



WORKERS' COMPENSATION DISTRICT CLAIM REPORTING CHECKLIST

Employee: _____

Date of Injury: _____

- | ➤ Injury / Illness Occurs: | <u>Date/initial</u> |
|---|---------------------|
| 1. Supervisor provides employee with The Company Nurse Card | _____ |
| 2. Employee calls The Company Nurse 800 number | _____ |
| ➤ If employee needs medical care - Company Nurse will refer the employee to a designated provider on the CRSIG Medical Provider Network (MPN) unless they have designated their own physician and have a form on file prior to the injury | |
| ➤ Company Nurse inputs information received from the employee into the DWC-1 and 5020 and sends these forms to the district. | |
| 3. District meets with employee to complete DWC-1 form | _____ |
| 4. Employee completes lines 1-8 | _____ |
| 5. Employee signs on line 9. | _____ |
| 6. District to complete lines 10-19 | _____ |
| 7. Employee signs HIPPA Authorization for release of medical records | _____ |
| 8. Employee signs Fraud Statement | _____ |
| 9. Supervisor completes Employee Injury/Illness report | _____ |
| 10. District completes 5020 | _____ |

District sends DWC-1; 5020, HIPPA Medical Release, Fraud Statement and Supervisor

Report of Injury to CRSIGintake@pegasusrisk.com _____

11. Provide Employee with Facts About WC Benefits brochure _____

12. Provide Employee with Return-to-Work Procedures brochure _____