

# WARE COUNTY BOARD OF EDUCATION



# WORKERS' COMPENSATION

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# HANDBOOK

Revised July 2018

# WORKERS' COMPENSATION INFORMATION

Ware County Board of Education, in compliance with Georgia Law, provides workers' compensation insurance for school employees.

**Workers' Compensation is for work-related injuries and illnesses only.** Workers' compensation is a benefits program created by state law that provides medical, rehabilitation, income, death and other benefits to employees and dependents due to injury, illness and death resulting from a compensable work-related claim covered by the law.

## REPORTING WORK-RELATED ACCIDENTS/INJURIES/ILLNESSES

1. Every employee is to report any work-related accident, injury or illness to his/her supervisor on duty immediately or as soon as is practical.
2. Upon being notified of the accident/incident, the supervisor should report immediately to the scene of the occurrence to assure prompt medical attention for the employee(s) involved and address any safety hazards which may have caused or contributed to the accident/incident.
3. Human Resources should be notified via phone or email, immediately upon notice from the employee that an injury has occurred. If incident occurs outside of normal business hours, Human Resources should be contacted via phone.
4. The injured employee must be drug-screened at Apple Care or an approved panel physician's office. **THIS MUST BE COMPLETED IMMEDIATELY** or as soon as possible and is required for any employee needing professional medical attention. *(NOTE: Unless the Supervisor is suspicious of employee being under the influence, drug-testing is NOT required for an employee who was not injured during a work-related accident or one who was injured but did not need treatment from a physician.)*

If the employee's injury requires professional medical attention, the employee may seek treatment at Apple Care or any doctor on the Panel of Physicians. Please note that some physicians on our panel require authorization or claim # before treatment. **The Supervisor or designee should drive the injured staff member to the drug testing site if he/she seems impaired.**

5. The supervisor or designee should complete a WC-1 (First Report of Injury) as soon as possible and email it to Crystal Bussey at [cbussey@ware.k12.ga.us](mailto:cbussey@ware.k12.ga.us) and Janice Cribbs at [jcribbs@ware.k12.ga.us](mailto:jcribbs@ware.k12.ga.us); or Bonnie Patterson at [bcpatterson@ware.k12.ga.us](mailto:bcpatterson@ware.k12.ga.us) if the staff member works in School Foods Services. *(NOTE: The First Report is to be completed and submitted whether the accident resulted in an injury/illness or not.)* If an injury or illness was sustained, the WC-1 will be immediately submitted to Claims at Georgia Administrative Services by Human Resources. This ensures that the hospital, doctor, radiologist, etc. bill Georgia Administrative Services instead of the employee's private insurance. Additionally, if there is a time lag between injury and First Report of Injury, the reimbursement may be partially or totally denied. Any billing statements received by the employee should be submitted to Human Resources.
6. The Principal or Supervisor will be in charge of the investigation of the accident so he/she can align it with the safety plans and procedures. He or she will talk with individuals who

witnessed the accident and ask for a written account. It is best for people to write down their observations as soon as possible. Upon investigation of the accident, the principal or supervisor will complete the “Supervisor Accident Investigation Report” (**Appendix A**). If a safety procedure has been violated, the principal or supervisor will take the appropriate action (**Appendix B**).

7. The Supervisor or designee should make sure all forms (First Report of Injury, Supervisor Accident Investigation Report, and any witness statements) are submitted to the Human Resources Department. Keep in mind that if there is an injury, the First Report of Injury should be submitted immediately or as soon as practical. Other forms (Supervisor Report and witness statements) should be submitted as soon as they are completed. If no injury, the 1<sup>st</sup> Report of Injury can be submitted with the other forms when completed.

