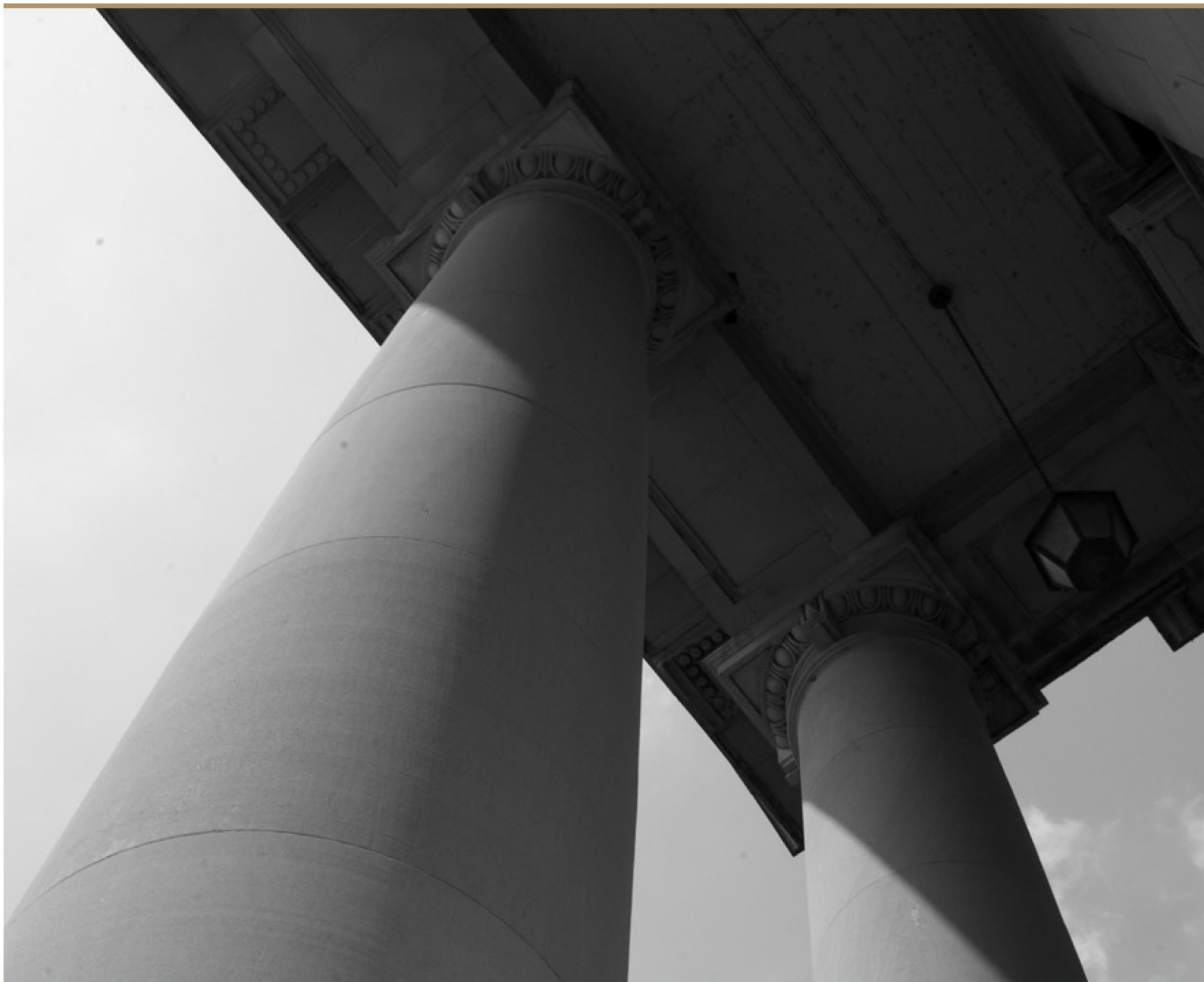




# WORKERS' COMPENSATION EMPLOYEE HANDBOOK

PREPARED BY  
HUMAN RESOURCES DIVISION  
FEBRUARY 2025



# NC JUDICIAL BRANCH SAFETY & COOP TEAM

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## Notice to Judicial Branch Employees, Appointed Officials, and Elected Officials

### About the North Carolina Judicial Branch

The mission of the North Carolina Judicial Branch is to protect and preserve the rights and liberties of all the people as guaranteed by the Constitutions and laws of the United States and North Carolina by providing a fair, independent and accessible forum for the just, timely and economical resolution of their legal affairs.

