

Associate Injury & Workers' Compensation Packet



**United Methodist
Communities**



ASSOCIATE INJURY INCIDENT REPORT

PMA CLAIM NUMBER: _____ (if known)

Community: Bristol Glen Collingswood Pitman The Shores Home Office Senior Housing HomeWorks

Associate's Name (First, MI, Last): _____

Associate's Home Address (Street, City, State, Zip): _____

Associate's Home Phone: _____ Associate's Cell Phone: _____

SS#: _____ - _____ - _____ DOB: ____/____/____ Male / Female / Other

Job Title: _____ Department: _____ Date of Hire: _____ Shift: _____

Status: Full-time / Part-time / Per diem

Supervisor's Name: _____ Work Phone: _____

Other Employment: _____

DESCRIPTION OF INCIDENT (Completed by associate unless physically unable):

Date of Incident: _____ Time of Incident: ____ AM / PM Date Reported: _____

Associate's statement of what happened: _____

Witness(s)? YES / NO (if YES, Name) _____

Description of Injury: _____

Equipment, Material, Substance Involved? _____

Prior Injury or Pre-existing Condition? YES / NO (if YES, describe) _____

I **will accept a medical evaluation** and will attend all scheduled appointments. I have been given a copy of the UMC Workers' Compensation Guidelines, and I understand my responsibilities.

I **do not want a medical evaluation** at this time. I have been given a copy of the UMC Workers' Compensation Guidelines, and I understand my responsibilities.

Associate Signature: _____ Date: _____

Report Completed By: (Print Name) _____ Title: _____

Signature: _____ Date: _____



Form 2 – Copy to ARD, & Associate gives to all medical providers

**WORKERS' COMPENSATION IDENTIFICATION FORM
(Provide to medical provider.)**

Referral to (name of medical provider): _____

PMA Claim Number (if known): _____

Name of Injured Associate: _____ Date of Birth: _____

Date of Injury: _____ Time of Injury: _____

Injured body part(s): _____

How did injury occur? _____

Please attach a copy of the injured associate's job description and bring to healthcare provider.

United Methodist Communities will work to accommodate all physical ability levels and limitations of its associates.

Please specify the associate's physical limitations. UMC will accommodate your restrictions (e.g., lifting restrictions, sedentary only, no bending, specified rests, etc.).

If the associate does not require bed rest, please assign physical limitations. We at UMC will monitor the associate's tolerance and wellness at frequent intervals.

Medical invoices should be sent to:

**PMA Customer Service Center
P.O. Box 5231
Janesville, WI 53547-5231**

UMC Authorizing Staff

_____ **Date**

UNITED METHODIST COMMUNITIES

LIST OF MEDICAL PROVIDERS FOR INJURED ASSOCIATES (IMMEDIATE CARE)

UMC FULL SERVICE COMMUNITIES		
<u>UMC Community</u>	<u>Occupational Health (Non-Emergency Care)</u>	<u>Emergency Care</u>
<p>UMC at Bristol Glen 200 Bristol Glen Dr. Newton, NJ 07860 Attn: Jennifer Tedora, ARD</p> <p>P: (973) 300-5788</p>	<p>Newton Urgent Care 181 High St. Newton, NJ 07860 P: (973) 383-9898 F: (973) 383-9665*</p> <p><i>* Fax associate information to NUC before arrival of associate.</i></p> <p>Every day: 9a – 9p</p>	<p>Newton Medical Center - ER 175 High St. Newton, NJ 07860 P: (973) 383-2121</p>
<p>UMC at Collingswood 460 Haddon Ave. Collingswood, NJ 08108 Attn: O'Neida Stevenson, ARD</p> <p>P: (856) 854-4331</p>	<p>Inspira Urgent Care Laurel Springs 1238 Chews Landing Road, Clementon, NJ 08021 P: (856) 545-9500 F: (856) 497-5207</p> <p>Every day: 8a – 8p</p>	<p>Our Lady of Lourdes Medical Center – ER 1600 Haddon Ave. Camden, NJ 08103 P: (856) 757-3500</p>
<p>UMC at Pitman 535 N. Oak Ave. Pitman, NJ 08071 Attn: Christine King, ARD</p> <p>P: (856) 589-7800</p>	<p>Inspira Health Center Glassboro 200 Rowan Blvd. Glassboro, NJ 08028 P: (856) 582-1500 F: (856) 582-0163</p> <p><i>* Free parking on Mick Drive</i></p> <p>Every day: 8a – 8p</p>	<p>Jefferson Washington Township Hospital- ER 435 Hurffville-Cross Keys Road Turnersville, NJ 08012 P: (856) 582-2500</p>
<p>UMC at The Shores 2201 Bay Ave. Ocean City, NJ 08071 Attn: Theresa Semon, ARD</p> <p>P: (609) 399-8505</p>	<p>AtlantiCare Occupational Health – Egg Harbor Township 2500 English Creek Ave, #908, Egg Harbor Township, NJ 08234 P: (609) 677-7200 F: (609) 677-7201</p> <p>M-F: 8a – 4:30p</p>	<p>Shore Medical Center – ER 100 Medical Center Way Somers Point, NJ 08244 P: (609) 653-3500</p>
UMC HOME OFFICE		
<u>UMC Community</u>	<u>Occupational Health (Non-Emergency Care)</u>	<u>Emergency Care</u>
<p>UMC Home Office 205 Jumping Brook Rd. Neptune, NJ 07753 Attn: Marlene Baldinger, UMC Risk Manager P: (973) 527-1380</p>	<p>Meridian Occ. Health – Neptune 2441 Route 33 Suite A Neptune, NJ 07753 P: (732) 776-4251 F: (732) 776-4210</p> <p>M-F: 7:30a – 4p</p>	<p>Jersey Shore University Medical Center - ER 1945 Route 33 Neptune, NJ 07753 P: (732) 775-5500</p>