## MEDICAL ATTENTION

1. In the event a work-related injury or illness requires medical attention, the employee is to first see the school nurse. If after evaluation and initial treatment the school nurse sees a need for further medical attention, the employee will select one of the doctors on the posted Panel of Physicians for treatment. After selecting a physician, the employee will sign the Selection of Physicians form (**Appendix C**) and an appointment will be made by Crystal Bussey in Human Resources, the school nurse, or the employee’s supervisor. REMINDER: The employee has to be drug-tested at Apple Care. THIS MUST BE COMPLETED IMMEDIATELY or as soon as possible.
2. If after evaluation and initial treatment the school nurse determines further medical attention is not needed or if the employee refuses or does not feel further medical treatment is needed, the employee should sign the Decline of Medical Treatment statement Regarding a Worker’s Compensation Injury (**Appendix D**).
3. **If an employee needs emergency medical attention, the supervisor or designee will accompany the employee to the local emergency care facility.**
4. The injured employee should inform the treating physician that the injury or illness is work-related to insure proper billing procedures occur. Bills from unauthorized physicians and healthcare providers will not be paid by workers’ compensation. If the employee is given a prescription for medication by the physician, the employee can either request a Workers’ Comp prescription card from Human Resources or his/her supervisor, or purchase the medicine and submit the receipt to Human Resources for reimbursement by Workers’ Comp.
5. A copy of work status reports, drug screenings, etc. received by the employee should be submitted to Crystal Bussey in Human Resources. Supervisors should also keep a copy. Any billing statements received by the employee should be submitted to Crystal Bussey in Human Resources.

## LOSS TIME FROM WORK

1. If an employee loses time from work following a work-related injury or illness, then the supervisor or designee has a duty to notify the Human Resources Department. Once the employee returns to work, the supervisor should also notify the Human Resources Department. This is very important for us to relay to Georgia Administrative Services because the person may be entitled to salary compensation.
2. If an employee is unable to work for 21 consecutive days they may qualify for disability benefits. However, individuals must miss over seven days from the date of injury before disability benefits will begin.

3. Time spent in the emergency room or at a physician's office is not compensable. However, employees are entitled to reimbursement for mileage. An employee may request a medical travel form from his/her supervisor (**Appendix E**).
4. Once seen by a physician, a determination will be made by the employee's principal, supervisor, and/or director of personnel to either send the employee home or return him/her to work based on any noted work restrictions.
5. Supervisors should keep copies of all doctors' notes and correspondence about injuries and may find it helpful to keep a list of key dates and may talk with the Workers' Comp Claims adjuster about incident/employee situation.
6. If an employee is out for an extended time, it is the responsibility of his/her supervisor or designee to call to check on his/her progress. Ask how he/she is doing, what the doctor said, etc. The supervisor should document the contact with the employee and write up notes of the conversation(s) with the employee and send or email them to Crystal Bussey so they can be put in the employee's workers' compensation file.

## RETURN TO WORK

1. An employee must have a doctor's "Return to Work" or "Work Status Report" giving permission for him/her to return to work. An employee will not be allowed to return to work without permission from the physician.
2. Once an employee receives permission from the treating physician to return to work and misses days from work, those days missed are not compensable. An employee off for a work-related injury **without** a physician's note must use sick leave. An employee off for a work-related injury **with** a physician's note must still use sick leave unless the employee has accumulated more than 7 days off due to the injury. Workers' Comp will pick up on the 8<sup>th</sup> day.

## LIGHT-DUTY

1. Because Ware County Schools understands the value of the contributions of all employees, every effort will be made to provide a light-duty position for temporarily disabled employees.
2. An employee's supervisor or designee should contact Crystal Bussey if the employee's physician's Return to Work or Work Status Report indicates "Light-Duty". Crystal Bussey, the employee's supervisor, the Claims representative at Georgia Administrative Services, and the physician will work to find suitable and productive work for the employee until he/she is well enough to resume regular duties.
3. If no light-duty work is available for the employee, the employee continues to be entitled to disability benefits.
4. A refusal to return to work in a light-duty situation could result in suspension of workers' compensation benefits.

## SUPERINTENDENT FOLLOW-UP MEETING

1. It is the responsibility of the employee to schedule a meeting with the Superintendent of Schools following an accident. This is to be done even if the employee was not injured or treated by a physician. The employee may contact the Superintendent's secretary, Mrs. Sherry McCarty, at 912.283.8656, EXT. 1104 or [smccarty@ware.k12.ga.us](mailto:smccarty@ware.k12.ga.us).
2. It is the responsibility of the employee's supervisor to ensure the employee schedules an appointment with the Superintendent of Schools.