### About the North Carolina Administrative Office of the Courts

The mission of the North Carolina Administrative Office of the Courts is to provide services to help North Carolina's unified court system operate more efficiently and effectively, taking into account each courthouse's diverse needs, caseloads, and available resources.



Employees have the right to report work-related injuries and illnesses. Employers are prohibited from discharging or in any manner discriminating against employees for reporting work-related injuries or illnesses. If an employee is injured while in the course and scope of employment, the employee should immediately notify his/her supervisor or the North Carolina Administrative Office of the Courts (NCAOC) Safety & COOP team. If the injury requires medical treatment, procedures are outlined in this handbook. A third-party administrator (private contractor) will handle the claim. Questions about coverage or benefits under the workers' compensation policy should be addressed to the NCAOC Safety & COOP team or the third-party adjuster assigned to the claim.

THIS HANDBOOK DOES NOT CONSTITUTE LEGAL ADVICE. The contents of this handbook are designed to provide employees of the North Carolina Judicial Branch with an understanding of the workers' compensation coverage provided to them by the State of North Carolina under the Workers' Compensation Program and the general provisions of the North Carolina Workers' Compensation Act. It provides employees who have suffered an injury by accident or who have contracted an occupational disease arising out of and in the course of their employment with general guidelines to follow in filing a claim and understanding available benefits.

This handbook is designed to give a general explanation of an employee's entitled benefits concerning workers' compensation coverage and the rights and duties of the employee and the employer. This is not a legal explanation of the North Carolina Workers' Compensation Act. If any questions are not specifically covered, additional information may be found in NCGS §97, the North Carolina Workers' Compensation Act.

Hiring Authority or Direct Supervisor: \_\_\_\_\_

Department/Division: \_\_\_\_\_

**NCAOC Workers' Compensation Administrator**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Claims Adjuster Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



## Employee Coverage

All North Carolina Judicial Branch employees are covered under the NCAOC Workers' Compensation Program. This includes all appointed officials, elected officials, full-time, part-time and temporary employees.

*\*Grant employees are covered under the NCAOC Workers' Compensation Program, however, have a separate Third-Party Administrator (TPA) for their claims.*

*\*Contract employees are covered under their parent company's workers' compensation program.*

## Coverage Determination Guidelines

As defined under the North Carolina Workers' Compensation Act, an injury is covered under workers' compensation if it was caused by an accident or incident that arose out of and in the course of employment. The Workers' Compensation Act does not provide compensation for all injuries, only for injuries by accident. An accident is defined in the law as a separate event preceding and causing the injury. Unless there is an accident, an injury received while performing the regular duties in the usual and customary manner is not compensable.

There are two exceptions to the "by accident" requirements of the law. These are back injuries and hernias. If either of these injuries is caused by a specific traumatic incident of the work assigned they are compensable in the absence of an accident preceding the injury.

Certain diseases termed "occupational diseases" are compensable under the North Carolina Workers' Compensation Act. An occupational disease is any disease that is proven to be related to causes and conditions characteristic of a particular occupation or employment, and the exposure is greater than that of the general public outside of the employment. Diseases of this nature are generally caused by a series of events similar in nature and occurring regularly or at frequent intervals over a period during employment. Only those occupational diseases specifically designated in the North Carolina Workers' Compensation Act are compensable. All ordinary diseases of life to which the general public is equally exposed are excluded.

## Employee Responsibility

Responsibility for claiming compensation is on the injured employee. An injured employee must immediately give notice of the accident to the employer (hiring authority, direct supervisor, or NCAOC Safety & COOP team) or as soon as possible after the accident occurs. If an injury is reported 30 days or more after the accident, an employer may refuse compensation. With reference to occupational disease, an employee must give notice to an employer when a competent medical authority first informs the employee of the nature and work-related cause of the illness. Either the employee or the employer must file a claim with the North Carolina Industrial Commission (NCIC) within two (2) years from the date of the accident or knowledge thereof; otherwise the statute prohibits the claim.



