

**UTAH SCHOOL BOARDS RISK MANAGEMENT
MUTUAL INSURANCE ASSOCIATION
860 East 9085 South, Sandy, Utah 84094
EMPLOYEE'S STATEMENT REGARDING ACCIDENT**

Name of injured employee _____ Age _____
 Home Address _____
 Hours worked per week _____ Rate of pay _____ per hour _____ day _____ wk _____ month _____
 Occupation _____
 Employer _____
 Employer address _____

.....
 Date of accident _____ Time of accident _____
 Where did the accident occur _____
 Were you doing your regular work _____ If no how otherwise engaged _____

Explain in your own words how the accident happened _____

Body part(s) injured in accident _____ Have you returned to work _____
 Date compelled to leave work on account of injury _____
 If yes, please give date of return _____ If no, please give expected return date _____

.....
If no medical care was received, it is not necessary to complete the bottom portion of this form. Please sign at the bottom and return this form to your immediate supervisor.

Name of treating physician _____
 Address _____
 Have you ever had a previous injury or medical care to the part of your body injured in this case? _____
 If yes, please list dates _____
 Was injury caused by another person _____ If yes, please list name and address _____

Please list names of any witnesses _____

Do you have other employment _____ If yes, please explain _____
 Marital status: Single _____ Divorced _____ Married _____ Name of spouse _____

DEPENDENT MINOR CHILDREN OF EMPLOYEE

<u>Name of child</u>	<u>Relationship</u>	<u>D.O.B.</u>	<u>Present Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is required, use reverse side.

Signature of employee _____ Date _____

STATE OF UTAH – LABOR COMMISSION
Division of Industrial Accidents
160 East 300 South – 3rd Floor
P. O. Box 146610
Salt Lake City, Utah 84114-6610
MEDICAL TREATMENT PROVIDER LIST

Claimant Name _____ Social Security Number _____
Address _____ Date of Injury _____

Employer _____
Telephone Number _____

“Notification to the Workers’ Compensation Claimant”

Per Labor Commission Rule R612-2-22, an injured worker who files a claim for workers’ compensation benefits is required, if requested, to provide the name and address of medical providers who have provided any medical treatment for up to the past 15 years. This is your notice that any and all of the medical records within the custody of the medical provider that you have listed may be requested by the party named on this form, as authorized by Rule R612-2-22 (C 1-7). The medical provider is required to release the medical records per the rule, without your signed release, in order for the insurance carrier, self-insured employer, or the Labor Commission to make a determination in your case.

Please list all the medical providers for industrial injury first.

Please list any other medical providers who have treated you for any medical problems within the past _____ years (up to 15 years).

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Zip _____
Telephone Number _____

Please attach additional pages, if necessary.

Name of Party Requesting the Medical Records _____
Address _____
Telephone Number _____
Relationship to the Claim _____

Failure to return this form to the requester may result in a delay or denial of your claim.

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 insurance carriers'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 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 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"