## QUESTIONS

Please review the General Questions section on page 9 of this handbook. If after your review, you still have questions, please contact one of the following:

Crystal Bussey, Human Resources Assistant  
Ware County Board of Education  
Phone: 912-283-8656, EXT. 1118  
[cbussey@ware.k12.ga.us](mailto:cbussey@ware.k12.ga.us)

Janice Cribbs, Director of Human Resources  
Ware County Board of Education  
Phone: 912-283-8656, EXT. 1119  
[jcribbs@ware.k12.ga.us](mailto:jcribbs@ware.k12.ga.us)

Margie Mauldin, Claims Adjuster  
Georgia Education Workers' Compensation Trust  
Georgia Administrative Services  
Phone: 678-325-2202  
[mmauldin@georgia-admin.com](mailto:mmauldin@georgia-admin.com)

# OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

## **WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician; whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

### **State Board of Workers' Compensation**

270 Peachtree Street, N.W. Atlanta, Georgia 30303-1299

404-656-3818 Or 1-800-533-0682

<http://www.sbcw.georgia.gov>

<b>Georgia Physicians South</b> (Family Medicine)	1218 Alice Street, Waycross, GA 31501	912.284.9800
<b>AppleCare (Must Have Written Authorization)</b> (Urgent Care)	1912 Memorial Drive, Waycross, GA 31501	912.283.7100
<b>Elite Primary Care (Claim # Required)</b> (Family Medicine)	1720 Reynolds Street, Waycross, GA 31501	912.283.1359
<b>Satilla Family Medicine (Claim # Required)</b> (Family Medicine)	407 West Oneida Street, Waycross, GA 31501	912.338.0065
<b>Clark Eye Clinic</b> (Ophthalmology)	502 Isabella Street, Waycross, GA 31501	912.285.2020
<b>Bone and Joint Institute of South Georgia</b> (Orthopedic Surgery)	1912 Memorial Dr. Suite D, Waycross, GA 31501	912.427.0800
<b>Orthopedic Surgeons of Georgia</b> Kenneth DePersio (Orthopedic Surgery) Laura Tharpe, M.D. (Hand Surgery) Stephen John Augustine, D.O. (Orthopedic Surgery)	100 Doctors Drive, Douglas, GA 31533	912.333.6575

### **Georgia Education Workers' Compensation Trust**

Administered by: Georgia Administrative Services, Inc.

1775 Spectrum Drive, Suite 100 Lawrenceville, Georgia 30043

Phone: 800.421.0710 Fax: 770.963.5754

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. § 34-9-18 and § 34-9-19)

# Georgia State Board of Workers' Compensation

## BILL OF RIGHTS FOR THE INJURED WORKER

As required by law, O.C.G.A. (34-9-81.1), this is a summary of your rights and responsibilities. The Workers' Compensation law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

### **EMPLOYEE'S RIGHTS**

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in any emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$575 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-3818.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$575 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$383 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$383 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than

\$575 per week. A widowed spouse with no children will be paid a maximum of \$230,000.

Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.

9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

## **EMPLOYEE'S RESPONSIBILITIES**

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.



The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website <http://www.sbcw.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. 34-9-18 and 34-9-19).

**REVISED 07/2016**

**WC-BILL OF RIGHTS**

# Workers' Compensation

## GENERAL QUESTIONS

Retrieved from <https://sbwc.georgia.gov>

### **Q. What is Workers' Compensation?**

Workers' compensation is a benefits program created by state law that provides medical, rehabilitation, income, death and other benefits to employees and dependents due to injury, illness and death resulting from a compensable work-related claim covered by the law.

### **Q. When am I covered?**

Workers' compensation coverage begins the first day of employment. Employers with three or more employees are required by law to provide coverage.

### **Q. What is considered an on-the-job injury, illness and death claim?**

Any injury, illness or death arising out of and in the course of employment is by definition a compensable work-related claim. This means if employees are injured while performing assigned job duties during assigned work hours, they are covered under the workers' compensation program. Injuries sustained while engaging in unassigned duties, during lunch and breaks, are not covered. In addition, injuries that occur during an employee's normal commute to and from work are not covered.

### **Q. If I am injured on the job, what should I do?**

You should **IMMEDIATELY** report your injury to your employer. Obtain and fill out the paperwork required by your company and forward to the appropriate organization for processing. Be as specific as possible when reporting your injury. If anyone witnessed your accident, inform your employer of such a witness. Prompt notification will enable your company to begin your benefits in a timely manner.

