

SUPERVISOR'S ACCIDENT PACKET INSTRUCTIONS

These instructions are for the supervisor who is receiving an employee's report of incident.

STEP 1: To complete the City of Houston Accident Report you will need to request the employee to provide you with all information pertaining to their report of incident. The employee's responses will be documented as follows:

- Supervisor completes Sections 1 – 4
- **Employee must Circle Injured Area(s)**
- Supervisor completes Sections 5 – 8
- Supervisor completes Sections AA – CC
- Employee completes Sections DD – EE

STEP 2: Review and explain each section of the COH On-The-Job-Injury Reference Sheet to the employee.

- The employee is to initial each section and sign the bottom of the sheet.
- You will complete and sign the bottom of the sheet.
- Give the employee the copy of the COH On-The-Job-Injury Reference Sheet that does not contain the employee number and date of injury.

STEP 3: The employee will complete and review the HIPAA Authorization for Disclosure of Protected Health Information.

- The employee will print their name in the space provided at the top of the document.
- The employee will review the document.
- The employee will sign and date the document.
- The employee will print their name, address, telephone and social security number at the bottom of the document.
- In the event an employee refuses to sign this document, the supervisor must note this on the document.
- **Keep this document for your records.**

STEP 4: Give the employee the HSI Medical Worker's Compensation Rx Program and the Lost Time Claim Flow Chart.

STEP 5: Upon completion of the Supervisor's Accident Packet, contact our third party administrator's claim reporting service.

- Call (866) 678-1748
- Use the completed City of Houston Accident Report to answer all questions asked by the intake operator.
 - ★ **NOTE:** the intake operator's questions will follow the order of the City of Houston Accident Report.
- Document the reference # provided by the intake operator in Section FF of the City of Houston Accident Report.

STEP 6: Forward a copy of the supervisor packet to your assigned DDR.

★ **TRAINING FOR THE SUPERVISOR'S ACCIDENT PACKET IS AVAILABLE ONLINE AT**
www.houstontx.gov/hr/wcpages/wc.htm

Supervisor's Accident Packet

Accident Report

On The Job Injury Reference Sheet

*** Supervisor reports the claim to Claims Reporting Service (CRS) at
(866) 678-1748 within 24 hours! ***

HIPAA Medical Release Form

Summary Workability Guidelines E.O. 1-33 (For Injured Employees) Booklet

HSI Medical Prescription Program

Lost Time Claim Flow Chart

City of Houston Accident Report

1. Incident Type	Safety	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Incident Only	<input type="checkbox"/> First Aid	<input type="checkbox"/> Illness
	Workers' Compensation	<input type="checkbox"/> Medical	<input type="checkbox"/> Lost Time		<input type="checkbox"/> Fatality	

2. General Information

A. Name Of Injured Employee		B. Employee #	C. Social Security Number	
D. Primary And Secondary Telephone Numbers For Employee Contact		E. Occupation of Injured Employee		F. Date/Time Of Injury
1.	2.			_ / _ / _ : _ AM / PM
G. Date/Time Reported		H. Supervisor To Whom Incident Was Reported		I. Supervisor Contact Number
_ / _ / _ : _ Am _ Pm				
J. Primary Language Spoken By Employee		K. Race Of The Injured Employee (ie: White, Black, Asian)	L. Ethnicity Of The Injured Employee (ie: Hispanic, Native American, Other)	M. Rate Of Pay At This Job
				\$ ___ Hourly \$ ___ Weekly
N. Full Work Week Is		O. Last Paycheck Was	P. Length Of Service In Current Position	Q. Length Of Service In Occupation
___ Hours ___ Days		\$ ___ For ___ Hours Or Days	___ Years ___ Months	___ Years ___ Months