UNITED METHODIST COMMUNITIES

LIST OF MEDICAL PROVIDERS FOR INJURED ASSOCIATES (IMMEDIATE CARE)

UMC SENIOR HOUSING		
<u>UMC Community</u>	<u>Occupational Health (Non-Emergency Care)</u>	<u>Emergency Care</u>
<p>UMC at Bishop Taylor 33 N. Walnut St. East Orange, NJ 07017 Attn: Tanya Sweet-Preston, HA</p> <p>P: (973) 676-9057</p>	<p>Concentra at Newark 375 McCarter Hwy. Newark, NJ 07102 P: (973) 643-8601 F: (973) 643-8609 M-F: 7a – 7p</p>	<p>East Orange General Hospital – ER 300 Central Ave. East Orange, NJ 07018 P: (973) 672-8400</p>
<p>UMC at Covenant Place 623 E. Front St. Plainfield, NJ 07060 Attn: Tammie Forbes, HA</p> <p>P: (908) 791-9430</p>	<p>Concentra at South Plainfield 116 Corporate Blvd., Ste. E South Plainfield, NJ 07080 P: (908) 757-1424 F: (908) 757-5678 M-F: 8a – 5p</p>	<p>JFK Medical Center - ER 65 James St. Edison, NJ 08820 P: (732) 321-7000</p>
<p>UMC at PineRidge of Montclair 60 Glenridge Ave. Montclair, NJ 07042 Attn: Dominique Phillips, HA</p> <p>P: (973) 746-0003</p>	<p>Concentra at Newark 375 McCarter Hwy. Newark, NJ 07102 P: (973) 643-8601 F: (973) 643-8609 M-F: 7a – 7p</p>	<p>Hackensack Meridian Health Mountainside Medical Center – ER 1 Bay St. Montclair, NJ 07042 P: (973) 429-6000</p>
<p>UMC at The Wesleyan 9 Wall St. Red Bank, NJ 07701 Attn: India Santos, HA</p> <p>P: (732) 936-0760</p>	<p>Meridian Occupational Health – Eatontown 2-12 Corbett Way, Ste. 101 Eatontown, NJ 07724 P: (732) 263-7950 F: (732) 263-7946 M-F: 8:30 - 5</p>	<p>Riverview Medical Center - ER 1 Riverview Plaza Red Bank, NJ 07701 P: 732-741-2700</p>
<p>UMC at Wesley by the Bay 2401 Bay Ave., Ste. 2 Ocean City, NJ 08226 Attn: Kathy Speer, HA</p> <p>P: (609) 399-6701</p>	<p>AtlantiCare Occupational Health – Egg Harbor Township 2500 English Creek Ave, #908, Egg Harbor Township, NJ 08234 P: (609) 677-7200 F: (609) 677-7201 M-F: 8a – 4:30p</p>	<p>Shore Medical Center – ER 100 Medical Center Way Somers Point, NJ 08244 P: (609) 653-3500</p>

UNITED METHODIST COMMUNITIES

LIST OF MEDICAL PROVIDERS FOR INJURED ASSOCIATES (IMMEDIATE CARE)