### **Q. What happens if I cannot make a report of my injury?**

If your injury is such that you are unable to make a report, you will be provided immediate medical assistance and a report will be made for you. Others reporting the injury should also be as specific as possible when reporting the accident and the report should be turned over to the employer as soon as possible.

### **Q. Are on-the-job accidents or injuries investigated?**

Yes. Your employer and/or the company responsible for handling workers' compensation claims generally investigate on-the-job accidents and injuries. Investigations are necessary to determine why and how the injury occurred, and to implement policies and procedures to make the workplace safer.

### **Q. Are employee misconduct claims resulting from on-the-job injuries covered?**

No. Workers' compensation does not provide benefits for an injury or accident resulting from an employee's willful misconduct (i.e. fighting, horseplay, willful act of third party for personal reasons, injuries related to alcohol or drug abuse).

### **Q. Are injuries resulting from haste and inattentiveness covered?**

Yes. These types of injuries would be covered under the workers' compensation program. However, employees are encouraged to follow company policies and safety rules and may subject themselves to company discipline if these rules are not adhered to.

**Q. What if I am concerned about my safety record?**

Many companies have established safety programs to encourage employees to be safety conscious when performing their job duties. These programs usually offer certain awards to employees. Employees do not like to be responsible for causing their work group to miss safety goals. However, failure to report injuries because of safety programs could result in long-term consequences for the employee, as well as out-of-pocket medical expenses.

**Q. Can I receive from my employer money damages in addition to workers' compensation benefits if I am injured on the job?**

No. Workers' compensation is the "exclusive remedy" a worker has against his/her employer for damages resulting from an on-the-job injury.

**Q. Can I sue anyone for a work-related injury?**

If your injury was caused by the negligence of a third party other than another person who is also an employee of the company for which you work, you may have a right to sue that party. If you sue and receive a dollar award, your employer may have a right to recover some or all of the cost expended in your workers' compensation claim. This is known as a subrogation lien. The lien would only be recoverable after you had been fully compensated for your loss resulting from your on-the-job injury.

**Q. How much will an attorney charge to handle a workers' compensation claim?**

Most workers' compensation claims can be handled without having to hire an attorney. However, if you feel that an attorney is needed, the Workers' Compensation Statute limits the attorney's fee to a maximum of 25% of income benefits received, not to exceed 400 weeks of benefits. In addition, you would also be responsible for paying any expenses associated with the pursuit of your claim.

**Q. How can I jeopardize my benefits?**

- Failure to report injuries promptly.
- Failure to cooperate with employer and authorized treating physician regarding medical evaluations, treatment, rehabilitation services and claim investigation.
- Refusal to return to suitable employment.
- Working elsewhere while receiving Temporary Total Disability Benefits.
- Submittal of fraudulent information.
- Refusal to take a drug test.
- Refusal to submit to a medical examination by the authorized treating physician, at reasonable times.

**Q. Are there circumstances where I would not receive workers' compensation benefits as a result of an on-the-job injury?**

Yes. For instance, benefits are not payable if you are injured while engaged in willful misconduct or if your injury is due to the use of alcohol or drugs or the misuse of controlled substances.

**Q. Does the State Board of Workers' Compensation investigate fraud?**

Yes. The Board has an Enforcement Division that investigates allegations of fraud. The Board also has authority to assess civil penalties of up to \$10,000 for violations involving fraud.

**MEDICAL BENEFIT QUESTIONS**

**Q. May I go to my personal physician for treatment for my on-the-job injury?**

No. The law requires that you select from a list of physicians posted by your company in a prominent location. In addition, the law requires that you are informed of this list and understand its function. One of the following referral methods may be used.

**Panel of Physicians** – This must contain at least six qualified physicians. The makeup of the panel must include one orthopedic surgeon, a minority physician and four other properly qualified physicians.

**Conformed Panel** – This must include at least ten qualified physicians.

**Workers' Compensation Managed Care Organization (WC/MCO)** – A WC/MCO offers a much larger choice of treating physicians from many disciplines. The WC/MCO must be approved by the State Board of Workers' Compensation.

