Step 1

Workers' Compensation Procedures

REPORT THE INJURY

Print

THE UNIVERSITY OF TENNESSEE

Clear Form

FOR EMERGENCIES that are LIFE-THREATENING or result in SERIOUS BODILY INJURY CALL 911 and/or GO TO THE NEAREST EMERGENCY ROOM!

ALL OTHER ON-THE-JOB INJURIES:

STEP 1: INJURED WORKER REPORTS INJURY:

1. BEFORE SEEKING MEDICAL TREATMENT, report the injury to CorVel
   - 1-866-245-8588, **Option 1**
   - This is a 24/7 Nurse Line
   - The NURSE determines the appropriate level of treatment needed and will direct you to the nearest STATE APPROVED treatment facility
   - DO NOT go to the doctor before you call CorVel!
2. INFORM YOUR SUPERVISOR RIGHT AWAY
   - Exactly what happened, how it happened, and if CorVel advises you to get medical treatment

The Tennessee Division of Claims Administration has notified us of their intent to assess a monetary departmental penalty each time an injured worker seeks non-emergency medical treatment prior to reporting their injury to CorVel.

CorVel Claim Number: 0546 - WC - _____-_____ **Date of Injury: _____**

STEP 2: SUPERVISOR/DESIGNEE FOLLOWS UP:

1. If the injured worker receives medical treatment, the Supervisor/Designee must also call CorVel
   - 1-866-245-8588, **Option 2**
   - The purpose of this call is one of the following:
     - To complete the First Notice of Loss (FNOL), or
     - To report the injury if the injured worker is unable to do so.

The Tennessee Division of Claims Administration will assess a $1,000.00 departmental penalty if the FNOL is not completed within 7 calendar days after the claim has been reported to CorVel.

Step 2

Workers' Compensation Procedures

COMPLETE THE PAPERWORK

1) **Workers' Compensation Injury Report:**
   To be completed by the injured worker, supervisor or reporting designee.

   Please be specific (cut right thumb, bruised left ankle) and clear about the description (injured low back when I slipped and fell on ice in parking lot).

2) **Lost Time/Return To Work Calendar:**
   Record the date of the injury and everyday thereafter until the injured worker has been returned to full duty by the treating physician.

   Report all absences related to the injury, even if no medical treatment was received.

3) **Transitional Duty Plan:**
   To be completed ONLY if the injured worker is given light duty restrictions.

4) **Signed Copy of this Form**

All paperwork is to be provided to your campus Workers' Compensation Coordinator. If you don't know who your campus Workers' Compensation Coordinator is, please contact your campus HR Department or the System Office of Risk Management at 865-974-5409.

INJURED WORKER ACKNOWLEDGEMENT:

It is my responsibility to keep my supervisor informed of my work status while I am being treated for my work injury. I must provide a copy of my work status after each medical appointment with the treating physician so my department stays updated with the doctor's work restrictions and return to work plans. _____ (please initial)

It is my responsibility to stay in contact with my claim adjuster at CorVel, and to cooperate with him/her in all matters related to treatment of my injury. _____ (please initial)

I have read and received this form regarding workers' compensation procedures.

Injured Worker Name (print): _____

Supervisor/Designee Name (print): _____

Today's Date: _____

Office of Risk Management ● Phone: (865) 974-5409
Fax: (865) 974-0936 ● Email: riskmanagement@tennessee.edu