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-Vision -

To be the company of choice for associates, agents, and policyholders.

- Mission -

Exceed in service. Lead in results.

– Core Values –

Excellence Integrity Innovation



STATE OF TENNESSEE BUREAU OF WORKERS' COMPENSATION 220 FRENCH LANDING DRIVE NASHVILLE, TENNESSEE 37243-1002 (615) 741-2395 1-800-332-2667

Notice of Employer Rights and Responsibilities in a Workers' Compensation Claim

Your workers' compensation insurance policy covers medical and partial wage-replacement benefits for any covered employee who sustains a compensable work-related injury or illness. This document, produced by the Tennessee Bureau of Workers' Compensation and provided by your insurance carrier or TPA, is designed to give you a better understanding of your role and responsibilities under the workers' compensation system.

Your workers' compensation adjusting entity is _____

(Printed name of carrier, self-insured or TPA)

and your primary contact there is ____

(Printed name, title and contact information of primary contact)

• Notice of a work-related injury or illness

Your employees have the right to report workplace injuries or illnesses. Their violation of your company's policy regarding how quickly it must be reported is not sufficient grounds to prevent an injured worker from receiving worker's compensation benefits. Employers must refrain from denying a claim or refusing to acknowledge an employee's report of an injury because of how quickly it was reported. The insurance carrier must be notified of all alleged workplace injuries to allow the carrier to assign an adjuster to investigate the claim. If an injury is not reported within the timeframes defined in the workers' compensation act, the adjuster will take the steps it believes is appropriate to protect the employer's rights.

- Employees injured at work are entitled to receive medical treatment at no expense to them. Employers are entitled to guide treatment by providing the injured employee with a panel of at least three physicians who are willing and able to treat the injury and located within his/her community. The panel must be provided on an **Employee Choice of Physician Form C-42**, available on the "Forms" link on the Bureau's website www.tn.gov/workerscomp. Employers must provide the panel within three (3) business days of the employee notifying his/her employer of their injury. The employee should indicate the physician selected, sign the form and return it to the employer. Failure to timely provide a valid panel of physicians may subject the employer to a penalty assessed by the Bureau.
- Employers should provide the injured employee with a copy of the **Beginner's Guide to Tennessee Workers' Compensation**, available on the Bureau's website. This document provides important basic information to the employee and answers several commonly asked questions.
- Employers should immediately notify their insurance carrier after an injury is reported. Employers should report the injury to their insurance adjuster even if the injury is unwitnessed or suspicious. The adjuster will determine the claim's compensability. Failure to immediately report the injury to the adjuster may subject an employer to a penalty assessed by the Bureau.
- Employers are allowed to request a written statement from the employee reporting the injury. Having this statement will assist the insurance adjuster if an investigation is necessary.
- Employers should immediately work to eliminate the likelihood of someone else being injured in the same manner.
- If the injured employee is disabled and unable to work his/her normal job or usual number of hours, the employee may be entitled to receive temporary disability (partial wage replacement) benefits. The insurance adjuster will need the employer to provide a wage history for the injured employee on a <u>Wage</u> <u>Statement Form C-41</u>, available on the Bureau's website.

• Notice to your employees

The Tennessee workers' compensation law requires all covered employers to display the **Posting Notice** available on the "Forms" link on the Bureau's website. This notice provides your staff with the name and title of the person designated by the employer as the primary contact to receive reports of workplace injuries and illnesses. Your workers' compensation insurance carrier should also provide you with a copy of this form when you purchase or renew your policy.

• Best Practices to Consider Implementing

Employers can create a positive workers' compensation culture and help build a relationship of trust and mutual aid with employees. Here are some practices that you should consider.

