

EMPLOYEE RESPONSIBILITIES

- 1) Immediately following a work-related injury or illness notify your supervisor/manager of the incident.
- 2) Complete the University of Miami Incident/Accident ("Incident/Accident") Form, sign and date the form. Immediately forward the form to **your supervisor/manager so he/she can complete section "F", the Supervisor section of the form.**
 - a) If possible complete the Incident/Accident form in the presence of your supervisor/manager. This will avoid delays in submitting the form to Risk Management.
 - b) Keep a copy of your completed Incident/Accident form because you will need this when obtaining medical treatment.
- 3) Upon completion of the Incident/Accident Form, submit the form to the Risk Management Department electronically, or via email or fax.

The Risk Management email address is: riskmanagement@miami.edu / Fax number is 305-284-3405.

Please note: An incomplete Incident/Accident Form may delay the reporting/processing of your workers' compensation claim, and the authorization of medical treatment.
- 4) If you require medical treatment, you may go to UHealth Workers' Compensation Clinic or any urgent care center listed on the University's Approved Medical Provider list. An appointment is not necessary.

PLEASE NOTE THE FOLLOWING:

 - a) If you obtain medical treatment from a provider that is not on the approved list, the workers' compensation carrier will deny payment of the medical bills.
 - b) There are urgent care clinics on the list that are open 7 days a week, 365 days.
 - c) Click the link below to view the University's Approved Medical Provider list.
http://business-services.miami.edu/departments/risk-management/workers-compensation/Approved%20Medical%20Providers/Approved_Medical_Providers_10-2017.pdf
- 5) You must take a copy of your completed Incident/Accident form with you to the clinic and present it when you sign in. Your completed Incident/Accident form serves as authorization for initial treatment and indicates that you are seeking treatment for a work related injury.
- 6) Life Threatening Injuries: Examples of same are (but not limited too) injuries that result in loss of consciousness, a deep laceration, a head injury, a fall from a ladder or down a staircase, possible loss of life or limb; call 911 or go to the nearest hospital emergency department.
 - a) In the event of an emergency your supervisor/manager, or HR Partner can complete the University of Miami Incident/Accident Form on your behalf.
 - b) The hospital may not be able to provide you with a DWC25 form, in situations like this request a Work Status Form/Note. Upon request, all hospitals will provide some type of form documenting your work status.
 - c) The hospital may request a claim number at the time of treatment. The Risk Management Department will not have a claim number the day you are injured. The workers' compensation carrier will provide a claim number within 24 to 48 hours after your claim has been reported. Your social security number can be used as a temporary claim number.

- 7) It is your responsibility to keep your supervisor, HR Partner, and the Leave Coordinator informed of your work status by providing these individuals with a copy of your **DWC25 Form**. This form is the *Florida Workers' Compensation Uniform Medical Treatment/Status Report Form*. When treatment is received from one of the clinics on our approved medical list, they will give you a DWC25 prior to leaving the clinic. If the DWC25 is not given to you, you must ask for it.
 - a) The DWC25 Form provides information regarding your injury, restrictions, and your next appointment.
 - b) You must provide a copy of this form to your supervisor, HR Partner, and Leave Coordinator within 48 hours after your appointment.
If this documentation is not provided to the above within 48 hours of receiving medical treatment, your continued absence from work may be considered unauthorized.
 - c) The hyperlinks to Human Resources and the Leave Management Team are provided below to assist you in determining who your designated HR Partner is, and how to contact the Leave Management Team.
 - i. Human Resources hyperlink: [Contact Your HR Partner](#)
 - ii. Leave Management Team hyperlink: [Leave Management](#) Email umloa@miami.edu
- 8) Ongoing Medical Treatment: It is your responsibility to:
 - a) Go to every scheduled physician and physical therapy appointment. Cancelling and rescheduling physician and physical therapy appointments will result in suspension of your workers' compensation benefits.
 - b) Know the date and time of all follow up physician and physical therapy appointments. It is recommended that you obtain this information before leaving the physician or therapist office.
 - c) Clarify your work status with the treating physician during the appointment.
- 9) Absence from Work / Lost Wages: If your claim is deemed compensable by the workers' compensation carrier, and the authorized physician has indicated that you cannot work (or your manager cannot accommodate your work restrictions) the workers' compensation carrier will pay you a Lost Wage benefit which is less than your net salary. You may be allowed to supplement the difference by utilizing your accrued sick or vacation time to bring you up to your net salary.
 - a) The option to utilize accrued sick or vacation time is determined by HR. Contact your HR Partner to determine if you are eligible for this option.
 - b) If you are eligible to utilize accrued sick or vacation time it is your responsibility to provide your HR Partner with a copy of the check you receive from the workers' compensation carrier.
 - c) **Note:** Per Florida workers' compensation statute the lost wage benefit is not paid for the first seven (7) days preceding the injury/illness, however, you may be entitled to Administrative Leave per the University's Administrative Leave policy. Contact your HR Representative and/or Leave Coordinator to see if you are eligible for Administrative Leave.
For more information regarding the Lost Wage Benefit, please refer to the FAQ's Tab on this web page.
- 10) When released to return to work by the treating physician you must notify your supervisor, HR Partner and Leave Coordinator immediately as written clearance to return to work may be required.
 - a) Failure to return to work after receiving clearance from the Leave Management Team and coordinating a scheduled return to work date with your supervisor may be considered a violation of University policy and result in disciplinary action.

- 11) You must complete and return all forms to the workers' compensation carrier as requested. This includes the **medical release form** and the **mandatory fraud statement**. By signing the mandatory fraud statement, you are confirming your understanding of this important information. Your Workers' Compensation benefits may be suspended if you refuse to sign and return the above-mentioned documents to the insurance carrier.
- a) Along with the forms mentioned above the workers' compensation carrier will send you information regarding your rights and responsibilities per the state of Florida Workers' Compensation statute. This information will include your claim number and your adjuster's name and number. Please keep this pertinent information handy. You will need it when communicating with your adjuster.

- 12) DO NOT PROVIDE ANY MEDICAL FACILITY OR PHYSICIAN WITH YOUR PERSONAL HEALTH CARE INSURANCE INFORMATION. Medical treatment for authorized work related injuries should be billed to University's workers' compensation carrier/third party administrator:

Gallagher Bassett

Billing Address: PO Box 2831, Clinton, IA 52733-2831

Telephone: 800-889-6764 | Fax: 866-509-8358

- 13) If you receive a medical bill for medical treatment relative to your work injury, which was authorized by the Risk Management Department or the workers' compensation carrier, it is your responsibility to forward the bill to your assigned workers' compensation adjuster.

Refer to the FAQ's section of this webpage for additional information regarding workers' compensation.