If you are dissatisfied with your first selection, you may make one change to another physician from the posted list. Any further change of physician will require concurrence of your company and/or the workers' compensation administrator.

Should you choose to go to a doctor not on the approved list, this is considered unauthorized treatment, and your employer will not be responsible for the cost associated with this medical care. In addition, most health insurance policies will not pay for medical treatment associated with an on-the-job injury.

**Q. How will I identify the List of Physicians?**

The list of physicians will be printed on 8.5' x 14" paper titled "OFFICIAL NOTICE. This business operates under the Georgia Workers' Compensation Law." It will contain the name, specialty, address and phone number of the authorized physicians.

**Q. What must I do if I need emergency treatment?**

In a true emergency situation, you may get temporary medical care from the nearest emergency location available. Once the emergency is over, however, you must continue your care by selecting a doctor from the list of physicians provided by your employer.

**Q. What happens if I need surgery?**

Prior to scheduling any major surgical procedures for an on-the-job injury, except in the case of an emergency, your doctor will notify your employer or workers' compensation provider. Once your employer has been contacted, the appropriate workers' compensation professional will work with your physician and/or his/her medical staff to ensure that all the necessary arrangements are made.

**Q. What if the doctor says that I need a MRI or CT scan?**

Your authorized treating physician will arrange for these tests. Feel free to ask your physician what the test is for and why you need it.

**Q. What if I need physical therapy?**

Your authorized treating physician will refer you to a physical therapy provider.

**Q. Am I required to pay a portion of the cost of the medical care I receive resulting from my on-the-job injury?**

No. Your physician's bills and reasonable medical bills are covered if a physician authorized by your employer treats you. All medical charges are paid according to the Georgia Workers' Compensation Medical Fee Schedule. If your medical provider charges above the fee schedule, the charges will be reduced to the fee schedule, and that amount will be paid. **YOU ARE NOT RESPONSIBLE FOR CHARGES ABOVE THE FEE SCHEDULE**; however, if you are billed for those costs, contact your employer or workers' compensation provider to assist in getting the charges corrected.

**Q. If the physician prescribes medicines for me, what do I do?**

Prescription drugs are covered under workers' compensation. Check with your employer or workers' compensation administrator to see if they have any special procedures in place for obtaining prescription drugs. If no special arrangements have been made, you may have to pay for the prescription and submit the bill to your employer for reimbursement.

**Q. Are there any expenses that I incur that will be reimbursed to me?**

The Workers' Compensation Statute provides for reimbursement of certain reasonable personal expenses incurred to obtain medical treatment. This includes such things as mileage, meals, lodging and other expenses, in limited instances, which are deemed necessary and appropriate in order to ensure you receive quality medical care. You should check with your workers' compensation professionals before incurring expenses.

**Q. How long do reimbursements take?**

Approved expenses will be reimbursed within 15 days of submission as required by the Workers' Compensation Statute. However, most carriers process reimbursements in less time. If reimbursements are not paid within fifteen (15) days of receipt of documentation requesting reimbursement, penalties shall be added in addition to the reimbursement amount. It is important to submit your approved expenses within a year's time of the date of service otherwise you will have waived your right to collect such charges from the employer or workers' compensation insurer.

## **DISABILITY BENEFIT QUESTIONS**

**Q. What will happen if I am unable to work because of my on-the-job injury?**

You are entitled to receive weekly **Temporary Total Disability** benefits if you miss **more than** seven days from work. Only if you are out more than 21 consecutive days due to your injury will you be paid for the first seven days. Your first check should be mailed to you within 21 days after the first day of disability. You will receive two-thirds of your average weekly wage, but not more than the maximum rate provided by the Workers' Compensation act at the time of your injury. Your authorized treating physician must verify your disability and absence from work.

**Q. What if I cannot perform my regular job and another job is not available?**

You would be eligible to receive Temporary Total Disability benefits if you are unable to work due to your on-the-job injury. You should also consult your employer regarding possible vocational rehabilitation opportunities.

**Q. What happens if my disability becomes permanent?**

If your authorized treating physician determines you have suffered a permanent disability, you would be entitled to receive Temporary Total Disability benefits for as long as you remain disabled. If you are able to work, you would begin receiving a weekly income benefit based on the permanent disability rating given you by your authorized treating physician. (See next question – **PERMANENT PARTIAL DISABILITY**). The benefit would be paid to you regardless of your wage rate or total income.

