

# PROCEDURES TO FILE A WORKER'S COMPENSATION CLAIM



**Form #'s are located on the bottom right corner of page of Worker's Comp packet. Print complete packet and only return the Forms that apply to your injury as outlined below.**

**Worker's comp packet: [CLICK HERE](#)**

## **STEP ONE** – REPORT

ALL Injured employees must complete the below:

Form #1 First Report of Injury Workers Compensation

Form #2 Authorization for Release of Information

Form#3 Medical Waiver and Consent

Form #4 Acknowledgement of Tennessee Workers Compensation Law

Complete above forms for all injuries and fax forms to **615-442-8262**

***IF ADDITIONAL MEDICAL TREATMENT IS NOT  
REQUIRED, STOP HERE!***

**\*\*\*If Additional Medical Treatment IS Required, Complete All Forms 1 – 9 and steps Two through Six below**

***IF treated in the Emergency Room, SUPERVISOR MUST contact Human Resources, immediately.***

Drug Screen testing **MUST BE DISPATCHED** to the hospital location employee is being treated. Sumner Schools HR representative is responsible for dispatching testing company to proper hospital. **The Emergency Room will not dispatch drug screen testing company.**

**If after hours are outside of 8AM – 4:30PM call 615-767-1012 immediately.**

**STEP TWO** - MEDICAL TREATMENT IS REQUIRED - CHOOSE PHYSICIAN AND RETURN DOCUMENTS

**Form #5** Employee's Choice of Physician

Choose an authorized treating physician.

**NOTE\*** Clinics on panel are **URGENT CARE** clinics and have **X-Ray** ability.  
**ONE TO ONE** is **NOT** an authorizing treating physician.

*Injured employee must return the below forms for treatment of injury:*

- **Form #1** First Report of Injury Workers Compensation
- **Form #2** Authorization for Release of Information
- **Form#3** Medical Waiver and Consent
- **Form #4** Acknowledgement Form Law
- **Form #5** Employee's Choice of Physician

Forms must be faxed to Catrina Curd 615-442-8262 or email [catrina.curd@sumnerschools.org](mailto:catrina.curd@sumnerschools.org) within 24 hours of the date of the injury.

If injury happens on weekend, documents must be submitted immediately on the Monday after the incident.

**STEP THREE** – Letter of treatment to Physician or Letter of treatment to Hospital  
Employee will provide the chosen authorized treating physician or hospital with the below form identifying a work-related injury. Take forms to the physician or hospital for authorization of treatment.

**Form #6** Letter of Introduction to the Physician Form

**OR**

**Form #7** Letter of Introduction to the Hospital

**STEP FOUR** – POST ACCIDENT DRUG AND ALCOHOL TEST WHILE BEING TREATED

\*\*\*All physicians' clinics perform the necessary drug screen at initial visit.

**The Emergency Room will not dispatch drug screen testing company.** Sumner Schools HR representative is responsible for dispatching testing company to proper hospital. Drug Screen testing **MUST BE DISPATCHED** to the hospital location employee is being treated. Sumner Schools HR representative is responsible for dispatching testing company to proper hospital.

**If after hours are outside of 8AM – 4:30PM call 615-767-1012 immediately.**

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**STEP FIVE** – If medication is required after treatment, use Form #8 to fill medication and Form #8 to pick the pharmacy to fill the prescription.

**Form #8 Smith Rx Prescription Fill**

Use this form to fill any prescriptions.

Injured employee **MUST** identify that the prescription is for a work-related injury.

**Form #9 Physician's Report / Pharmacy Guide (bottom of Form#8)**

List of pharmacies at the bottom of Form #8.

**STEP SIX** – Information for employees

Authorized treating physician will also contact and report the results of the authorized treating physician's appointment to Catrina Curd and the Key Risk Insurance claims adjuster. Injured employee must contact Catrina Curd immediately (but no later than three days) **AFTER** the initial authorized treating physician's appointment to coordinate any follow up care or referral. If injured employee is seen in the ER, any paperwork given at release **MUST** be given to Catrina Curd as soon as possible.

FAX all claims to 615-442-8262

**Worker's comp packet: [CLICK HERE](#)**