An employee may notify an employer by providing written or oral notice to his/her supervisor or the NCAOC Safety & COOP team that an injury by accident or diagnosis of a work-related illness has occurred. An employee may use one of the following methods to notify an employer:

**Preferred:** Contact the direct supervisor and have him/her fill out a Judicial Branch Supervisor's Report of Accident provided by the NCAOC. This form should be faxed to NCAOC Human Resources within seven (7) days of notice from the employee. Fill out a Witness Statement Form if applicable to assist with the incident investigation. Forms may be found at the end of this manual or on the JUNO website. This method of filing will ensure expedient claim handling and administration.

**Alternate:** Complete a form NCIC 18 to notify the NCIC of a claim. It is available on the Industrial Commission website. This form must be filed directly by the employee. This method of filing may cause delays with claim handling and administration.

Under the workers' compensation program, the employer directs care. The employer should provide medical treatment for the injury or refer an employee to an appropriate facility. If an employer fails to provide the necessary medical treatment or facility referral for an injury, an employee may obtain the necessary initial treatment from a physician or hospital of his/her own choice. Once the treating physician is established and authorized by the workers' compensation program, an employee cannot change treating physicians for the injury unless the employer or the NCIC approves a referral to another physician.

Any absences from work related to the injury must be certified with a statement from the authorized treating physician. Any medical and work-related restrictions resulting from the injury imposed by the authorized treating physician must be documented. Any documentation given to an injured employee by a physician or facility must be provided to an employee's supervisor and the Safety & COOP team as soon as possible.

Once an incident has been reported to the Safety & COOP team, a claims adjuster from the third-party administrator (TPA) will contact the injured employee during the claim investigation and administration process. An injured employee should promptly provide all requested information in order to move forward with processing the claim.

After an authorized treating physician has released an injured employee to return to work, the employee should contact his/her supervisor and the Safety & COOP team the same business day. If an employee receives a payment for temporary total disability benefits after returning to work, the employee must notify the Safety & COOP team immediately. If an employee does not report the erroneous payment, the employee will be responsible for reimbursing the State or the TPA for any overpayment made as a result.



## Employer Responsibility

When an employee is injured, the primary responsibility of the employer is to arrange for and provide the necessary treatment for any work-related injury. The third-party administrator (TPA) is responsible for accepting or denying liability for the State, and is also responsible for monitoring and processing claims. Additionally, the TPA is responsible for paying medical benefits and compensation in accordance with the North Carolina Workers' Compensation Act. The Safety & COOP team and TPA will try to provide the best possible medical care for injured employees to help them reach maximum medical improvement and return to work as soon as possible.

The Safety & COOP Office in the Human Resources Division is responsible for administration of the workers' compensation program. Each claim will be assigned an adjuster who is employed by the third-party administrator. Employees may call either person for questions concerning their claim.

## Leave Policy

*Leave earning* employees have two options if a compensable injury causes an injured employee to lose time from work. On the day of the injury, an employee who loses time from work due to the injury shall not be charged leave. An employee is expected to return to work the same day unless the treating physician indicates an employee should not return to work. An injured employee must provide documentation from the treating physician to his/her supervisor and the Safety & COOP team the same day, or if it is after business hours and the employer's office is closed, the next business day.

If an injury results in an injured employee losing more than one workday, an injured employee's active employment status will be moved to a workers' compensation leave of absence. Under the North Carolina Workers' Compensation Act there is a seven (7) day waiting period where no compensation for time lost from work shall be allowed except when the injury results in disability for more than 21 days. If the disability exceeds 21 days, then the compensation shall be allowed from the date of the disability.

The following options are available for leave earning employees to cover the seven (7) day waiting period:

*Option 1:* Elect to take sick leave (9200), approved leave (9000), or a combination of both, during the required waiting period. On the eighth day of disability an employee will begin to receive workers' compensation weekly benefits. If the injury results in disability exceeding 21 days, no adjustment will be made in the leave used for these workdays.