**Q. What income benefits are available under the Workers' Compensation Program?**

The Workers' Compensation Statute provides four basic income benefits. The maximum amount of weekly workers' compensation benefits an employee can receive from an on-the-job injury, illness or death depends on the workers' compensation rate at the time of the injury and the employee's average weekly wage.

**Temporary Total Disability Benefits** – This benefit is payable to an employee who is injured on the job and unable to work as determined by the authorized treating physician. The amount is two-thirds of the employee's average weekly wage at the time of the injury, not to exceed the maximum amount allowed under the law. For non-catastrophic injuries, there is a limit of 400 weeks of benefits from date of injury if the injury occurred on or after July 1, 1992. For catastrophic injuries, benefits are unlimited.

**Temporary Partial Disability Benefits** – This benefit is payable to an employee when he/she returns to work in a job paying less as a result of an on-the-job accident. These benefits are payable for up to 350 weeks from the date of injury. This lost wage amount is two-thirds of the difference between the employee's average weekly wage before and after the injury. The maximum amount payable cannot exceed the maximum allowed under the law.

**Permanent Partial Disability Benefits** – This benefit is payable to the employee for a permanent disability resulting from an on-the-job injury. It is payable based upon a percentage given by your authorized treating physician in accordance with current AMA Guidelines. The percentage is calculated by a formula that contains number of weeks assigned by O.C.G.A 34-9-263(c) multiplied by the percentage rating multiplied by the Temporary Total Disability rate. Not all injuries result in ratings assigned by a physician.

**Death Benefits** – This benefit is payable to eligible dependents (i.e., dependent spouse, minor children) of an employee whose on-the-job injuries result in death. This benefit is payable at the rate of two-thirds of the deceased employee's average weekly wage at the time of the accident not to exceed the maximum allowed under the law for all eligible dependents. **Funeral Expenses** are payable up to the maximum allowed under the law at the time of injury.

Benefits cannot be combined. Only one type of benefit is payable at a time.

**Q. What happens to my workers' compensation benefits if I receive a light-duty release from my physician while I am out of work?**

Your employer will try to place you in a job that meets the limitations placed on you by your physician. However if a light-duty job is not available and you remain out of work in a light-duty status for 52 consecutive weeks or, if periods of disability are interrupted, a maximum of 78 total calendar weeks, your income benefits will be reduced automatically by law from the Temporary Total Disability benefit to the maximum eligible Temporary Partial Disability benefit.

If you are given a light-duty release and a light-duty job is available, your employer will expect you to return to work. The Workers' Compensation Statute provides for a 15-working-day "grace period." This allows an employee to attempt to perform a light-duty job without fear of losing benefits if they are unable to perform the job duties. An attempt is defined by eight cumulative hours or one scheduled workday, whichever is greater.

## **QUESTIONS ABOUT SPECIFIC INJURIES**

### **Q. Can I be compensated for occupational related diseases?**

Yes. If your disease meets certain tests imposed by law, you can be compensated. There must be a causal relationship between your employment and the disease. It cannot be a disease that is an ordinary disease of life to which others are exposed.

### **Q. What happens if I re-injure a pre-existing condition or injury?**

The Workers' Compensation Act limits the extent to which an aggravation of a pre-existing condition or injury is compensable. An aggravation of an on-the-job injury is compensable while the aggravation is the cause of the disability. Once the aggravation resolves and you return to the pre-injury condition, the claim will no longer be compensable.

### **Q. Can I be compensated for a repetitive motion injury?**

Yes. Repetitive motion injuries are compensable if they arise out of and in the course of employment.

### **Q. What is a catastrophic injury?**

Catastrophic injuries are extremely severe injuries, i.e., loss of limbs, severe burns, etc. Your employer is required to appoint a rehabilitation supplier who has expertise in handling catastrophic cases. This person would assist you in managing your medical care as well as any other assistance you might need in the recovery period following the accident. You will be entitled to Temporary Total Disability benefits for as long as you remain unable to work. Once you have returned to work, the Temporary Total Disability benefits will cease. If you are placed in a lower paying job, you will begin receiving Temporary Partial Disability benefits. After those benefits have been paid, you will begin receiving Permanent Partial Disability benefits.

