager, and the insurance adjuster. Injured employee must contact Debbie Green, Risk Manager, AFTER the initial treating physician visit in order to coordinate any follow up care or referral.

### **CONTACT INFORMATION**

Debbie Green, Wilson County Risk Manager

Direct Phone: 615-466-5054

Main Office Phone: 615-443-2630

Cell Phone: 615-337-1045

FAX: 615-444-1678 or 615-443-2635

EMAIL: [dgreen@wcfinance.org](mailto:dgreen@wcfinance.org)

***Wilson County Government***  
***Employee Report of Work Related Injury or Illness***

**This form needs to be completed immediately (or ASAP) after an incident happens and drug tested.**

Send to: Debbie Green – Wilson County Risk Manager

Finance Dept.: 443-2630 Direct: 466-5054 Cell: 337-1045 Fax: 444-1678 or 443-2635

E-Mail address: dgreen@wcfinance.org

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Employee – Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ XXX-XX- \_\_\_\_\_ DOB: \_\_\_\_\_

Daytime Phone Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**DATE OF INJURY:** \_\_\_\_\_ **Time of Injury:** \_\_\_\_\_ am / pm

Type of Injury: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

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**Details of Accident - Type of Injury/Illness:** (how injury occurred, if seen by doctor, type of illness)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Drug Tested:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**Breath Alcohol Test:** Yes \_\_\_\_\_ No \_\_\_\_\_  
**For File Record Only:** Yes \_\_\_\_\_ No \_\_\_\_\_

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
220 French Landing Drive
Nashville, Tennessee 37243-0661

AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN

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.

In compliance with The Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204

1. The Doctor's Office - Dr. Wells 615-453-3645
Occupational Health/Urgent Care-Walk-In Clinic
1430 Baddour Pkwy, Suite A - Lebanon, TN 37087

2. West-Wilson Walk-in Clinic 615-773-9393
Occupational Health/Urgent Care-Walk-In Clinic
4024 N. Mt. Juliet Road - Mt. Juliet, TN 37122

3. AnyCare 24 615-444-2121
Urgent Care-Walk-In Clinic
702 South Cumberland Street - Lebanon, TN 37087

4.

According to the provisions of this agreement, I hereby have selected the following physician from the list provided to me by my employer.

Physician chosen: \_\_\_\_\_

Date of injury: \_\_\_\_\_

Date of selection: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Wilson County Government
Employer's Name

Employee's Name

228 East Main Street, P.O. Box 248
Street Address

Street Address

Lebanon, TN 37088-0248
City State Zip

City State Zip

615-443-2630
Phone

Phone

Employer's Signature

Employee's Signature

## TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Dr.

Nashville, Tennessee 37243-1002

Website: [www.tn.gov/labor-wfd/wcomp.html](http://www.tn.gov/labor-wfd/wcomp.html)**AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN**

In compliance with the Tennessee Workers' Compensation Law, T.C.A. Section 50-6-204

Upon the report of a workplace injury, an employer should provide the employee, in writing an Agreement Between Employer/Employee Choice Of Physician Form C-42. The form must indicate the name of the physician chosen by the injured employee, be signed by the employee with a copy given to the employee, and the original kept on file with the employer. Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement from the insurance carrier for their travel expense.

The injured employee must submit to examination by the employer's physician at all reasonable times if requested to do so by the employer, but the employee shall have the right to have the employee's own physician present at such examination, in which case the employee shall be liable to the employee's physician for that physician's services. If the injured employee refuses to comply with any reasonable request for examination or to accept the medical or specialized medical services that the employer is required to furnish under this chapter, the injured employee's right to compensation shall be suspended and no compensation shall be due and payable while the injured employee continues to refuse.