*Option 2:* Elect to use leave without pay (9400) for the required waiting period and then begin drawing workers' compensation weekly benefits.





*Supplemental Leave Option: Leave earning employees only.* After an employee begins drawing the workers' compensation weekly benefit, a leave earning employee also has the option to supplement this benefit by the use of partial sick leave or approved leave earned prior to the injury or illness, and in accordance with a schedule published each year by the North Carolina Office of State Human Resources.

*Non-leave earning employees* who have an injury resulting in more than seven (7) lost work days will be placed on a workers' compensation leave of absence beginning the eighth day of disability and begin to receive workers' compensation weekly benefits.

Once selection or waiver of any of the options described above has been made, it may not be changed for the duration of the claim.

Employees with a compensable claim who require medical or therapy visits during regularly scheduled working hours in order to reach maximum medical improvement, shall not be charged leave for time lost from work for required treatment. This paid time will be limited to reasonable time for the treatment and travel; any excess time will be charged as approved leave, sick leave, or leave without pay.

## **Average Weekly Wages**

When an employee begins drawing weekly workers' compensation benefits, the amount of compensation is based on sixty-six and two-thirds percent (66-2/3%) of an employee's average weekly earnings for the job in which an employee was working at the time of the injury. This calculation is based on the 52 weeks of employment immediately preceding the date of injury. Adding all wages earned by an employee in that period, then dividing that number by 52 determines the average weekly wage.

The average weekly wage is subject to a statutory compensation rate minimum and maximum amount, which is established annually by the North Carolina Industrial Commission (NCIC). If an employee lost more than seven (7) consecutive calendar days at one or more times during the 52-week period, these weeks are deducted when calculating the average weekly wage. If an employee has worked for less than one year in the job when the injury occurs, the average weekly wages are based on the number of weeks worked prior to the injury.

## **Medical Benefits**

If an employee has a compensable injury, the employee is entitled to medical benefits to treat the injury. The employer pays for these medical benefits. The employer should provide a medical treatment authorization form for an injured employee to give to his/her treating physician. If an injured employee does not have a medical treatment authorization form, an employee should make the treating physician aware that the injury occurred on the job and that the bills should be forwarded to your employer. These include payments for medical, surgical, hospital, nursing services, sick travel, prescription drugs, and rehabilitation services that are prescribed by the treating physician to give relief or affect a cure on





the covered injury. The State Government Workers' Compensation Program allows for vocational rehabilitation assistance if the severity of the disability requires that vocational rehabilitation is necessary to assist an injured employee in obtaining suitable employment consistent with an employee's performance capabilities.

Payment of all medical benefits is subject to approval based on a fee schedule established by the North Carolina Industrial Commission (NCIC). It is unlawful for any physician, nurse, or hospital to accept any fee from a person for treatment of a workers' compensation compensable injury other than the fee approved by the NCIC and paid by the employer.

## **Disability Compensation**

An injury resulting in certain forms of disability may be entitled to compensation benefits. These benefits include temporary total or temporary partial benefits for time lost from work and permanent partial or permanent total disability compensation for any physical disability associated with the injury.

During any temporary total disability period, if an employee is unable to work due to an injury, an employee is entitled to sixty-six and two-thirds percent (66-2/3%) of average weekly earnings subject to provisions of the North Carolina Workers' Compensation Act, which includes a maximum and minimum weekly amount an employee is allowed to receive. The maximum weekly benefit is adjusted annually with changes effective January 1st of each year. The weekly benefit amount in effect when a claim is submitted remains in effect for the life of the claim.

If an employee is released by an authorized treating physician to return to restricted duty before reaching maximum medical improvement and suffers a wage loss, an employee is entitled to temporary partial compensation equal to sixty-six and two-thirds percent (66-2/3%) of the difference between weekly earnings during light work and weekly earnings prior to the injury, subject to the maximum allowed by law.

