



EMPLOYEE INCIDENT PACKET

GRAYSON COUNTY TEXAS

Employee Instructions:

- 1) Ensure that all forms in this packet are completed.
- 2) Submit completed forms to the Office of Human Resources.
- 3) Give the 'Notice to Physician' to the doctor's office.

Forms in this packet:

- Employee Incident/Accident Report
- Supervisor Report of Incident/Accident
- Witness Statement of Incident/Accident
- Authorization for Release of Medical Records
- Acknowledgement of PSWCA Participation

Thank You.



EMPLOYEE INCIDENT / ACCIDENT REPORT

GRAYSON COUNTY TEXAS



(Use for Employees, Jurors, Reserve Patrol and Election Workers)

Texas Division of Workers Compensation requires the information requested on this form.

SECTION A: PERSONAL INFORMATION

Last Name: _____ First Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

DOH: _____ Job Title: _____ Dept: _____ Supervisor Name: _____

SSN: _____ DOB: _____ Phone Number: _____ All Phone: _____

Gender: Male Female Race: White Black Asian Other
 Ethnicity: Hispanic Native American Other Marital Status: Single Married Divorced Separated Widowed

Number of Dependent Children: _____ Emergency Contact Name: _____ Phone Number: _____

Date of Injury: _____ Time: _____ am pm (circle) Location: _____

Who did you report it to? _____ Date Reported: _____ Time Reported: _____

SECTION B: ACCIDENT INFORMATION

Exactly where did the incident occur? _____

What task, exactly, were you doing when the injury occurred? _____

Were you doing your regular job when the injury occurred? YES NO, Explain: _____

Describe exactly what happened: _____



SECTION B: ACCIDENT INFORMATION (continued)

Describe the location of your injury (body part) and describe the nature and extent of the injury: _____

Describe any protective/safety equipment you were using at the time of the injury (goggles, gloves, gait belt, hand truck, etc.):

Describe any physical conditions that you believe contributed to the accident (i.e. lighting, wet floor, etc):

What do you believe was the cause of the accident ?

Were there any witnesses to this accident/injury? NO YES - Give names: _____

SECTION C: MEDICAL TREATMENT

Was first aid rendered onsite? NO YES - Describe: _____

Did you go to a medical facility or physician following the accident? NO YES - List where you went & describe treatment:

If Yes, were you released back to full regular duty ? YES NO - Explain & attach documentation: _____

I certify that the above statements are true and correct. I understand that any payments made in relation to this accident are not an admission of liability on the part of Grayson County.

Employee Signature

Date

EMPLOYEE INSTRUCTIONS: GIVE THIS COMPLETED FORM TO YOUR SUPERVISOR WITHIN 24 HOURS OF YOUR ACCIDENT



SUPERVISORS REPORT OF INCIDENT /ACCIDENT



GRAYSON COUNTY TEXAS

(Use for Employees, Jurors, Reserve Patrol and Election Workers)

Texas Division of Workers Compensation requires the information requested on this form.

SECTION A: REPORTING SUMMARY

TODAY'S DATE: _____

EMPLOYEE REPORTING THIS INCIDENT:

DATE REPORTED TO SUPERVISOR: _____

LAST NAME: _____

DATE OF INCIDENT: _____

FIRST NAME: _____

TIME OF INCIDENT: _____ AM / PM

JOB TITLE: _____

SECTION B: INCIDENT INFORMATION

Do you agree with the employee's account of what occurred as reported on the Employee Incident/Accident Report ? YES NO -- EXPLAIN:

Was first aid rendered at the scene of the incident? NO YES -- Explain:

Did employee go to a healthcare provider after the incident ? NO YES -- Who ?

Was the employee sent for a Post Accident drug screen after the incident ? YES NO -- Why not ?

Was the employee doing his/her regular job when the injury occurred? YES NO - Explain:



SECTION C: SUPERVISOR FOLLOW – UP

Has the employee been trained in proper safety measures as related to his/her job ? YES NO -- Explain: _____

Were proper safety measures being used by the employee at the time of the incident ? YES NO Explain: _____

What do you think was the root cause of the incident ? _____

Was this incident reported by the end of the employee's shift ? YES NO – Explain: _____

Were there any witnesses to the incident ? NO YES – Give names: _____

Has the employee lost any time from work as a result of this incident ? NO YES – Explain what hours/days have been missed and why : _____

SECTION D: SUPERVISOR FOLLOW – UP

SUPERVISOR NAME: _____ TITLE: _____

PHONE NUMBER 1: _____

PHONE NUMBER 2: _____

I certify that I have provided the above information to best of my knowledge and that this information is true and correct.