For injuries prior to July 1, 2014, the injured employee shall accept the medical benefits afforded hereunder; provided, the employer shall designate a group of three (3) or more reputable physicians or surgeons not associated together in practice, if available in that community, from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician. If the injury is a back injury, the statutory panel must be expanded to 4, one of whom must be a chiropractor with treatment limited to 12 chiropractic visits. Further, if the injury or illness requires the treatment of a physician or surgeon who practices orthopedic or neuroscience medicine, the employer may appoint a panel practicing orthopedic or neuroscience medicine consisting of 5 physicians, with no more than 4 physicians affiliated in practice. If there are not enough physicians available within the community of the injured worker, names of physicians from outside the community should be added. If the employer provides this panel, the injured employee shall be entitled to have a second opinion on the issue of surgery, impairment, and a diagnosis from that same panel.

For injuries on or after July 1, 2014, the injured employee shall accept the medical benefits afforded under this section; provided, that in any case when the employee has suffered an injury and expressed a need for medical care, the employer shall designate a group of three (3) or more independent reputable physicians or surgeons, chiropractors or specialty practice groups if available in the injured employee's community, from which the injured employee shall select one (1) to be the treating physician. If three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups are not available in the employee's community, the employer shall provide a list of three (3) independent reputable physicians, surgeons, chiropractors or specialty practice groups, within a one hundred (100) mile radius of the employee's community. When necessary, the treating physician selected shall make referrals to a specialist physician, surgeon, or chiropractor and immediately notify the employer. The employer shall be deemed to have accepted the referral, unless the employer, within three (3) business days, provides the employee a panel of three (3) or more independent reputable physicians, surgeons, chiropractors or specialty practice groups. In this case, the employee may choose a specialist physician, surgeon, chiropractor or specialty practice group to provide treatment only from the panel provided by the employer. When the treating physician or chiropractor refers the injured employee, the employee shall be entitled to have a second opinion on the issue of surgery and diagnosis from a physician or chiropractor specified in the initial panel of physicians provided by the employer. The employee's decision to obtain a second opinion shall not alter the previous selection of the treating physician or chiropractor.

**If you have any questions or need assistance in completing this form, call 1-800-332-2667.**



WORKERS COMPENSATION



### Instant Access Card

### Temporary Pharmacy Card

Making it easy to get your workers' compensation prescriptions filled.

#### Employer:

Immediately upon receiving notice of injury, fill in the information below and give it to your injured employee.

#### Injured Employee:

1. If you need a prescription filled for a work-related injury or illness, go to a Modern Medical participating network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

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|  <p style="text-align: center;"><b>Instant Access</b><br/>For Your First Prescription Fill</p> <p>Name: _____</p> <p>S.S. #: _____</p> <p>Employer: _____</p> <p>RxBIN: 610011</p> <p>RxPCN: IRX</p> <p>Customer Service: (800) 547-3330</p>  |  <p style="text-align: right;">Prescription Plan</p> <p><b>ATTENTION PHARMACISTS:</b><br/>Please process this prescription through Catamaran:<br/>For questions regarding transmission or rejections,<br/>Please call Modern Medical at <b>800-547-3330</b>.</p> <p><b>ATTENTION INJURED PARTY:</b><br/>Use of this prescription card is restricted to prescriptions for<br/>your allowed condition only. To receive your medication<br/>coverage, present this card to a participating pharmacy.<br/>For questions, please call Modern Medical at 800-547-3330.</p>  |
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#### Pharmacist:

1. Call the Modern Medical Pharmacy Department at 800-547-3330.
2. Provide the information listed above.
3. The Pharmacy Department will provide an ID and group number for adjudication.

#### Finding a Network Pharmacy:

Most common chains participate in the Modern Medical Pharmacy Network. Some of these include: CVS, Rite-Aid, Wal-Mart, Giant Eagle, Kroger, Meijer, Costco, Target, etc.

#### Contact Modern Medical and we'll help you locate the closest network pharmacy:

1. Call us at 800-547-3330
2. Use our "Find a Pharmacy" search tool at [modernmedical.com](http://modernmedical.com)