

Injured Employee Workers' Compensation Guidelines

These guidelines have been designed to guide you through the Workers' Compensation (WC) process if you have experienced a work-related injury or illness. Please feel free to contact The University of Texas at Arlington (UTA) WC program in the Environmental Health & Safety Office (EH&S) at 817-272-5563 or leave a voice mail message if you have any questions about this process.

The health and safety of all UTA employees is a high priority for our institution. Your diligence in communicating with the WC program in the EH&S Office is crucial so that all available resources can be directed promptly to support our employees when they are injured at work.

The University of Texas System has contracted with CCMSI as their third-party administrator for the Workers' Compensation program and contracted with IMO Med-Select Health Care Network, a certified WC health care provider, to provide medical care for employees who experience a work-related injury.

Reporting:

1. Injured employees must notify their supervisor immediately regarding when, where, and how their work-related injury or illness occurred, no matter how minor the injury may seem. If immediate supervisor is not available, report to someone in a supervisory capacity.
2. Reporting should be done within twenty-four (24) hours, per UTA procedures.

Forms:

1. Obtain a completed and signed [Notification of a Work-Related Injury or Occupational Disease](#) form from your supervisor. This form will confirm the work-related injury was reported and provide billing information to the provider.
2. Obtain the [pharmacy](#) form to make filling prescriptions easy for work-related injuries under workers' compensation, or use the [Text2Fill](#) option.
3. Complete and sign the [WC Health Care Network Acknowledgement form](#) **at the time of injury, regardless if you plan on seeking professional medical treatment or not.**
[Workers' Compensation Network Acknowledgement Form \(Spanish\)](#)
[Workers' Compensation Network Acknowledgement Form \(Vietnamese\)](#)
4. Complete and sign the [Employee's Report of a Work-Related Injury or Occupational Disease](#) form. Please ensure all the questions are answered. **Your supervisor's signature is required for completion.**

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In addition to the forms listed above, injured employees should get a **printed copy of the [Notice of Network Requirements](#) to read over.**

[Notice of Network Requirements for UT System \(Spanish\)](#)

[Notice of Network Requirements for UT System \(Vietnamese\)](#)

Treatment:

1. If immediate emergency medical attention is needed, call UTA Police Dispatch at 817-272-3003 to request an ambulance for transport to an emergency facility of choice.
2. For non-emergency injuries, injured employees must select a medical provider from the WC Healthcare Network [list of doctors](#) for treatment of the work-related injury, OR see [Providers Nearest to the University](#).
3. Injured employees also have the option of [telemedicine treatment through RediMD](#).
4. A CCMSI Claims Adjuster will contact injured employees to take a recorded statement regarding the circumstances of the injury. Full cooperation is expected. A representative from EH&S will also be in contact to review the injury. It is standard practice for EH&S to conduct accident and incident investigations on campus.

Billing:

1. Injured employees are not required to submit any payment for their medical treatment or prescriptions by any pharmacy, clinic, or physician offering treatment for a work-related injury or illness.
2. If an employee receives a bill from a health care provider, the employee should immediately send the bill to the UTA WC program, who will then forward it to the CCMSI adjuster for review and/or payment.

Follow Up Medical Appointments:

1. All follow-up appointments, even if you initially received emergency care, must be made with one of the doctors within the WC [Healthcare Network](#).
2. It is important that injured employees show up for all their physician-ordered follow-up medical and/or physical therapy appointments until they receive a full-duty work release from their physician.

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3. After the initial appointment and after every follow-up appointment, the treating physician will prepare a Division of WC [Work Status Report](#) (DWC73) form. All physician-ordered work restrictions will be identified on the DWC-73 form.
4. Employees must provide a copy of their DWC-73 form to their supervisor and UTA WC program after each medical visit.
5. Injured employees who have follow-up appointments during work hours will be required to use their accrued leave (sick, vacation or compensatory time) to attend. If possible, injured employees can schedule follow-up appointments during nonworking hours so they will not be required to use accrued leave time under these circumstances.

If Off Work:

1. If UTA is unable to accommodate the work restrictions, injured employees will be required to stay home until the work restrictions are lightened and can be accommodated, or until released to return to work without restrictions.
2. After the initial day of injury, if injured employees miss scheduled workdays because of the work-related injury or illness, a [WCI Employee Leave Election](#) form will need to be completed and signed.
3. Injured employees must contact their supervisor on a regular basis while off work. The employee is subject to UTA Policies and Procedures while off work.
4. **IMPORTANT:** You must contact the UTA WC program at 817-272-5563 or email workerscompensation@uta.edu to report that you have missed a scheduled workday(s) due to the injury, and also to notify of the day you return to work.