



Procedures For Reporting An Accident

Effective 2/9/2006, the procedures for reporting employment accidents will be as follows:

1. A report of injury form must be completed in full and faxed to the administrative office immediately and while the fax is being submitted, the employee or the employee's supervisor must call the main office to report the incident. Phone and fax numbers for the Conway office should be posted at each work site.
2. A call will be placed to the medical staff of the insurance company by the Human Resource Department to report the accident.
3. If medical attention is necessary, someone on the medical staff will call the injured employee and instruct them where to go for the medical attention. The medical staff of the insurance company will then call the medical facility to inform them of your estimated time of arrival and give authorization for treatment. They will also be instructed where to send medical reports and bills.
4. If the injury is a trauma (a life threatening injury) and the employee must seek immediate medical attention, the employee should be taken to the nearest trauma center and the employee's supervisor must call the main office immediately and instruct administration where the employee has been taken and the nature of the accident.
5. Employees are not allowed to go for medical attention without the authorization of the insurance carrier unless there is a trauma situation. If you require medical attention after business hours, you must call a nurse for authorization for treatment at **1-877-709-2667**. A nurse is available at this number 24 hours per day and 7 days per week.
6. Your Program Director may have a policy that requires a copy of the report to be sent to him/her, therefore, the report should be sent to the director at the same time the report is sent to the Human Resource Department. However, there may not be a delay in receiving the report in the Conway office. If proper procedures are not followed, you will be liable for medical bills incurred due to your accident.

I have read and understand this policy.

Signature: _____ Date: _____