

EMPLOYEE INFORMATION SHEET WORKERS' COMPENSATION

CLAIM PROCEDURES:

1. ___ When injury occurs, **NOTIFY** your **supervisor immediately**.
2. ___ You may seek medical treatment from a physician or medical facility of your choice. At the time of your initial Dr visit, you must inform provider this is a Workers Comp and provide the **LS-1**, Request for Examination, given to you by your supervisor. Your supervisor will have you read the **LS-555**, U S Department of Labor and sign the **AF Form 786**, Authorization for Release of Medical Information. Your Supervisor will also give you an **LS-201**, Notice of Employee's Injury or Death. That is the only LS form that is to be completed by you in your own words. **This form is NOT to be typed!**
3. ___ Pre-authorization is required for any changes whether it be physician or in treatment facility. Contact the HRO if you have any questions.
4. ___ Lost time of more than 3 days may result in the assignment of a caseworker. The caseworker will work with you and the physician to ensure proper medical treatment is being provided.
5. ___ An **LS-204**, Attending Physicians Supplementary Report, is to be used ***for follow-up visits*** or if you did not seek medical attention when injury first occurred. Physician completes this form to provide an update on your medical status.
6. ___ You must stay in contact with your supervisor and the Human Resources Office.
7. ___ **DO NOT:** Pay Dr visit or any medical bills related to your work injury via personal insurance, cash, check, or credit card.
8. ___ **DO:** Bring all bills, doctor's notes, and forms to the HRO or send them to WC Insurance Carrier address listed below.

FAILURE TO FOLLOW ESTABLISHED PROCEDURES COULD RESULT IN NON-PAYMENT OF COMPENSATION.

Employee: _____ Date: _____

HR Assistant: _____ Date: _____

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Employer:

56 FSS/FSMH
7383 N Litchfield Rd Ste 3090
Luke AFB, AZ 85309-1566

WC Insurance Carrier – Billing address

AIR FORCE INSURANCE FUND
HQ AFSVA/SVXBW
2261 Hughes Ave, Ste 156
Lackland AFB, TX 78236-9852