Supervisor Signature

Date



AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Employee Name: _____ Contact Phone: _____
 Address: _____ SSN: _____
 City / State / Zip: _____ Date of Injury: _____

To Whom it May Concern:

I, _____ (PRINT LEGIBLY) hereby authorize any hospital, physician, medical practitioner, clinic, other medical or medically related facility, pharmacy, insurance company or Government Agency to disclose or furnish to **JI Specialty Services, Inc.**, (*Workers Compensation carrier for Grayson County*) its subsidiaries or representatives, any and all information with respect to any illness including mental illness, drug/alcohol abuse, injury, medical history consultations, prescriptions, treatments or benefits, and copies of all applicable records that may be requested. I also authorize Grayson County to disclose all information needed to process my claim.

The information provided to **JI Specialty Services, Inc.** and/or its representatives, is to be used solely for the administration of claim(s). A photo static copy of this authorization is to be considered as valid as the original and is effective for the duration of the claim.

Physician/Healthcare Provider who treated me:

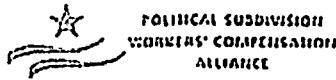
Name : _____ Office Number: _____
 Address: _____
 _____ Office Fax: _____

I understand and consent to the release as stated above. Additionally, I understand that a true copy of this authorization is available to me upon request during standard business hours.

Employee Signature: _____ Date: _____

This release may be submitted to the Grayson County Office of Human Resources or directly to the carrier at:

JI Companies
 P.O. Box 160120
 Austin, TX 78716
 Attention: Nancy Pickett
 Email: nancy.pickett@jicompanies.com



**EMPLOYEE ACKNOWLEDGEMENT
of PSWCA Direct Contracting Program
Participation for Workers Compensation**

I have received information that informs me of Grayson County's relationship with the P.S.W.C.A. (the Alliance) and how to get health care if I suffer a work related injury/illness.

If I am injured on the job, I understand the following:

1. I must choose a treating doctor from the list of doctors provided by my employer or obtain the list myself which is located at <http://www.pswca.org/>
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. JI Specialty Services on behalf of the Texas Association of Counties Risk Management Pool will pay the treating doctor and other referral providers.
4. I may be required to pay for health care received from a provider if that provider is not on the approved list.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
6. Additional information regarding the PSWCA is available on my pool's website at www.county.org

Employee Signature

Date

Printed Name

Best Phone Contact: _____

Employee Address: _____
Street Address

City State Zip Code

Please indicate whether this is the: Initial Employee Notification Injury Notification
(Date of Injury: __/__/__)

Important Contact Information

- Alliance website is www.pswca.org
- Alliance phone number is 1-866-99-PSWCA (1-866-997-7922)
- For assistance locating a healthcare provider call: 800.752.6301

**ATTENTION EMPLOYEE:
PLEASE RETURN THIS FORM TO
THE OFFICE OF HUMAN RESOURCES
AT GRAYSON COUNTY TEXAS**



ATTENTION INJURED EMPLOYEE:

GIVE THIS INFORMATION SHEET TO THE DOCTORS OFFICE

NOTICE TO HEALTHCARE PROVIDERS

Grayson County has chosen the *Political Subdivision Workers' Compensation Alliance ('the Alliance')* (PSWCA) to manage the health care and treatment of workers who get injured at work. The Alliance includes a panel of health care providers who are trained in treating work related injuries as well as in getting people back to work safely.

Any worker covered under the Grayson County Workers Compensation benefits program *must choose a treating healthcare provider from the Alliance panel of providers*. This is **REQUIRED** in order for the cost of medical care to be covered under the plan. If a healthcare provider who **IS NOT** in the Alliance, provides care to an injured worker, the WC carrier for Grayson County **WILL NOT** be responsible for payment.

In case of an emergency . . .

If Grayson County workers are hurt and have a life-threatening emergency, they should go to the nearest emergency room. If they are injured at work after normal business hours, they should go to the nearest care facility.

