

Procedure for Reporting Workers' Compensation Injury

Employee Responsibilities

1. Complete "Employee Claim" (Form C 3.0) and "Limited Release of Health Information" (Form C.3.3) if appropriate and provide it to your supervisor immediately.
2. Complete "Authorization to Obtain Information" (WC Form 5) and provide it to your supervisor immediately.
3. **Billing information:** Tell your doctor or hospital to send all bills to the following address. Be sure to mark the date of injury clearly on all correspondence.

Warren County Self-Insurance
1340 State Route 9
Lake George NY 12845

4. Take a copy of "Physician / Chiropractor Report" (WC Form 6) with you to each doctor visit.
5. Provide your supervisor with proper medical documentation if time away from work is recommended.
6. If your injury requires medical treatment, you will receive an information packet in the mail from Self-Insurance with your claim information.

Supervisor Responsibilities:

- ✓ Advise the injured employee that she/he has the right to seek medical treatment.
- ✓ Provide the claimant information packet and necessary forms to the Employee and advise them of the responsibilities listed above. Ask them to complete the forms immediately.
- ✓ Forward the completed forms to Self-Insurance as soon as possible following the injury.
 - ⇒ Complete Form C 2.0 and forward it along with the employees form C 3.0, C3.3 and Authorization to Obtain Information form.
- ✓ Notify Self- Insurance
 - when employee returns to work OR
 - if the employee's condition changes