If an injury results in any permanent or partial disability to a specific part of the body, an employee is entitled to compensation for loss of use of that specific part of the body based on a schedule provided by the NCIC. (The schedule for payment for loss of use is given later in this handbook) The payment for loss of use of a specific part of the body is payable at the end of the healing period and is based on the number of weeks set forth in the schedule. If an injury results in a permanent partial or permanent total disability rating, the authorized treating physician will determine the rating.

If an injury results in facial or head scars or disfigurement, or cause the loss of or permanent injury to an important organ of the body, an employee may be entitled to receive additional compensation up to \$20,000. No compensation is allowed for scars where an employee is paid for permanent loss or partial loss of use of the same body part. An employee is also entitled to payment for disfigurement due to the loss of permanent teeth resulting from a compensable injury.



## Death Benefits

In the event of death resulting from an injury or occupational disease, death benefits are payable if the claim is filed with the NCIC in writing within two years. Effective June 24, 2011, compensation for death is paid for 500 weeks at sixty-six and two-thirds percent (66-2/3%) of the employee's average weekly wage. Death benefits are paid to the total dependents of the employee or next of kin which ever applies. If a surviving spouse is unable to support herself or himself due to physical or mental disability as of the date of death of the employee, compensation shall continue during the life of the widow or widower or until remarriage. Compensation payments due a dependent child shall be paid for 500 weeks or until the child reaches age 18. Funeral expenses are allowed up to \$10,000.

## Return to Work

When an employee who has experienced a work-related injury or illness and has been released to return to work by an authorized treating physician, there are three possible return to work scenarios.

1. An employee has reached maximum medical improvement and has been released to return to work by a treating physician. An employee returns to the original or similar position held prior to the injury.
2. An employee has not reached maximum medical improvement but is ready to return to restricted duty work with the approval of an authorized treating physician. The employer will provide suitable modified or light-duty work for the employee. This is considered to be a trial return to work by the NCIC. If, within the first nine (9) months, the treating physician determines that the employee is not able to perform the work, the employee must file an NCIC Form 28U to request reinstatement of disability compensation. When the employee reaches maximum medical improvement the employee should be returned to the original or similar position held prior to the injury. The modified duty assignment should be temporary and not exceed 90 days without approval from the NCAOC Human Resources Officer. All modified or light duty assignments are subject to the employer's ability to provide such work within the employee's given restrictions.
3. An employee has reached maximum medical improvement and has been released by an authorized treating physician but has received permanent restrictions, which prohibits employment in his/her previous position. The employer shall attempt to place the employee in another position similar to the position held prior to the injury that is suitable to the employee's capacity to work, and is meaningful, productive, and advantageous to the employee and the employer.

During the work placement efforts the employee shall be appointed to the first suitable vacancy. If the employee accepts a permanent position in a lower pay grade than the pre-injury position, the employee's pay must be adjusted, as appropriate, within the lower pay grade. However, the employee may be eligible to continue receiving temporary partial workers' compensation benefits to supplement the lower pay. This disability benefit may continue for up to 300 weeks for claims filed prior to



6/24/2011 and 500 weeks for claims filed after that. Previous periods of temporary total disability benefits will also be counted toward the maximum number of weeks.

If a position is not available that is suitable to the employee's capacity, the employee shall continue on workers' compensation leave until work placement or separation, for the maximum period of time allowed by law.

Work placement efforts may be in the form of referral to internal vacancies, Office of State Human Resources vacancy listings, third-party re-employment services, vocational rehabilitation, etc.

## **Continuation of Health Insurance and Other Benefits**

When an employee is injured on the job or contracts an occupational disease and is placed on workers' compensation leave, the employee is taken off the State's regular payroll and placed on a leave without pay - workers' compensation status. While in this pay status, no deductions are made from an employee's workers' compensation weekly benefits. Any payroll deductions made from an employee's regular pay such as credit union loans, etc., are the responsibility of the employee while on workers' compensation leave of absence. While on workers' compensation leave, an employee is eligible for continuation of the following benefits.

