

Florida Workers Compensation Managed Care Arrangement

WHAT TO DO WHEN AN EMPLOYEE REPORTS AN INJURY

When emergency medical attention is required, send the injured employee to the nearest medical facility and contact the telephone reporting center at 1-800-832-7839 to report the claim.

When an employee reports an injury not requiring emergency treatment, the following steps should be observed:

1. GATHER INFORMATION REGARDING THE INJURY

Ask the injured employee how, when and where the injury occurred, and if there were any witnesses.

2. CONTACT TELEPHONE REPORTING CENTER AT 1-800-832-7839 TO REPORT THE CLAIM

Upon direction from the Claim Adjuster, send the injured employee for medical treatment. Remember: If this is a medical emergency, direct the employee to seek medical attention immediately and then follow-up with this call.

3. DIRECT THE INJURED EMPLOYEE TO CHOOSE A PRIMARY CARE PHYSICIAN.

In non-emergency situations, if the employee appears to need medical attention, either direct the employee to the Network Primary Care Physician ("PCP") of your choice, or instruct the employee to choose a PCP from your list of providers within the Coventry Integrated Network ("Network"). All medical care must be provided through the authorized Primary Care Physician in order to ensure workers Compensation benefits. (A Medical Care Coordinator will be assigned by the Claim Adjuster after the employee's injury has been diagnosed.)

4. COMPLETE AN EMPLOYEE INTRODUCTION LETTER

Fill in a copy of the Request For Medical Treatment Form with the appropriate information. Give the completed Request for Medical Treatment Form to the injured employee and advise him/her to give the letter to the provider he/she has chosen as his/her PCP before treatment is initiated.

5. ARRANGE FOR THE EMPLOYEE TO BE TREATED BY A PROVIDER WITHIN THE NETWORK

Either you, the Medical Case Manager or the Claim Adjuster should contact the PCP to confirm authorization of an appointment for treatment of the injured employee.

6. FOLLOW-UP AND RETURN-TO-WORK

Obtain the DWC25 form (completed by the physician) from either the injured employee or the physician's office. Work with the assigned Claim Adjuster/Medical Case Manager and the PCP to return the employee to either light or full duty. Evaluate any restrictions and offer modified duty if applicable.

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THE WORKERS COMPENSATION MANAGED CARE ARRANGEMENT
REQUEST FOR MEDICAL TREATMENT FORM

Part 1: (To be completed by Supervisor. Please Print.)

Employee Name: _____ Social Security Number _____

Date: _____ Supervisor Name: _____

Employer Name: _____ Supervisor Phone Number: _____

Employer Address: _____

Date of Injury: _____ Place of Injury: _____

Injury Description: _____

Part 2: (To be completed by Employee. Employee should take this form to the Primary Care Physician or treating physician.)

English: I authorize payment directly to the provider for the medical services rendered and I authorize the release of medical information to Carrier/Claim Administrator or its designee for medical review.

Spanish: Autorizo a que se efectúe el pago irectamente l proveedor por los servicios médicos prestados, y autorizo la divulgación de información médica a la Compañía de Seguros / Administrador de Reclamaciones o a la persona designada para la revisión médica.

Creole: Mwen bay otorizasyon pou fè peman dirèk bay moun ki fè sèvis medikal pou mwen, epi mwen bay otorizasyon pou yo bay Administratè Swen Sante a/ Responsab pou Reklamasyon an, oswa moun yo nonmen pou sa, enfòmasyon medikal sou mwen, pou yo gade dosye sante m.

Employee Signature: _____ Date: _____

Note By providing this form to the Employee, neither the Carrier/Claim Administrator nor the Employer concede compensability or eligibility of the injury described above under the applicable Workers Compensation laws.

Part 3: Report Work Status by completing the DWC25 (To be completed by Primary Care Physician or treating physician. Please print.)

The physician should complete the DWC25 form, give one copy to the Employee (to return to the Employer), attach one copy to your itemized bill and medical report being sent to the Carrier/Claim Administrator, and keep third copy for your records.

You can obtain a copy of the DWC25 form by calling 1-800-842-6771 and requesting the form from the Claim Adjuster. Or, the Florida Division of Workers' Compensation provides an on line interactive process for completion of the DWC25. You can access the form through the following steps:

- Web page for DWC: www.fldfs.com/wc/forms.html
- Select the tab for 69L-7. The DWC 25 forms can be found on this page.