Texas law defines an emergency as a medical condition that comes up suddenly; that has acute symptoms that are severe enough that a reasonable person would believe that immediate care is needed or the individual would be harmed; and that harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

After receiving emergency care, a worker may need ongoing care. The worker will need to select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If Internet access is not available, individuals may contact the Grayson County Office of Human Resources for a list of providers on the Alliance list. The doctor chosen will oversee the care received for the work related injury. Except for emergency care, all health care and specialist referrals must be obtained through the Alliance treating physician.

Send Claims to

All claims should be addressed to the Workers Compensation carrier for Grayson County:

Jl Specialty Services, Inc.
Claims Administrator
P.O. Box 160120,
Austin TX 78716
Office: 800-752-6301 Office: 512-427-2497 Fax: 312-346-9321

Join the Alliance as a healthcare provider ...

Simply visit www.pswca.org and click on Provider Nomination at the top of the page.



NOTICE TO EMPLOYEES OF PARTICIPATION IN POLITICAL SUBDIVISION WORKERS COMPENSATION ALLIANCE PROGRAM

Grayson County has chosen the Political Subdivision Workers' Compensation Alliance (Alliance) to manage the health care and treatment you may receive if you are injured at work. The Alliance includes a panel of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely.

If you are injured at work, tell your supervisor or employer immediately. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment. You may also contact Texas Association of Counties via JI Specialty Service for any questions about your care and treatment for a work related injury. The Fund and your employer have formed a team to provide timely health care for injured workers. The goal is to provide quality medical care and return you to work as soon as it is safe to do so.

Injured employees' Rights and Obligations...

What to do if you are injured while on the job...

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors may be available from your employer. A complete list is also available online at <http://www.pswca.org> or, you may contact your adjuster directly at the following address and/or toll-free telephone number:

JI Specialty Services
P.O. Box 160120 Austin, TX 78716
800-752-6301

In case of an emergency...

If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours, you should go to the nearest care facility.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas law. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the provider list. This list is available online at www.pswca.org. If you do not have Internet access call 800-752-6301 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Choosing a Treating Doctor

If you are injured at work, you must choose a treating doctor from the Alliance panel of providers. This is **REQUIRED** in order for the cost of your medical care for your work related injury to be covered. A provider listing is available through The Alliance website at www.pswca.org. It is updated weekly and identifies providers who are taking new patients. If your treating doctor leaves the Alliance, we will inform you in writing. You will have the right to choose another treating doctor from the list of providers. If your doctor leaves the Alliance and you experience a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may contact your adjuster to request that you treat with him or her for an extra 90 days.

Changing Doctors

If you become dissatisfied with your initial choice of a treating doctor, you may change doctors by selecting an alternate treating doctor from the list of Alliance doctors. Any further treating doctor changes must be approved by your adjuster.

Referrals

Health care services that you request will be made available on a timely basis as required by your medical condition. This includes referrals. Referrals will be made no more than 21 days after you make a request. You do not have to get a referral if you are in need of emergency care.

Payment for Health Care

Alliance doctors have agreed to look to the Texas Association of Counties Risk Management Pool for payments related to your health care. They will not look to you for payment. If you obtain health care from a doctor who is not on the list of Alliance doctors, without prior approval, you will be responsible for the cost of that care. You may only access non-Alliance health care providers and remain eligible for coverage of your medical costs if one of the following situations occurs:

- o Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- o You do not live within a direct contracting program service area.
- o Your treating doctor refers you to a non-Alliance provider or facility AND your adjuster has approved the referral prior to treatment.

Non-emergency care...

Once you have selected your treating doctor, you will need to notify your adjuster of your selection by calling and advising them or you can complete the "Treating Doctor Selection Form" pool J12 form and submit to your adjuster.

Complaints

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of the operation. This includes a complaint about the Alliance or an Alliance doctor. It may also be a general complaint about the PSWCA Direct Contracting Program.

A complainant can notify the PSWCA Direct Contracting Program Grievance Coordinator of a complaint by phone or in writing via mail or fax. Complaints should be forwarded to:

PSWCA Direct Contracting Program
Attention: Grievance Coordinator
P.O. Box 763 Austin, TX 78767
1-866-99-PSWCA (1-866-997-7922)

E-mail: customerservice@pswca.org

Important Contact Information

- Alliance website is www.pswca.org
- Alliance phone number is 1-866-99-PSWCA (1-866-997-7922)
- To contact your adjuster call 1-800-752-8301

Claims Administrator, JI-Specialty Services, Inc.