- *Sick/Approved Leave:* A leave earning employee will continue to accrue sick leave and approved leave to be credited to his/her account for use after returning to work. If an employee does not return to work, sick leave and approved leave accrued during the first twelve (12) months of workers' compensation leave will be paid in a lump sum along with other unused special leave and/or bonus credit that was earned prior to the injury.
- *Medical Insurance:* Coverage continues under the State's health insurance program with the State paying the employer portion of the monthly premium covered under the State Health Plan. Any employee portion of premiums and premiums for dependent coverage must be paid directly by an employee.
- *Performance Increases:* Upon reinstatement from workers' compensation leave, an employee's salary will be computed based on the last salary plus any legislative increases to which the employee is entitled. Any performance increases that would have been given had an employee been at work may also be included in the reinstatement salary, or it may be given on any payment date following reinstatement.
- *Longevity:* An employee will continue to receive aggregate service credit and, if eligible, shall receive regular payment(s).
- *Retirement Service Credit:* An employee does not receive retirement service credits. As a member of the Retirement System, an employee may purchase credits for the period of time out on workers' compensation leave. Upon request, the Retirement System will provide a statement of the cost and the date by which such purchase must be made.



- *Disability Income Plan of North Carolina:* Eligible employees who become temporarily or permanently disabled and are unable to perform their regular work duties may receive partial replacement income on a short-term or long-term basis through the Disability Income Plan of North Carolina (the Plan). For more information contact the NCAOC Benefits Specialist assigned to your work unit at (919) 890-1000.

## **Closing of Claims and Change of Condition**

Claims are usually closed when an employee reaches maximum medical improvement and returns to work without restrictions. Claims that involve only medical benefits are closed when the last medical bill is paid. The claim is closed with the completion of NCIC Form 28B. An employee will receive a copy of this form with notification that the claim is being closed.

If a significant change of condition occurs within two (2) years from date of last payment, a request for further compensation must be made in writing directly to the NCIC. The governing statutes prohibit payment of further compensation if a request is not received within two (2) years from the date of last payment. Consideration for future medical needs may be claimed with the completion of NCIC Form 18M, available from the North Carolina Industrial Commission.

In cases that involve only medical benefits, no such change of condition will be considered after 12 months from date of last payment of bills by your agency.

## **Payment Schedule of Injuries and Period of Compensation**

If a claim results in permanent total loss of a specific member of the body, compensation is payable at the end of the healing period based on the schedule provided by the NCIC. If the injury results in partial loss of use of a specific member of the body, compensation is paid on a percentage basis. The rate of payment is equal to sixty-six and two-thirds percent (66-2/3%) of the average weekly wages at the time of the claim multiplied by the number of weeks. This average weekly wage is subject to the statutory compensation minimum and maximum established by the NCIC. Below is the schedule for payment of some common injuries.



Schedule of Injuries (NCGS §97-31)	
Injury	Period
Arm	240 Weeks
Back	300 Weeks
Eye	120 Weeks
Finger – Thumb	75 Weeks
Finger – First or Index	45 Weeks
Finger – Second or Middle	40 Weeks
Finger – Third or Ring	25 Weeks
Finger – Fourth or Little	20 Weeks
Foot	144 Weeks
Hand	200 Weeks
Hearing – One Ear	70 Weeks
Hearing – Both Ears	150 Weeks
Leg	200 Weeks
Toe – Great or Big	35 Weeks
Toe – Any Other	10 Weeks

## Assistance Provided

Questions concerning a claim may be directed to the NCAOC Safety & COOP team, or the third-party claims adjuster. The NCAOC Human Resources Division also provides assistance to employees, supervisors, and hiring authorities regarding workers' compensation questions and concerns. Contact the NCAOC Human Resources Division at (919)890-1000.

If an employee disagrees with the third-party administrator's handling of a claim, an employee may contact the NCAOC Safety & COOP team or the North Carolina Industrial Commission (NCIC). An information specialist of the NCIC may be reached by calling (919) 807-2501, toll free at (800) 688-8349, or by the NCIC website at [www.ic.nc.gov](http://www.ic.nc.gov).

If an employee wants a hearing before the NCIC, a request for hearing must be filed in writing with the NCIC. The NCIC will provide requestors with the appropriate form to request that a claim be assigned for hearing or mediation.