### **Q. Are heart attacks and strokes covered under workers' compensation?**

Heart attacks and strokes are not considered injuries under workers' compensation unless it is shown by a preponderance of competent and credible evidence, which shall include medical evidence, that the condition was attributable to the performance of the usual work of employment.

## **QUESTIONS REGARDING TIME LIMITS/FILING CLAIMS**

### **Q. What if my employer or workers' compensation administrator denies my claim?**

If your claim is denied, you will be notified of the reason for the denial. You have the right to request a hearing from the State Board of Workers' Compensation if you disagree with the denial of your claim. A claim with the State Board must be filed within one year of the date of injury. The procedure for filing a claim with the State Board of Workers' Compensation is outlined on the back of the Workers' Compensation form titled "Employer's First Report of Injury" (WC-1).

### **Q. Is there a time limit or statute of limitation on filing a workers' compensation claim and if so, what is it?**

After properly reporting an injury, you have one year from the date of the injury to file a claim. If you received remedial treatment from your employer for the injury, you have one year from the date of treatment to file a claim for workers' compensation benefits. If you received weekly income benefits

as a result of the on-the-job injury, you have two years from the date of your last payment of weekly income benefits to file a claim.

In the case of an occupational disease claim, you have one year from the date you become aware of your disease or, in the exercise of reasonable diligence, should have known of the relationship between your disability and its relationship to your employment. No claim for an occupational disease may be filed after seven years from the last date you were exposed to the employment hazards related to your disease. However, for the diseases asbestosis or mesothelioma related to exposure to asbestos, you have one year from the date of first disablement after diagnosis to file a claim.

**Q. Once I'm treated for my injury and have reached maximum medical improvement and begin having problems in the future due to my injury, may I receive additional treatment for this injury?**

All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum period of 400 weeks from the accident date. If your injury is catastrophic in nature, you may be entitled to lifetime medical benefits.

**Q. When could my claim be closed?**

When appropriate benefits have been paid, or once a settlement agreement is reached by all parties and approved by the State Board of Workers' Compensation and a monetary amount is paid to you or your dependents, your claim is closed. Note that not all claims are closed. Some claims, due to the nature of the injury, remain open until the statute of limitations runs, or until the injured worker's death, whichever occurs first.



APPENDIX A

## Ware County Schools Supervisor's Accident Investigation Report

Employee's Name		Date of Accident/Injury	Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
School/Facility		Department	Phone Number
Job Title	Position Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Floater	Supervisor	
Witnesses (attach statement for each)			
Name :		Title:	Phone:
Name:		Title:	Phone:
Name:		Title:	Phone:
What was the employee doing when accident occurred?		What machine or tool was being used?	What type of operation?
How did accident/injury occur? (Be specific, please.)			
Was Employee injured? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what part of body was affected/injured?		Was medical treatment provided? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Extent of Injury <input type="checkbox"/> No Injury <input type="checkbox"/> Injury (School Nurse) <input type="checkbox"/> Injury (Clinic/Doctor's office) <input type="checkbox"/> Injury (ER)			Was Employee drug tested? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA

**PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE ACCIDENT/INJURY**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Carelessness                 | <input type="checkbox"/> Improper instruction          | <input type="checkbox"/> Poor housekeeping             |
| <input type="checkbox"/> Failure to follow procedures | <input type="checkbox"/> Improper maintenance          | <input type="checkbox"/> Poor ventilation              |
| <input type="checkbox"/> Failure to lockout           | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Sudden Distraction            |
| <input type="checkbox"/> Failure to secure            | <input type="checkbox"/> Inoperative safety device     | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Horseplay                    | <input type="checkbox"/> Lack of training or skill     | <input type="checkbox"/> Unsafe equipment              |
| <input type="checkbox"/> Improper dress               | <input type="checkbox"/> Operating without authority   | <input type="checkbox"/> Unsafe position               |
| <input type="checkbox"/> Improper guarding            | <input type="checkbox"/> Physical or mental impairment |  |
| <input type="checkbox"/> Other _____                  |  |  |

Supervisor's corrective action to ensure this type of accident does not recur: \_\_\_\_\_

