

Form #'s are located on the bottom right corner of page of Worker's Comp packet. Print complete packet and only return the Forms that apply to your injury as outlined below.

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-442-8262

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IFADDITIONAMEDICAL TREATMENTN®T REQUIRED, STOP HERE!

***If Additional Medical Treatment ISequired, Complete All Forms 19 and steps Two through Six below

IF treated in the Emergency RoomsUPERVISOR MUST tact Human Resources immediately.

Drug Screentesting MUST BE DISPATCHE The hospital location employee is being treated. Sumner Schools HR representative is responsible for dispatching testing company o proper hospital. The Emergency Room will not dispatch drug screen testing company.

If after hours are outside of 8AM 4:30PM call 615-67-1012 immediately.

STEFTWO-MEDICAL TREATMENT IS REQUIREDOSE PHYSICIAN AND RETURN DOCUMENTS

Form #5Employee' Choice Physician

Choosean authorized treating physician

NOTE* Clinics on panel are URGENT CARE clinics and Reave ability. ONE TO ONE is NOT an authorizing treating physician.

Injured employee must return the below forms for treatment of injury:

- Form #1FirstReport Injury Workers Compensation
- Form #2Authorization for Release of Information
- Form#3Medical Waver and Consent
- Form #4AcknowledgemenFormLaw
- Form #5 Employee' Choice of Physician

Forms must be faxed to atrina Curd 615-442-8262 or email catrina.curd @sumnerschools.ow ithin 24 hours of the date of the injury.

If injury happens on weekend, documents must be submitted immediately he Monday after the incident.

<u>STEFTHRE</u> Letter of treatment to Physician or Letter of treatment to Hospital Employee wilprovidethe chosenauthorizedtreating physicianor hospital with the below form identifying a workelated injury. Take forms to the physician or hospital for authorization of treatment.

Form#6Letter of Introduction to the PhysiciarForm OR

Form # Letter of Introduction to the Hospital

<u>STEFFOUR</u>-POST ACCIDENT DRUG AND ALCOHOL TEST WHILE BEING TREATED

***All physicians'clinics perform the necessary drug screen at initial visit.

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