## What Happens If an Employee's Claim is Denied?

If an employee's claim is denied, the employee may appeal the denial by filing written notice with the North Carolina Industrial Commission including the employee's name, employer's name, date of injury, and nature of the injury. This written notice shall be mailed to:

North Carolina Industrial Commission  
4340 Mail Service Center  
Raleigh, NC 27699-4340

An injured employee may request a hearing on any issue related to his/her claim by filing written notice or an NCIC Form 33 with the NC Industrial Commission. This form is available on the NCIC website, [www.ic.nc.gov](http://www.ic.nc.gov), or by calling (919) 807-2501 or 1-800-688-834





# NORTH CAROLINA JUDICIAL BRANCH EMPLOYEE NOTICE OF ACCIDENT/INCIDENT

This form is to be completed in full by the employee involved. All questions must be answered, and detail questions should be thoroughly answered. Once complete, forward to NC AOC Safety & Coop team via email at [Judicial.SafetyCOOP@nccourts.org](mailto:Judicial.SafetyCOOP@nccourts.org) or fax at 919-890-1905 or 1906

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Personal Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grant/TL: \_\_\_\_\_ Sex: ☐ M ☐ F

Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Specific Body Part(s) Involved/Affected: \_\_\_\_\_

\_\_\_\_\_

Describe in Full Detail How Incident Occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Supervisor Notified: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title During Incident: \_\_\_\_\_ Is this a Grant Position: \_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Number of Days Out of Work Due to Injury / Return to Work Date: \_\_\_\_\_

Work Restrictions: \_\_\_\_\_

\_\_\_\_\_

Treated by Physician: \_\_\_\_\_ Employee Wages: \_\_\_\_\_ Agency Date of Hire: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature or Representative

\_\_\_\_\_  
Date





## NORTH CAROLINA JUDICIAL BRANCH SUPERVISOR NOTICE OF EMPLOYEE ACCIDENT/INCIDENT

This form is to be completed in full by the employee involved. All questions must be answered, and detail questions should be thoroughly answered. Once complete, forward to NC AOC Safety & Coop team via email at [Judicial.SafetyCOOP@nccourts.org](mailto:Judicial.SafetyCOOP@nccourts.org) or fax at 919-890-1905 or 1906

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Personal Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Grant/TL: \_\_\_\_\_ Sex: ☐ M ☐ F

Date of Birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Employer Premises: \_\_\_\_\_

Specific Body Part(s) Involved/Affected: \_\_\_\_\_

Describe How Employee Was Injured and What They Were Doing When Injured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Supervisor Notified: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title During Incident: \_\_\_\_\_ Is this a Grant Position: \_\_\_\_\_

Nature of Employer's Business: \_\_\_\_\_

Number of Days Out of Work Due to Injury / Return to Work Date: \_\_\_\_\_

Work Restrictions: \_\_\_\_\_

\_\_\_\_\_

Treated by Physician: \_\_\_\_\_ Employee Wages: \_\_\_\_\_ Agency Date of Hire: \_\_\_\_\_

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

\_\_\_\_\_  
Date



## NORTH CAROLINA JUDICIAL BRANCH WITNESS STATEMENT FORM

Before providing the required information below, please understand you may have to certify the accuracy of this information. For assistance writing this statement, please include the following information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Do You Have Any Pictures of the Incident? If Yes, Please Attach to This Submission: \_\_\_\_\_

List Names of Anyone Present Who Visually Observed or May Have Knowledge of the Incident:

\_\_\_\_\_  
\_\_\_\_\_

State What You Know About the Incident. Indicate Who, What, When, and Where. Be as Specific as Possible. If More Space Is Needed, Please Attach to This Submission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I Hereby Certify That the Information Provided Is True and Accurate. I acknowledge That Any Inaccurate or False Statements May Result in a Delay In Process of This Claim. I Further Understand This Information May Be Used to Determine Claim Compensability.