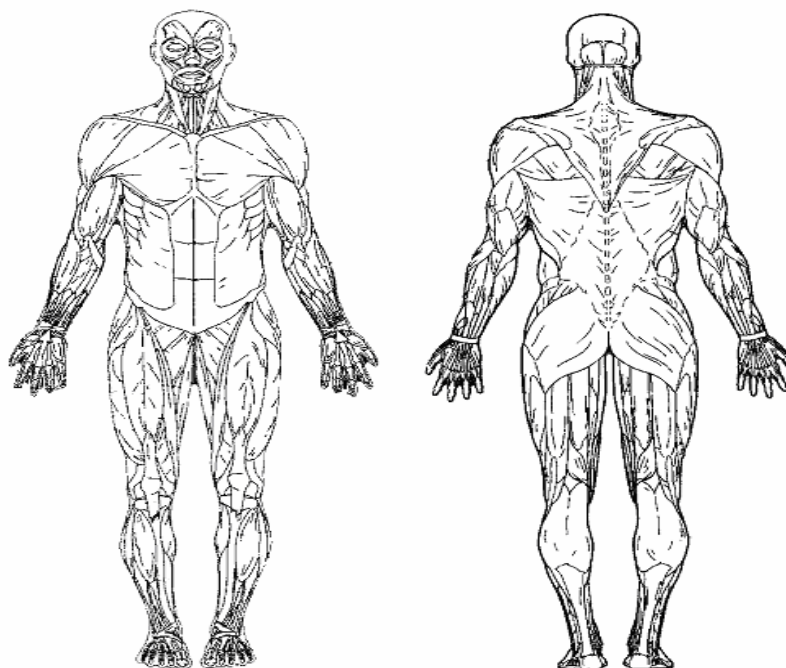
3. Medical Information

R. Medical Treatment Requested	S. Name, Address And Telephone Number Of Treating Facility
<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Witness Information

T. Witness	U. Witness Contact Number(s)

Circle Injured Area(s)



City of Houston Accident Report

5. Employee Description Of How And Why Injury/Illness Occurred:

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6. Nature Of Injury: (Example: Laceration, Burn, Fracture)

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7. Cause Of Injury: (Example: Fall, Trip, Struck, Caught)

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8. Additional Accident Information

V. Address Where Injury/Exposure Occurred	W. Location At Time Of Incident
X. Activity At Time Of Incident	Y. Equipment Involved
Z. Other Items/Tools Involved	

AA. Name Of Person Completing Form	BB. Title Of Person Completing Form	CC. Date Form Completed
DD. Employee Signature	EE. Date Form Signed	FF. Reference #

COH ON THE JOB INJURY REFERENCE SHEET

(Must be signed by the employee for confirmation of receipt)

For detailed employee benefits and responsibilities see your Summary Workability Guidelines E.O. 1-33 (For Injured Employees) booklet

- _____ If required your supervisor will take or direct you to nearest medical facility.
- _____ You have your choice of treating doctor. The minor emergency clinic or hospital attended at the direction of your supervisor is not considered your choice of treating doctor. He/she must be on the Approved City and TDI Doctors List, which can be further accessed as described in the booklet, or obtain information from your supervisor. Contact your assigned adjuster as soon as you are aware of your treating doctors information or within 48 hours of accident. The adjuster will need this information to authorize medical treatment.
- _____ In this packet you have been given a sheet that contains pharmacies where you can obtain medications, which have been found to be reasonable and related to your on-the-job-injury, at no cost to you. The name of the subcontractor taking care of this WC benefit can be found in your booklet.
- _____ You must cooperate with investigation. Complete the accident form with your supervisor, answer supervisor and safety officer questions and expect a call from the Third Party WC Administrator within 48 hours of your injury to take a detail recorded statement.
- _____ Any change in work status must immediately be communicated to your supervisor, Administrative coordinator and adjuster to ensure that the proper benefits are initiated or stopped. This will prevent an overpayment causing hardship at time of mandatory reimbursement to the City.
- _____ You must contact your adjuster after every doctor's or treating doctors referral visit (this does not include PT visits), if unable to reach your adjuster insure that your message includes; current work status, treatment plan given by the doctor, next office visit date.
- _____ Contact your Pension Representative to determine how WC benefits affect your pension and retirement.
- _____ Your department will be keeping daily contact as you are required to be available with the exception of medical care, COH business appointments, and meetings with the TDIWC or TPA.
- _____ You may be required to attend safety classes while on injury leave.
- _____ You have received a booklet as part of your injury packet containing contact numbers, salary continuation policy and quick reference part of the requirements under Executive Order 1-33. The complete executive order can be found at the city website.
- _____ It will be deemed that past payments made by City of Houston payroll pending resolution of compensability will be considered as payments of TIBs per Labor Code 408.105. Salary Continuation and accruals will be replenished by the amount of past TIBs owed based on the outcome of dispute resolution.
- _____ **I agree that any overpayments paid in any form as well as any other City funds paid to me that should not have been paid to me may be deducted from my future earnings so long as such deductions do not reduce my earnings below minimum wage in any pay period in which such deductions are made. [NOTE: Failure to initial this section renders injured employee ineligible for salary continuation benefits.]**
- _____ Initialing here confirms that you have received a copy of this document.

By initialing each bullet point and signing the bottom of this page you agree that your supervisor fully explained each point and that you have received your injury packet, which includes the booklet. Your supervisor will keep your acknowledgement, which will be kept in your personnel file for documentation.