UMC HOMEWORKS		
<u>UMC Community</u>	<u>Occupational Health (Non-Emergency Care)</u>	<u>Emergency Care</u>
HomeWorks – Bristol Glen ATTN: Marlene Baldinger, UMC Risk Manager P: (973) 527-1380	Newton Urgent Care 181 High St. Newton, NJ 07860 P: (973) 383-9898 F: (973) 383-9665* <i>* Fax associate information to NUC before arrival of associate.</i> Every day: 9a – 9p	Newton Medical Center - ER 175 High St. Newton, NJ 07860 P: (973) 383-2121
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WORKERS' COMPENSATION GUIDELINES

Injured Associate Name: _____ **Associate DOB:** _____
Date of Injury: _____ **PMA Claim Number (if known):** _____

1. An injured associate must immediately report the workplace injury to one's supervisor or the Associate Resource Director (ARD).
2. The ARD or supervisor will discuss the incident with the associate and then complete the "Associate Injury Incident Report" (within this packet).
3. If the associate wants medical care, the ARD or supervisor will schedule an appointment for medical treatment.
4. The associate must provide the healthcare provider with the "Workers' Compensation Identification Form" and the "Medical Records Release Authorization" (both within this packet). The ARD or supervisor provides these forms to the associate to complete and provide to the medical provider.
3. The authorized treating physician, in conjunction with the UMC Corporate Director of Compliance & Risk Management and the workers' compensation insurance carrier will manage the associate's medical care. The authorized treating physician, UMC Corporate Director of Compliance & Risk Management, and the workers' compensation insurance carrier are the only ones authorized to direct the associate for care, determine work status, make a specialty referral, and authorize lost time.
4. New Jersey workers' compensation law states that the workers' compensation insurance carrier does not have to pay for unauthorized medical treatment. Accordingly, the associate may be financially responsible for the cost of any unauthorized medical treatment, tests, or procedures. Please be sure to have authorization for all treatment.
5. It is the associate's responsibility to review with the physician the completed and signed work status note prior to leaving the treating facility and to provide the note to the ARD after each visit. It is also the associate's responsibility to notify the ARD of scheduled follow up appointments, treatment plans, and progress. The workers' compensation insurance carrier will also keep in contact with the physician to be sure the associate is receiving all required medical services.
6. If the associate is absent more than seven (7) consecutive days due to an employment related injury, a claims representative from the workers' compensation insurance carrier will contact the associate. If the absence is authorized, the associate will no longer receive a regular UMC paycheck, but will receive a check issued by the insurance carrier every other week. This process will be delayed when the insurance carrier is lacking any medical or non-medical information needed to complete their compensability determination process.
7. The associate will be paid 70% of their gross wages up to the maximum State Workers' Compensation rate.
8. If workers' compensation insurance carrier denies the associate's claim, the associate may be entitled to collect NJ State Temporary Disability Insurance for that period of time out of work. The required form may be obtained from the ARD. A copy of the Letter of Denial from the workers' compensation insurance carrier should be attached to that form when filing for NJ State Temporary Disability.
9. When the associate is released by the authorized treating physician to return to work, the associate may return in a temporary modified-duty position until able to return to full-duty.
10. If the associate has any questions concerning medical treatment or the claim, the associate should contact the ARD or the UMC Corporate Director of Compliance & Risk Management.
11. "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties" - New Jersey Fraud Statement 17:33A-C

Associate Signature_____
Date



**Form 5 – Copy to ARD, & Associate
Gives to all medical providers.**

MEDICAL RECORDS RELEASE AUTHORIZATION

To evaluate your claim for the receipt of workers’ compensation benefits, you (the injured worker) must sign the following authorization. Please note that the amount and type of medical information sought pursuant to this authorization will depend upon the nature of the claim. The information you provide will be used solely to facilitate determining the validity of the claim, the payment of benefits, or the administration of the insurance program under which the claim has been made.

Your acceptance of workers’ compensation benefits will be considered an acceptance of the terms in this medical authorization, unless you indicate to the contrary in writing. Your decision not to authorize the release of any of the information described in this document does not eliminate any right that PMA or any other entity may have, under state and federal law, to obtain or disclose the information without an authorization.

The authorization is subject to your revocation at any time except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to The PMA Insurance Group, P.O. Box 25250, Lehigh Valley, Pennsylvania, 18002, otherwise this authorization will continue to be valid.

