## RECOMMENDED CHECKLIST FOR WORKPLACE INJURY REPORTING



File the DWC-1 (First Report of Injury) information on-line with CAS timely – within 24 hours of the injury if possible. PLEASE COMPLETE ALL FIELDS ON DWC-1. Enter any additional comments in the box at the bottom called "To Claims Adjuster" such as any concerns or more specific information that would not fit into box #20.

- ☐ If you are unable to enter the information on-line, then fax the DWC-1 to CAS. If you are unable to report the claim on-line and you must fax it, ensure that boxes 1, 3, 5, 9, 15, 18, 19, 20, 23, 29, 30, 34, and 35 are completed to allow for processing.
- Please RESPOND to all adjuster e-mails or phone calls once the claim is reported. It is vital that they verify the information that was reported, and seek additional information as needed to complete a thorough investigation on your behalf.



Have the injured Employee sign a Medical Authorization (HIPAA) form and <u>fax it to CAS</u>, along with any written incident reports that were completed by the Employee (CAS Employee Injury Report form, the Supervisor report or any Witnesses statements).

Once the claim has been reported to CAS, with the exception of emergency care, please direct all calls from medical providers to CAS for treatment authorization.



If the injured Employee seeks medical attention, he/she should obtain a DWC-73 (Work Status form) to present in regards to his/her work status. This form should outline whether he/she is able to work regular duty, work with certain light duty restrictions, or whether the Employee is considered totally disabled from work for a specific timeframe. Upon your receipt of this form, <u>please fax or e-mail it to CAS</u>, so that any benefits owed to the employee are paid or stopped timely.



If the injured Employee is placed on light duty and you can accommodate those restrictions, a **BONA FIDE OFFER OF EMPLOYMENT** letter should be completed and presented to the Employee. This letter needs to be in writing, on your letterhead, and in the form prescribed by the DWC. It must have the DWC-73 attached and specifically state the timeframe that the light duty position will be available. If future work restrictions change or the timeframe for light duty exceeds the timeframe in the first letter, then an updated Bona Fide Offer is required. English and Spanish examples are available from your adjuster.

If you cannot give the letter to the injured Employee in person, it must be mailed by verifiable means (i.e. certified) and should give the injured Employee seven (7) days from the mailed date to respond to the offer.



A DWC-6 (Supplemental Report of Injury) must be filed for any change of work status (off work, return to work on light duty, additional lost time, return to work full duty, termination or resignation). This form should be filed within three (3) days of any change in work status.

☐ If the claim was originally submitted as "No Lost Time", but the injured Employee then starts to lose time from work later as a result of the injury – Please <u>file a DWC-6 immediately and contact your adjuster</u>, as this is vital information that is needed to start the indemnity benefits timely.



A DWC-3 (Employer's Wage Statement) must be filed for any lost time claim, or for any claims for which an impairment rating is anticipated. This form needs to be filed on a timely basis and must be completely filled out, including wages for the 13 full weeks PRIOR to the date of injury. For school employees, the wage statement should also include contract days and salary amount, if applicable, along with the prior year of wages requested on the bottom portion of page two.

☐ If the injured Employee has not been employed for the 13 weeks prior to the injury – you can use a "same or similar" employee who makes the same wages and works the same amount of hours. If this method is used, please indicate on the DWC-3 that you are using wages of a similar employee.

PROVIDE THE CLAIMANT WITH A COPY OF THE DWC-1, DWC-6, DWC-3 AND THE EMPLOYEES RIGHTS AND RESPONSIBILITIES UNDER THE LAW. FAILURE TO PROVIDE THESE FORMS TO THE EMPLOYEE OR TO FILE THE ABOVE FORMS TIMELY COULD RESULT IN A DWC FINE OF UP TO A MAXIMUM OF \$25,000.00 PER DAY.

These are only recommendations to assist you in day-to-day processing of work injuries. Please use your best judgment if these recommendations conflict with your company policy.

