

UTAH SCHOOL BOARDS RISK MANAGEMENT
MUTUAL INSURANCE ASSOCIATION
860 East 9085 South, Sandy Utah 84094

EMPLOYEE'S STATEMENT REGARDING ACCIDENT

Name of injured employee _____ Age _____

Home Address _____

Hours worked per week _____ rate of pay _____ per hour _____ day _____ wk _____ month _____

Occupation _____

Employer _____

Employer address _____

.....
Date of accident _____ Time of accident _____

Where did accident occur _____

Were you doing your regular work _____ If no, how otherwise engaged _____

Explain in your own words how the accident happened _____

Body part(s) injured in accident _____ Have you returned to work _____

Date compelled to leave work on account of injury _____

If yes, please give date of return _____ If no, please give expected return date _____

.....
If no medical care was received, it is not necessary to complete the bottom portion of this form. Please sign at

the bottom and return this form to the Utah School Boards Risk Management Mutual Insurance Association at the

above address.
.....

Name of treating physician _____

Address _____

Have you ever had a previous injury or medical care to the part if your body injured in this case?

_____ If yes, please list the dates _____

Was injury caused by another person _____ If yes, please list name and address _____

Please list names or any witnesses _____

.....
Do you have other employment _____ If yes, please explain _____

Marital status: ___ Single ___ Divorced ___ Married ___ Name of spouse _____

DEPENDENT MINOR CHILDREN OF EMPLOYEE

<u>Name of child</u>	<u>Relationship</u>	<u>D.O.B.</u>	<u>Present Address</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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If additional space required, use reverse side.

Signature of employee _____ Date _____

A PHOTOCOPY OF THIS RELEASE SERVES AS AN ORIGINAL.

MEDICAL AUTHORIZATION

DATE _____

Dear Medical Provider:

You are hereby authorized to finish Utah School Boards Risk Management Mutual Insurance Association or its authorized representative a medical report regarding injuries or illnesses sustained by me over the past ten years. This includes any and all information regarding previous injuries or illnesses.

Signature _____

Print Name _____

Employer _____

Date of Injury _____

Dear Employee: Please list complete names and addresses of all the medical providers (Physicians) you have received treatment from over the past ten (10) years. Please be sure and date this form. If additional lines are needed, please attach a separate piece of paper.

Medical Provider: _____

Address: _____

Diagnosis: _____

Medical Provider: _____

Address: _____

Diagnosis: _____

Medical Provider: _____

Address: _____

Diagnosis: _____

Medical Provider: _____

Address: _____

Diagnosis: _____

Medical Provider: _____

Address: _____

Diagnosis: _____

Signature _____

Print Name _____

Date _____

Employer _____

Date of Injury _____

The following is Rule that the Industrial Commission has enacted to cover changes of doctors. It is important that you are aware of this rule if you are to avoid problems with billings.

CHANGES OF DOCTORS AND HOPITALS

- A.** It shall be the responsibility of the insurance carrier or self-insured employer to notify each claimant of the change of doctor rules. Those rules are as follows:
- (1) If a company doctor, designated facility of PPO is named, the employee must first treat with that designated provider. The insurance carrier or self-insured **employer** shall be responsible for payment for the initial visit, less any health insurance co pays and subject to any health insurance reimbursement, if the employee was directed to and treated by the employer's or insurance carrier's designated provider, and liability for the claim is denied and if the treating physician provided treatment in good faith and provided the insurance carrier or self-insured employer a report necessary to make a determination of liability. Diagnostic studies beyond plain x-rays would need prior approval unless the claimed industrial injury or occupation illness required emergency diagnosis and treatment.
 - (2) The employee may make one change of doctor without requesting the permission of the carrier, so long as the carrier is promptly notified of the change by the employee.
 - (a) Physician referrals for treatment or consultation shall not be considered a change of doctor.
 - (b) Changes from emergency room facilities to private physicians, unless the emergency room is named as the "company doctor", shall not be considered a change of doctor. However, once private physician care has begun, emergency room visits are prohibited except in cases of:
 - (i) Private physician referral, or
 - (ii) Threat to life.
 - (3) Regardless of prior changes, a change of doctor shall be automatically approved if the treating physician fails or refuses to rate permanent partial impairment.
- B.** Any changes beyond those listed above made without the permission of the carrier/self-insurer may be at the employee's own expense if:
- (1) The employee has received notification of rule, or
 - (2) A denial of request is made.
- C.** An injured employee who knowingly continues care after denial of liability by the carrier may be individually responsible for payment. It shall be the burden of the carrier to prove that the patient aware of the denial.
- D.** It shall be the responsibility of the employee to make the proper filings with the Industrial Commission when changing locale and doctor. Those forms can be obtained from the Commission.
- E.** Except in special cases where simultaneous attendance by two or more medical care practitioners has been practitioners approved by the carrier/employer or the Industrial Commission, or specialized services are being provided the employee by another physician under the supervision and/or by the direct referral of the treating physician, the injured employee may be attended by only one practitioner and fees will not be paid to two practitioners for similar care during the same period of time.
- F.** The Industrial Commission shall have the jurisdiction to decide liability for medical care allegedly to an industrial accident.

CONTACT YOUR ADJUSTER FOR AN "APPLICATION TO CHANGE DOCTORS"

