

EXPLANATION OF FORMS

1. "**WC Acknowledgement Form**" - Explanation of all employee rights & detailed instructions regarding an on the job injury. This form should be completed & filed along with each & every accident report that is filed.
2. "**Employee Accident Report**" - This form must be completely filled out in order to file any WC injury, whether the employee is going to a doctor or not. The employee is not required to go to a doctor if they fill out an Accident Report.
3. "**Witness Statement Form**" – A statement by a witness describing what they saw.
4. "**Bill of Rights for the Injured Worker**" - *(Form MUST be posted)* General information for all employees who are filing a WC claim.
5. "**Panel of Physicians**" - *(Form MUST be posted)* The list of doctors our employees must use if they are injured on the job. **ER visits require prior authorization from the WC Office. Unauthorized visits will be denied.**
6. "**Pharmacy List**" - *(List must also be posted)* List of pharmacies our employees must use if filling a WC prescription. The injured employee must enroll themselves in order to obtain coverage by calling 888-586-4650, option #1.
7. "**Authorization for Treatment Forms**" – Authorization for Treatment – one of the following forms must be completed: (Nova or Physician Authorization for Treatment Form) & sent to an approved panel physician before the injured employee can be seen. If the doctor's office does not have the Treatment Form, they will not see the patient.

All forms can be found on the Board's website: www.rcboe.org under Human Resources -> Employee Benefits -> Workers' Compensation

For further questions, call 706-826-1305 or 706-826-1000