Was the employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?  Y  N  NA

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures?  Y  N  NA

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## **APPENDIX B**

### **WARE COUNTY SCHOOL SYSTEM**

#### **VIOLATIONS OF SAFETY PROCEDURES**

**The Ware County School System is aware that our schools and work places have to be as safe as possible. We are asking our students and employees to be safety-conscious during their school day/work day. Good safety practices not only prevent accidents, but they also can prevent a catastrophe from occurring. The more safety-conscious we are the fewer accidents we will have.**

**Failure of any employee of the Ware County Schools System to adhere to established district safety policies and procedures may result in further disciplinary measures up to and including termination.**

**SAFETY IS EVERYONE'S RESPONSIBILITY!**

APPENDIX C

## Selection of Worker’s Comp Physicians

Employee’s Name: \_\_\_\_\_

\_\_\_\_ **Georgia Physicians South**  
1218 Alice Street  
Waycross, GA 31501  
912.284.9800

\_\_\_\_ **Apple Care Medical (Must have written authorization)**  
*(Urgent Care)*  
1921 Memorial Drive  
Waycross, GA 31501  
912.283.7100

\_\_\_\_ **Elite Primary Care (Claim # required)**  
*(Family Medicine)*  
1720 Reynolds St.  
Waycross, GA 31501  
912.283.1359

\_\_\_\_ **Satilla Family Medicine (Claim # required)**  
*(Family Medicine)*  
407 West Oneida Street  
Waycross, GA 31501  
(912) 338.0065

\_\_\_\_ **Clark Eye Care**  
*(Ophthalmology)*  
502 Isabella Street  
Waycross, GA 31501  
912.285.2020

\_\_\_\_ **\*Bone & Joint Institute of South Georgia**  
*(Orthopedic Surgery)*  
1912 Memorial Drive, Suite D  
Waycross, GA 31501  
912.383.6575

\_\_\_\_ **\*Orthopedic Surgeons of Georgia**  
Kenneth DePersio *(Orthopedic Surgery)*  
Laura Tharp, M.D. *(Hand Surgery)*  
Stephen John Augustine, D.O. *(Orthopedic Surgery)*  
100 Doctors Drive  
Douglas, GA 31533  
912.383.6575

*\*Requires a referral from one of the other physicians before an appointment can be made.*

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor’s Signature \_\_\_\_\_

Date \_\_\_\_\_

APPENDIX D



1301 Bailey Street  
Waycross, Georgia 31501

Jim LeBrun, Superintendent

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**DECLINE OF MEDICAL TREATMENT FORM**

This form is only to be signed if you **do not** require medical attention in relation to your report of an on the job incident.

I, \_\_\_\_\_, acknowledge that I have reported an on the job incident. The facility has offered me medical attention to be administered by the facility's designated workers' compensation physician. However, at this time I feel I **do not** require medical attention and by signing this form I am stating that I can safely complete the essential functions of my job without compromising the safety of my coworkers or myself. I understand that if my condition changes in relation to this work related incident that I must notify the facility's administrator before seeking any medical attention. By signing this form I am declining medical attention by a physician at this time.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**GEORGIA ADMINISTRATIVE SERVICES**  
**WORKERS' COMPENSATION – MILEAGE CLAIM**

NAME: \_\_\_\_\_ EMPLOYER: GEWCT \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ GAS CLAIM #: \_\_\_\_\_  
 HOME PHONE #: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_

DATE	List trip taken below: (examples -- Home to (name) Hospital; Home to Dr. (name) and return home; Office to Dr. (name) and return home, etc)	Round-trip Daily Mileage

**TOTAL MILEAGE** \_\_\_\_\_

**TOTAL MILEAGE TIME .40 EACH \$** \_\_\_\_\_

I certify that the above information furnished by me is true and correct and based on such information, I hereby claim pay for the mileage indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **SIGN AND RETURN TO YOUR SUPERVISOR**

I have received a copy of the Worker's Compensation Report of Injury Information handbook and have been informed of the location of the Official Notice listing the Panel of Physicians. I understand that I must choose a physician from the authorized Panel of Physicians in order to receive workers' compensation benefits and that I must complete a drug screening as soon as possible.

Employee's Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_