

Supervisors Workers' Compensation Guidelines

These guidelines have been designed to guide you through the Workers' Compensation (WC) process if an employee reports a work-related injury or illness to you. Please feel free to contact The University of Texas at Arlington (UTA) WC program in the Environmental Health & Safety Office (EH&S) at 817-272-5563 or leave a voice mail message if you have any questions about this process.

The health and safety of all UTA employees is a high priority for our institution. Your diligence in communicating with the WC program in the EH&S Office is crucial so that all available resources can be directed promptly to support your employees when they are injured at work.

The University of Texas System has contracted with CCMSI as their third-party administrator for the Workers' Compensation program and contracted with IMO Med-Select Health Care Network, a certified WC health care provider, to provide medical care for employees who experience a work-related injury.

Injury Occurrence and Medical Treatment:

1. Immediately assess the condition of your injured employee. If your employee needs immediate emergency medical attention or if they are unable to drive themselves to a treatment facility, call UTA Police Dispatch at 817-272-3003 to request an ambulance. Your injured employee can be transported by ambulance to the emergency facility of their choice.
2. If your employee wants medical attention, **other than emergency care**, they should drive themselves to a provider within the WC Health Care Network. Employees must select a non-emergency medical provider from the WC Healthcare Network [list of doctors](#) for treatment of the work-related injury, OR see [Providers Nearest to the University](#).
3. Injured employees also have the option of [telemedicine treatment through RediMD](#).
4. Employees are not required to submit any payment for their medical treatment or prescriptions by any pharmacy, clinic or physician offering treatment for a work-related injury or illness.

Reporting:

1. As soon as possible after you become aware that your employee has been injured at work, call the UTA WC program at 817-272-5563 to give verbal notification of the injury, or email workerscompensation@uta.edu.



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If no one is available to answer the phone, please leave a voice mail message providing the following information:

- name of the injured employee
 - nature of the injury
 - date, time and location of the reported occurrence
 - your name
 - phone number where you can be contacted
2. If your employee received medical attention, a CCMSI Claims Adjuster will contact you to take a recorded statement regarding the circumstances of your employee's injury. So, it is important that you thoroughly understand the circumstances of your employee's injury and are prepared to discuss these circumstances. Full cooperation is expected.

Forms:

1. If employee intends to seek medical treatment, complete and sign the [Notification of a Work-Related Injury or Occupational Disease](#). This form will confirm that your employee has reported a work-related injury and provide billing information to the provider.
2. Ask your employee to complete and sign the [Employee's Report of a Work-Related Injury or Occupational Disease](#) form, if they are able. **Your signature is also required on this completed form.** Please ensure all the questions are answered.
3. Employee is required to indicate their residential address and sign the [WC Health Care Network Acknowledgement form](#) **at the time of injury.**
[Workers' Compensation Network Acknowledgement Form \(Spanish\)](#)
[Workers' Compensation Network Acknowledgement Form \(Vietnamese\)](#)
4. **Give your employee a printed copy of the [Notice of Network Requirements](#) to read.**
[Notice of Network Requirements for UT System \(Spanish\)](#)
[Notice of Network Requirement for UT System \(Vietnamese\)](#)
5. Employee will need the [pharmacy](#) form to make filling prescriptions easy for work-related injuries under workers' compensation. Or, they can use the [Text2Fill](#) option.
6. Supervisor or their designee must complete and sign the [Supervisor's Report of Employee Work-Related Injury or Occupational Disease](#) form.

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Scan and email to workerscompensation@uta.edu OR fax all the completed and signed forms to 817-272-0273 within twenty-four (24) hours of the time the incident occurred or was reported to the supervisor.

Follow Up Medical Appointments:

1. If an employee received emergency room care, all follow-up appointments must be made with one of the doctors within the WC Healthcare Network.
2. It is important that the injured employee show up for all their physician-ordered follow-up medical and/or physical therapy appointments until they receive a full-duty work release from their physician.
3. After the initial appointment and after every follow-up appointment, the employee's treating physician will prepare a Division of WC [Work Status Report](#) (DWC73) form. Employees must provide a copy of this form to their supervisor and the UTA WC Claims Analyst after each visit. All physician-ordered work restrictions for the employee will be identified on the DWC-73 form.
4. If your employee receives a DWC73 which indicates they can return to work with restrictions, the UTA WC program will contact you to discuss whether you will be able to accommodate these work restrictions.
5. If the employee has any follow-up appointments ordered by their physician during work hours, they will be required to use their accrued leave (sick, vacation or compensatory time) to attend. If possible, injured employees can schedule follow-up appointments during nonworking hours so they will not be required to use accrued leave time under these circumstances.

Leave Time:

1. Employees are NOT required to take accrued leave for any time they miss from work on **the day of their work-related injury**, even if they don't seek medical attention, as long as they have reported the injury to you on the same day.
2. If your employee misses any regularly scheduled workdays (other than the actual day of their injury) and relates the absence to their injury; you must notify the UTA WC program immediately.
3. You must notify the UTA WC program immediately when your employee returns to work after losing time due to their work-related injury.