Authorization to Release Medical Information

I hereby authorize any employer, insurance company, government agency, medical prepayment plan, or service organization, and any physician, surgeon, therapist, pharmacist, or other duly licensed practitioner of the healing arts, and any hospital, including the Veteran’s Administration, or medical transportation company, to release to any of the PMA Insurance Group of Companies (including the PMA Insurance Company and PMA Management Corporation), and their subsidiaries, affiliates, representatives and agents (collectively, PMA), any and all applicable medical records, medical information and benefit payment information with respect to any illness, injury, medical history, consultations, prescriptions, treatment or benefits, and copies of all applicable records thereof, which may be appropriate or necessary to establish the validity of this claim. This authorization shall specifically include but shall not be limited to medical records, medical information and benefit payment information pertaining or relating to the treatment of AIDS, HIV, mental illness, and drug or alcohol related medical problems.

I authorize PMA, my employer, and their representatives and agents to communicate directly both orally and in writing with all treating physicians or medical providers of any kind regarding all facts and opinions relevant to my workers’ compensation claim. I authorize any treating physician or other medical provider to communicate directly both orally and in writing with PMA, my Employer, and their representatives and agents, concerning all aspects of my treatment for the illness or injury for which I am receiving or seeking benefits.

I also authorize the Social Security Administration to release to PMA information concerning entitlement dates and benefit amounts for myself.

I further authorize PMA to release any such medical information to its reinsurers, attorneys or to medical peer review panels, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, or my employer and its excess insurer, to the extent that PMA considers doing so to be reasonably appropriate or necessary for purposes of its administration of the claim or the insurance program under which the claim has been made. I understand the information released to PMA as a result of this authorization may no longer be subject to certain protections provided under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Unless revoked earlier by me in writing, this authorization shall be valid for twenty-four (24) months from the date listed below. A copy of this authorization is to be considered as valid as the original.

Employee Name: _____ Employee DOB: _____
Employee Signature: _____ Date: _____
Employer: _____ Date of Injury: _____ PMA Claim Number (if known): _____



WORKPLACE INJURY PRESCRIPTION INFORMATION

Employer:

Please fill out the employee information below and provide the employee with this document to take to any pharmacy for their workplace injury prescriptions.

Employee:

PMA Companies has partnered with **Cadence Rx** to make filling workers' compensation prescriptions easy. Medications may be subject to formulary and pre-authorization requirements. Please take this letter and your prescription(s) to a pharmacy near you.

Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <https://cadencerx.com/find-a-pharmacy/> or call Cadence Rx toll-free at 1-888-813-0023.



This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you if your claim is deemed compensable for pharmacy benefits.

IF YOU HAVE QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY, PLEASE CALL 888-813-0023

Pharmacist:

Please obtain the below information from the injured employee to process prescriptions for the workplace injury only. Please do not send the patient home or have the patient pay for medication(s) before calling Cadence Rx for assistance.

Note: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

Prescription Drug ID Card		Pharmacy Information
 		<p>This form allows you to fill your initial prescriptions with a maximum cost of \$500 per medication and no more than a 14-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.</p> <p>The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.</p> <ul style="list-style-type: none"> Member ID format: The ID must start with FF followed by the last 4 digits of the social security number plus 8- digit DOI (MMDDYYYY). Example: FF999901012018
Employee Name:		
Member ID Number*	*Refer to Member ID Format	
Date of Injury:		
Group Number:	PMACRX	
PCN Number:	CRX	
BIN Number:	021460	
Card Created On: ___/___/___		



Participating Pharmacies:

Below are some of the major pharmacy chains Cadence Rx partners with:

Acme Pharmacy	Hannaford	Rite Aid
Albertson's	Harris Teeter	Safeway
Aurora Pharmacy	HEB Grocery	Sam's Club
Bartell Drugs	HY-VEE Pharmacy	Sav Mor Drug Stores
Big Y	Ingles Markets	Save Mart
Bi-Lo	King Sooper's Pharmacy	Shaw's
Bi-Mart	Kinney Drugs	Shoprite
Brooks	Kroger Pharmacy	Smith's Food and Drug Center
Brookshire Brothers	Kmart Pharmacy	Snyder
Brookshire Grocery	Leader Drug Stores	Stop and Shop Pharmacy
Carrs	Longs Drug Store	SuperValu Pharmacy
Costco	Marsh Drugs	Target Pharmacy
CVS	Medicap	Thrifty Drugs
Dillons	Medicine Shoppe	Tom Thumb
Discount Drug Mart	Meijer Pharmacy	Tops
Eckerd Drug	New Albertson's	United Pharmacy
EPIC Pharmacy	Osco	Vons
Food City	Price Chopper	Walgreens
Food Lion	Publix	Walmart
Fred Meyer	Raley's Drug Center	Wegmans
Fry's Food and Drug	Ralphs	Weis
Giant Eagle	Randalls	Winn Dixie