

Employee Injuries on the Job

What is Worker's Compensation?

Worker's Compensation Insurance provides coverage for **work-related injuries** and illnesses as required under the Worker's Compensation laws of the State of Indiana. Worker's Compensation Insurance covers all authorized expenses related to the treatment of a work-related illness or injury and provides "lost time benefits" when an employee is unable to return to work due to an injury.

What is considered a work-related injury?

- An unexpected event
- Caused by your employment
- Occurred while you were working

Can benefits be denied?

Yes, if:

- you intentionally injure yourself;
- your injury was caused by or was a result of drugs or alcohol;
- you knowingly failed to use safety equipment or failed to comply with a reasonable written posted rule;
- you committed or were in the act of committing a felony that led to your injury;
- or
- you knowingly failed to comply with a statutory duty.

Who is covered?

All County employees are covered under Delaware County's Worker's Compensation Insurance Plan.

What does an employee do if they are injured at work?

- The employee should report the injury to their supervisor or department head immediately.
- If the employee's injury is not serious or life threatening, the employee should go to U.S. Healthworks. If the injury requires **immediate emergency treatment for a serious injury**, the employee should go immediately to Ball Memorial Hospital Emergency Room and/or call EMS. If U.S. Healthworks is closed – and the injury can wait to be treated the next morning – the employee should utilize U.S. Healthworks when it opens in place of the more costly emergency room.
- There are two designated medical providers allowed to process the Delaware County's Worker's Compensation claims: U.S. Healthworks (3911 W. Clara Lane) and Ball Memorial Hospital Emergency Room. **If an employee goes to any other facility the costs will NOT be covered and the charges will be the financial responsibility of the employee.**

- The **employee** must fill out an **Incident Inquiry Form** as soon as possible and leave it with the supervisor or department head. This is a two-page form that asks for details of the accident.
- The **Medical Authorization** form must also be signed. This is a standard form that allows the insurance company, Eastern Alliance, to obtain your medical information and records. Only the people involved in the handling of the claim will have access to any medical information about the employee.

What should a supervisor do if an employee is injured?

- If immediate treatment is needed for a serious injury, send the employee to Ball Memorial Hospital Emergency Room and/or call EMS.
- If the injury is not serious, send the employee to U.S. Healthworks. If U.S. Healthworks is closed and the injury is not serious, ask that the employee wait until 8:00 am when U.S. Healthworks opens. If treatment cannot wait, send the employee to the emergency room. *(Please note that it costs over \$300 more for the employee to go to the emergency room than if the employee goes to U.S. Healthworks for treatment.)*
- Call Human Resources at 741-3397 and report the injury.
- Have the **employee** fill out the **Incident Inquiry Form** as soon as possible and deliver it or fax it to the Human Resources Department at 284-5831. If the employee cannot fill out the report, the supervisor or witness can fill out the report. When the employee is able, a second Incident Inquiry Form will need to be filled out.

What if an employee is injured away from the County while conducting the County's business or participating in a training program?

The employee should be treated by a health care provider in the geographical area where the illness or injury occurred. A claim should be submitted to the Human Resources Department.

What should the employee do with bills, claims or prescription fees?

Work-related illnesses or injuries should never be submitted under the County's group health insurance. All bills or claims related to the illness or injury should be turned in to the Human Resources Department and will be submitted to Delaware County's Worker's Compensation insurance carrier.

If the treating physician prescribes medication, the employee may have the pharmacy contact and directly bill the insurance carrier. Delaware County's Worker's Compensation insurance carrier is:

Eastern Alliance
PO Box 80099
Indianapolis, IN 46280-0099
Tel: (800) 243-5119

Medical Treatment Notice Worker's Compensation Insurance Coverage

Pursuant to I.C. 22-3-7-17 of the Indiana Worker's Compensation Statute, an employee is authorized to select the providers for medical treatment for work-related injuries.

Delaware County Government has selected the following sources as our **Designated Medical Providers**.

Primary Care Provider:

U.S. Healthworks
3911 West Clara Lane
Muncie, IN 47304
765-288-8800

Hours: 8:00 am – 7:00 pm, Monday – Friday
8:00 am – 6:00 pm, Saturday and Sunday

Secondary Care Provider for serious injuries only:

Ball Memorial Hospital, Emergency Room
2401 W. University Ave.
Muncie, IN 47303

- **All injuries must be reported immediately to your supervisor** so that proper authorization can be given to the designated medical provider.

- **IMPORTANT: Medical treatment for work-related injuries which is not obtained from the designated medical providers may not be covered under Worker's Compensation Benefits and would be the financial responsibility of the employee.**

Return to: Eastern Alliance Insurance Group
P.O. Box 80099
Indianapolis, IN 46280

Incident Inquiry Form

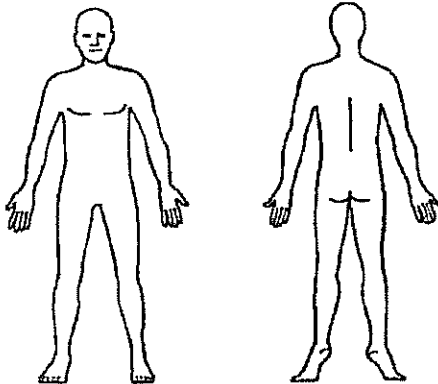
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FILE NUMBER

GENERAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER ()	
ADDRESS (Street, number, city, state and ZIP code)				
NAME OF EMPLOYER			DLN NUMBER	
CLAIMANT DATA				
DATE OF BIRTH	SEX <input type="checkbox"/> F <input type="checkbox"/> M	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		S.S. NUMBER
NO. OF CHILDREN UNDER 18	HEIGHT	WEIGHT	RATE OF PAY	EDUCATION
	ALTERNATE CONTACT ADDRESS			ALTERNATE PHONE NUMBER ()
POSITION AND JOB DESCRIPTION				
SUPERVISOR OR FOREMAN		LENGTH OF EMPLOYMENT	DAYS AND HOURS WORKED	
OTHER EMPLOYMENT			SUPERVISOR OR FOREMAN	
PRIOR EMPLOYMENT				
				SUPERVISOR OR FOREMAN
DESCRIPTION OF ACCIDENT				
DATE OF INJURY/ILLNESS	TIME	PLACE/DEPARTMENT		
DESCRIPTION				
REPORTED TO WHOM AND WHEN				
WITNESSES				
HOBBIES (Health Club, etc.)				

MEDICAL DATA		
CLINIC OR EMERGENCY ROOM		FIRST SEEN
INPATIENT? () YES () NO	DATES	
HOSPITAL		
ADDRESS (Street, number, city, state and ZIP code)		
ATTENDING PHYSICIAN		PHONE NUMBER () ()
FAMILY DOCTOR		PHONE NUMBER () ()
ADDRESS (Street, number, city, state and ZIP code)		
PARTS OF BODY INJURED		

Indicate on diagram location of injury



INJURY

- 1 No apparent injury
- 2 Contusions
- 3 Lacerations
- 4 Possible fracture
- 5 Fracture
- 6 Head involved
- 7 Burn
- 8 Hematoma
- 9 Abrasion
- 10 Other _____

PRIOR INJURIES
PRIOR WORKERS' COMPENSATION INJURIES

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

I HEREBY DECLARE THAT THE FACTS STATED ARE TRUE

Signed X _____ Date _____