



## Volusia County Schools

### Workers' Compensation – Employee Acknowledgement

In order to provide quality medical care in the event of a work-related injury or illness, the Volusia County School District has instituted a Medical Management Program for Workers' Compensation with AmeriSys, which includes the Coventry Network of medical providers. Claims will be administered by United Self Insured Services (USIS). Any treatment received apart from the provider(s) authorized by USIS is the responsibility of the employee.

I understand it is my responsibility to:

- Immediately report any work-related injury or illness to my immediate supervisor and benefit contact person at work site
- Complete a *Comprehensive Accident Report*
- Review and sign the *First Report of Injury or Illness* prepared by the designated benefit contact and the *Employee Acknowledgement Form*
- Review the *Employee Facts* brochure
- Understand that only authorized medical care will be provided
- Understand that the use of hospital facilities should be for emergency treatment ONLY and requires authorization
- Follow the approved primary workers' compensation medical care provider's (i.e. PrimeCare or Centra Care) treatment instructions
- Understand that only USIS will authorize and schedule all referrals (ie., orthopedic, physical therapy)
- Ensure all medical treatment is handled only through the authorized workers' compensation medical care provider
- Direct all questions about the level of care to the third party administrator, United Self Insured Services at 800-444-9098
- Obtain prescription through the *My Matrixx RX* authorization plan and understand all prescriptions must be authorized by USIS/AmeriSys
- Ensure that all paperwork from the authorized medical facility is returned to supervisor/benefit contact following each visit
- 10 In Line of Duty Days can be used for workers' compensation medical appointments during working hours for FT/PT employees only. If all In Line of Duty Days have been exhausted, time used for medical appointments during working hours would be taken from employee's time (sick, vacation, etc.)

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury or illness and your responsibilities under our managed care arrangement.

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Employee's Signature

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Date

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Printed Name

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Department/School Location