

Waynesboro Public Schools

Workers Compensation

When I get Hurt at Work

When you have an accident, injury or illness associated with your job you need to take the following steps.

Note: It is the employee's responsibility to report all workers' compensation claims immediately to their supervisor.

1. If it is an emergency (if an employee has sustained a life, limb or eyesight threatening injury), call 911 or go to the nearest emergency room. The supervisor should call VML and report the injury.
2. For all other incidents:
 - A. Report the incident to your supervisor
 - B. Get the Workers Comp packet (your supervisor has the packet)
 - C. Sign and date the "Panel of Physicians". Have your supervisor sign and date the form. Send a copy to the Benefits Office.
If you need immediate medical assistance, but it is not an emergency, go, or have someone take you, to a doctor on the panel. Have your supervisor call and report your claim. Otherwise:
 - D. Have your supervisor call VML (our workers comp carrier) at 1-877-234-0898
If your supervisor is not available you need to make the call. You will be provided with the following options:
 1. To speak to a registered nurse and report a work related injury, press 1
 2. To speak with a representative to just report a claim, press 2
3. If you seek medical treatment with a physician on our panel, take the "Medical First Report" (this is in your Workers Comp packet your supervisor will give you). The physician will complete that form and send it to VML. The employee should send a copy of that completed form to the Benefits Office.
4. If the physician prescribes a medication, take the "Instant Coverage Workers' Compensation Prescription Program" card (this is in your Workers Comp packet your supervisor will give you) to a participating pharmacy to obtain the needed medication.
5. VML will contact the employee to coordinate any follow-up care that may be needed.

Contact Vonda Hutchinson if you have any questions

540-946-4600 ext 40

vhutchinson@waynesboro.k12.va.us

WAYNESBORO PUBLIC SCHOOLS WORKER'S COMPENSATION PANEL OF PHYSICIANS

I understand that if I fail to use one of the approved physicians on the panel of providers, excepting a medical emergency, I shall be liable for the cost of the medical care as provided for in section 65/1-89 of the Virginia Workers' Compensation Law.

I understand that I am to inform the medical provider that the treatment is for a work-related injury and that the claims administrator is VML.

Print Name: _____

Signature of Employee	Date
Employer: Waynesboro Public Schools, 301 Pine Avenue Waynesboro, VA 22980	(540) 946-4600 ext. 40

Krieger, David DO	Augusta Health Workplace Wellness 57 North Medical Park Drive Suite 101 Fishersville, VA 22939	540-245-7530
Akin, Claire MD Heck, Christopher MD Lee, Donald MD Martinez, Anthony MD Robertson, Sandy MD Young, Scott MD	Carilion Clinic-Waynesboro 428 S. Magnolia Ave. Waynesboro , VA 22980	540-949-8241
McNamara, Joseph MD	EmergiCare 2611 W. Main Street Waynesboro , VA 22980	540-932-7120
Clevenson, David MD Sutton, David MD	MedExpress Urgent Care Staunton 1209 Richmond Avenue Staunton, VA 24401	540-885-0629
Damewood, George MD Forbes, John "Bill" MD Hatter, Dennis MD Hostetter, Samuel MD Salomon, Alexander MD	Stuarts Draft Family Practice 24 Gloucester Road Stuarts Draft, VA 24477	540-337-3710

WORKERS' COMPENSATION NOTICE

The employees of this business are covered by the Virginia Workers' Compensation Act. In case of injury by accident or notice of an occupational disease:

THE EMPLOYEE SHOULD:

1. Immediately give notice to the employer, in writing, of the injury or occupational disease and the date of accident or notice of the occupational disease.
2. Promptly give to the employer and to the Virginia Workers' Compensation Commission notice of any claim for compensation for the period of disability beyond the seventh day after the accident. In case of fatal injuries, notice must be given by one or more dependents of the deceased or by a person in their behalf.
3. In case of failure to reach an agreement with the employer in regard to compensation under the act, file application with the Commission for a hearing within two years of the date of accidental injury or first communication of the diagnosis of an occupational disease.
4. If medical treatment is anticipated for more than two years from the date of the accident and no award has been entered, the employee should file a claim with the Commission within two years from the date of the accident.

NOTE: The employer's report of accident is not the filing of a claim for the employee. The voluntary payment of wages or compensation during disability, or of medical expenses, does not affect the running of the time limitation for filing claims. An award based on a voluntary agreement must be entered or a claim filed within two years; one year in death cases.

THE EMPLOYER SHOULD:

1. At the time of the accident, give the employee the names of at least three physicians from which the employee may select the treating physician.
 2. Report the injury to the Commission through your carrier or directly to the Commission.
 3. Accurately determine the employee's average weekly wage, including overtime, meals, uniforms, etc.
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Questions may be answered by contacting the Commission. A booklet explaining the Workers' Compensation Act is available without cost from:

THE VIRGINIA WORKERS' COMPENSATION COMMISSION
1000 DMV Drive
Richmond, Virginia 23220
1-877-664-2566
vwc.state.va.us

Every employer within the operation of the Virginia Workers' Compensation Act
MUST POST THIS NOTICE IN A CONSPICUOUS PLACE in his place of business.