Employee Number: _____ Date of Injury: _____

Employee Signature: _____ Today's Date: _____

Supervisor Signature: _____ Today's Date: _____

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FirstName LastName
AddressLine1
City1, State1 ZipCode1

Your employer has selected HSI Rx for your Workers' Compensation pharmacy benefits program. HSI Rx is committed to providing you with the best quality of care and service, as well as tools and resources to ensure that your pharmacy needs are being met.

HOW DOES THE PROGRAM WORK?

Simply take this card along with your prescriptions to any one of the participating pharmacies in our network. Your prescriptions will be filled with generic drugs, if legally available in that form, unless otherwise specified by your physician or plan. If you choose to receive brand name drugs regardless, you will be responsible for the cost difference .

LOCATING A PHARMACY

Over 56,000 pharmacies in all 50 states and Puerto Rico participate in HSI Rx's network. The network includes local chains, independent pharmacies and national chains, such as HEB Pharmacy, Brookshires, Brooks Pharmacy, Rite Aid, Publix, Target and many others, to ensure that patients have access to a broad variety of pharmacy types and locations. To locate an approved pharmacy, call one of our member services representatives at the numbers below. If you have further questions, please feel free to call us at 866-895-2021 or 334-387-1280. We will be happy to assist you.

Please Note: This is intended to expedite billing to your benefits carrier and is not an attempt to end and/or change your workers' compensation benefits.

NOTICE TO PHARMACISTS: *The eligibility of Workers' Compensation benefits under this card is determined solely by the online system. All manual submissions or submissions from other billing sources will be rejected by HSI Rx. For all processing questions, including blocked transactions and prior authorizations, please call 866-895-2021 or 334-387-1280. HSI RX's pharmacy program is administered by HealthTrans.*

NOTICE TO CARDHOLDER: *In order to ensure that your prescription is processed quickly and thoroughly, bring this card with you to the pharmacy and make sure the pharmacist follows the instructions provided. Failure to do so could result in you being charged for the prescription. This card may be used to obtain prescription services at any participating pharmacy but is not a guarantee of Workers' Compensation benefits. Any unauthorized or fraudulent use of this card to obtain prescription drugs is punishable by law. Please Note: Depending on your condition and treatment, the quantity and/or days supply of your prescription may be adjusted to comply with your workers' compensation plan, administered by HSI Rx.*

PRESCRIPTION DRUG CARD

Bin # **009117 or 010553**
 Condor Code: **22290 or 22005**
 Group **Group1**
 Cardholder ID **MEMBERID**
 Name **FIRSTNAME LASTNAME**

No Person Code
or PCN used.

Administered by:
HealthTrans



Chain Pharmacies in HSI Rx Network

A & P Pharmacy
Allina
Arrow Prescription Center
Bartell Drugs
Bashas United Drug
Biggs Pharmacy
Bi-Lo Pharmacy
Bioscrip Pharmacy
Brooks Maxi Pharmacy
Brooks Pharmacy
Brookshire
Bruno's
Buehlers Pharmacy
Caremark Pharmacy
Caresite Pharmacy
Costco
Cub Pharmacy
CVS Pharmacy
D & W Pharmacy
Discount Drug Mart
Dominick's
Drug Emporium
Drug Fair
Eckerd
Edwards Pharmacy

Family Pharmacy
Food City Pharmacy
Food Town Pharmacy
Food World
Fred's Pharmacy
Giant Eagle Pharmacy
Giant Pharmacy
Hannaford Drugs
Harvest Foods Pharmacy
HEB Pharmacy
Hi-School Pharmacy
Hy-Vee Pharmacy
Kash & Karry Pharmacy
Long's Drug Store
Medicap Pharmacy
Medicine Shoppe
Meijer Pharmacy
Osco Drugs
Palace Drugs
Pamida Pharmacy
Price Chopper
Publix Pharmacy
Randall's Food Markets
Rite-Aid
Sack n' Save

Safeway Pharmacy
Sav-On Pharmacy
Shop n' Save Drugs
Shopko Pharmacy
Smith's Food & Drug
Snyder
Stop & Shop Pharmacy
Super D Drugs
Target Pharmacy
Texas Oncology
Thrift Drug
Thrifty Drugs
Thrifty White Drugs
Thrifty/Payless Drugs
Times Pharmacy
Tops Pharmacy
United Pharmacy
Walgreens
Weis Pharmacy
White Drugs
Winn Dixie
Yokes Pharmacy

Lost Time Claim Flow Chart