Witness Name and Title: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Initial Treatment Guide | Physician and Pharmacy Information

**EMPLOYER:** Give both pages of this document to the injured employee to provide to the authorized treating physician.

Employer/Company: \_\_\_\_\_ STATE OF NC- ADMIN. OFFICE OF THE COURTS

**EMPLOYEE:** The following provider/facility was an available provider selected from CorVel's provider network. It is your responsibility to contact a provider to schedule an appointment and to confirm the location.

**Employee name:** \_\_\_\_\_

**Record ID:** \_\_\_\_\_

Date of injury: \_\_\_\_\_

Treating physician/facility: \_\_\_\_\_

**INITIAL TREATMENT PROVIDER/FACILITY:**

Provider/Facility Name \_\_\_\_\_

Address , , \_\_\_\_\_

Call to schedule an appointment \_\_\_\_\_

**Provider Location**

**Appointment Details**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Disclaimer: The provider/facility listed above is provided for informational purposes only and is not intended to require the employee to seek medical treatment with the provider/facility listed. The rights of the employee in choosing a provider/facility vary state by state and each state law and/or statute supersedes any information implicitly or explicitly stated on this guide.

**PHARMACY:** Process all injury-related prescriptions through CorVel's pharmacy program. Use of this program will waive any co-pay or cost to the claimant. Call CorVel at (800) 563-8438 for additional assistance. The Member ID is 9 digit social security number plus **8-digit** date of injury.

**PARTICIPATING PHARMACIES\***

CostCo Pharmacy	Hy-Vee Inc	Shoprite Supermarkets Inc.
CVS Pharmacy	Kroger Pharmacy	Smith's Food & Drug Centers
Duane Reade Pharmacy	Medicine Shoppe International	Stop & Shop Supermarket Co
Fred's Pharmacy	Meljer Pharmacies	Target Pharmacy
Giant Eagle Pharmacy	Publix Pharmacies	Walgreens Pharmacy
Giant Food Stores LLC	Rite Aid Pharmacy	Wal-Mart Pharmacy
Harris Teeter Pharmacy	Safeway Pharmacy	Winn-Dixie Pharmacies

\*This is only a partial list of the over 65,000 participating pharmacies in the CorVel Network. Please call (800) 563-8438 for additional location.



**First Fill Only**

Bin: 004336  
PCN: ADV  
RX Group: RXFFWC9525768  
Member ID: SSN + Date of Injury  
(ex: 12345678901012011)

**EMPLOYEE:** Take this form with you and have the treating physician complete the Physician section below.

**Employee name:** \_\_\_\_\_

**Record ID:** \_\_\_\_\_

Date of injury: \_\_\_\_\_

Physician/facility: \_\_\_\_\_

**PHYSICIAN: For compliance, please complete this section and email to [RTW@onlinecapturecenter.com](mailto:RTW@onlinecapturecenter.com) or fax to (800) 391-4320.** This document authorizes initial evaluation and treatment only, and payment for these services will be rendered without prejudice.

**DIAGNOSIS:** \_\_\_\_\_

A post-accident drug test (check one): ☐ **has been completed** ☐ **has not been completed**

**RESTRICTIONS:**

In accordance with this patient's physical capability, check all that apply:

- ☐ May resume work immediately, no restrictions.
- ☐ May resume work immediately, with the following restrictions:
  - ☐ Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
  - ☐ Light work (lifting less than 20 pounds) ☐ Medium work (lifting less than 50 pounds)
  - ☐ Limited hours: \_\_\_\_\_ hours per day ☐ Limited days: \_\_\_\_\_ days per week
  - ☐ Other: \_\_\_\_\_
  - ☐ Repetitive motion restrictions (specific to hand/arm injuries):

<u><b>FREQUENCY:</b></u>	<b>No Use</b>	<b>Occasional</b>	<b>Frequent</b>	<b>Constant</b>
LEFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Patient is unable to return to work in any capacity.

**RETURN TO WORK/MMI/NEXT APPOINTMENT:**

Date patient may return to work at full duty: \_\_\_\_/\_\_\_\_/\_\_\_\_

Projected date of attainment of Maximum Medical Improvement: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient has a return appointment on (date): \_\_\_\_/\_\_\_\_/\_\_\_\_ at (time): \_\_\_\_ AM / PM

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_