P.O. Box 160120 • Austin, TX 78716 • 800-752-6301 • 512-427-2497 • FAX 512-346-9321

POLITICAL SUBDIVISION WORKERS COMPENSATION ALLIANCE
PSWCA Provider Listing

OCCUPATIONAL MEDICINE

TMC ER@ SHERMAN

Sherman Town Center
4226 N. Highway 75
Sherman, Texas 75090
Phone - 903.487.0857
Hours – Open 24/7/365

TMC ER @ ANNA

2710 Hackberry Drive
Anna, Texas 75409
Phone – 214.831.2600
Hours – Open 24/7/365

TMC Urgent Care – Denison

3126 FM 120
Denison, Texas 75020
Phone – 903.416.7544
Hours – Monday – Friday - 8 am – 7 pm
Saturday – 9 am – 3 pm
Sunday – 1 pm – 5 pm

TMC – Urgent Care – Pottsboro

557 FM 120
Pottsboro, Texas 75076
Phone – 903.786-3911
Hours – Monday – Friday – 8:30 am – 5:30 pm
Saturday – 9 am – 1 pm
Sunday – Closed

TMC – Urgent Care – Durant

1807 University Blvd.
Durant, Oklahoma 74701
Phone – 580.920.2273
Hours – Monday – Friday – 8 am- 6:30 pm
Saturday – 9 am – 3 pm
Sunday – 1 pm – 4:30 pm

CARDIOLOGY

North Texas Arrhythmia Associates
300 N. Highland Avenue Ste. 315 A
Sherman, Texas 75092
Phone: 940.565.0800
Fax: 940.565.0884

Andrew Owens, MD
Rao Naseem, MD

ELECTROPHYSIOLOGY

North Texas Arrhythmia Associates
300 N. Highland Avenue Ste. 315 A
Sherman, Texas 75092
Phone: 940.565.0800
Fax: 940.565.0884

Andrew Owens, MD
Rao Naseem, MD

GENERAL SURGERY

Ikram U. Kureshi, MD
1014 Memorial Drive Ste. 208
Denison, Texas 75020
Phone: 903.416.6240
Fax: 903.416.6241

Swamy Clinic
1111 Sara Swamy Drive
Sherman, Texas 75090
Phone: 903.893.6311
Fax: 903.870.0456

Ponnuswamy Swamy, MD
Mark E. Dickson, MD
3305 North Calais Street Ste. 100
Phone: 903.957.0016
Fax: 903.957.0038

ORTHOPEDIC SURGERY

Richard D. Jelsma, MD PA
425 N. Highland Avenue Ste. 110
Sherman, Texas 75092
Phone: 903.868.8800
Fax: 903.868.4405

David W. Osterman MD PA
403 N. Highland Avenue
Sherman, Texas 75092
Phone: 903.892.3696
Fax: 903.893.9514

Orthopedic & Sports Medicine Association LLP
Stephen Sandoval, MD
321 Highland Avenue Ste. 120
Sherman, Texas 75092
Phone: 903.870.7936
Fax: 903.957.0367

PHYSICAL THERAPY

Texoma Orthopedic & Spine
5012 S. US Hwy 75 Suite 120
Denison, Texas 75020
Phone: 1.888.491.5615

Colleen S. Grafa, PT DSC, Inc.
3305 N. Calais Ste. 300
Sherman, Texas 75090
Phone: 903.465.2190
Fax: 903.891.8422

Butler-Shahan Physical Therapy Services, PLLC
19325 W. US Hwy 82
Sherman, Texas 75092
Phone: 903.892.1333
Fax: 903.893.9943

Apex Sports Medicine & Rehabilitation Associates

2114 Texoma Parkway #650

Sherman, Texas 75090

Phone: 903.813.1551

Fax: 903.813.1725

PLASTIC SURGERY

Swamy Clinic

Ponnuswamy Swamy, MD

1111 Sara Swamy Drive

Sherman, Texas 75090

Phone: 903.893.6311

Fax: 903.870.0456