- If one of your employees is injured at work, reinforce his/her value to you by becoming an advocate rather than an adversary. Be a resource when injured employees have questions or concerns.
- Encourage your employees to report their injuries as soon as possible. Delays in reporting injuries negatively affect recovery.
- Let your staff know how much you rely on them and want them to return. Stay in contact with injured employees during their recovery period if they are unable to work. Call them, email them, text them—even consider sending a "Get Well" card to them. It will be one of the best investments you can make in improving your workers' compensation culture and outcomes.
- Focus your workers' compensation goals on "workers' recovery". Provide work to your injured employees that comply with a treating physician's restrictions, if possible. If an employer considers an employee as disabled, the employee will view themselves as disabled, too. And, studies prove that the longer an injured worker stays off work, the less likely they are to return to work. Work to help your injured employees return to their health and to their jobs as quickly as possible. It is good for everyone!
- Provide the employee with a copy of the signed Form C-42 and assist the employee with making the appointment with the chosen physician.
- Remember, it is the responsibility of the insurance adjuster to "accept" or "deny" a workers' compensation claim, but he/she will need your assistance. Assist the insurance adjuster in investigating any claim in which you have doubts. Obtain witness statements. Take photos of the site of the injury. Do not automatically deny your employees their rights to report a claim just because you have doubts. Failure to timely provide appropriate benefits may subject an employer to a penalty assessed by the Bureau.
- Injured employees will often have questions about their benefits, their rights and what to expect. The Bureau has an Ombudsman Program designed to assist employees with these, and other questions if they are not represented by an attorney. Ombudsmen can be reached by calling 800-332-2667 or by emailing wc.info@tn.gov. The Bureau's website has information helpful to employers and injured employees. Share these resources with your supervisors before someone is injured and with injured employees after a claim is made.
- Perform an analysis concerning how injured employees have been treated in the past. If your employees routinely hire attorneys to obtain their workers' compensation benefits, work to discover why they believe that they need legal representation. Is it a reflection of their fears that can be overcome by improving the workplace culture or is it a misconception that can be overcome by training and education?
- Create a culture of safety. Stress job safety in staff meetings and new hire orientations. Recruit a Safety Committee. Work to eliminate potential injuries before they occur.
- Consider participating in the Tennessee Drug Free Workplace Program. The program is designed to increase productivity for Tennessee employers and promote safe worksites for employees by promoting drug- and alcohol-free workplaces. There are financial benefits available to employers for participating and additional information is available on the Bureau's website.
- Lead by example. Don't complain about the process. Encourage your employees to keep you informed about any changes to their ability to work. Let them know that you want them, and will help them, to recover and return to work as quickly as possible.

Visit the Bureau's website at: www.tn.gov/workerscomp

TENNESSEE WORKERS' COMPENSATION INSURANCE **POSTING NOTICE**

How to Report Work-Related Injuries

What should be done if injured at work?

Employee

- 1. Immediately **report the injury** to the employer representative named below.
- 2. **Select a treating physician** from a panel provided by your employer.
- 3. If you have questions or problems, contact the employer representative or the Bureau of Workers' Compensation.

Employer

- Complete your company's internal "Workplace Injury form" and notify your workers' compensation insurance company immediately, even if you have concerns about the validity of the claim.
- 2. Offer a panel of physicians to the employee via Form C-42 available on the Bureau's website. In cases of emergency, call an ambulance and provide this form as soon as the injured employee has stabilized.

Printed **name and title** of the employer representative to be notified in the event of a work-related injury

Printed name of an **alternative employer representative** to be notified in the event of a work-related injury

Telephone number of employer representative to notify in event of a work-related injury

Address of employer representative to notify in event of a work-related injury

The Tennessee Bureau of Workers' Compensation is available to help both employees and employers.



220 French Landing Dr. 1-B Nashville, TN 37243-2667 800-332-2667 615-532-4812 *TTD: 800-332-2257 tn.gov/workerscomp*

Workers' Compensation law requires this notice to be posted in a conspicuous place at the work site at all times.



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

				-			-			-				
	JURISDICTION CLAIM # (STATE FILE #)				CLAIM TYPE CODE			THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE						
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OTHER														



Tennessee Bureau of Workers' Compensation 220 French Landing Drive, I-B Nashville, TN 37243-1002

FORM C-41

WAGE STATEMENT

Employer _____ Ins Claim # _____ Date of Injury: _____

Please list the wages earned by the employee named above during each of the 52 weeks prior to date of injury, if applicable.

WEEK	WEEK ENDING	GROSS WAGES	WEEK	WEEK ENDING	GROSS WAGES
1			27		
2			28		
3			29		
4			30		
5			31		
6			32		
7			33		
8			34		
9			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		
				TOTAL PAID	

Date: _____ Name of Preparer and Title _____

LB-0384 (REV 11/15)

RDA 10183

WORKERS COMPENSATION COST CONTAINMENT INITIATIVES

Argent participates in several medical cost containment programs. The use of these programs helps reduce your workers' compensation expenses. A brief summary of each program is outlined below.

If you have any questions about any of the programs we offer, please call your dedicated claim representative at 888-236-5008.

PHARMACY PROGRAM

This program is designed to provide discounts on workers' compensation prescriptions submitted by your injured worker's. This service is provided by a national pharmaceutical management company using a network of retail pharmacies.

How the program works:

- 1. The injured worker files a workers' compensation claim with employer, seeks medical treatment, and receives a prescription from a provider.
- 2. The injured worker presents the prescription along with the temporary ID form to a participating pharmacy where the claim is electronically submitted by the pharmacy to our vendor.
- 3. Once Argent receives notification of the claim from the employer, an employee ID drug card is issued, along with a list of participating pharmacies and instructions on the use of the program.
- 4. The injured worker presents the ID drug card to a participating pharmacy for any workers' compensation prescriptions.
- 5. High cost/long term use medications are conveniently supplied through our vendor's mail service pharmacy.

DIAGNOSTIC TESTING PROGRAM

Using the services of a diagnostic management vendor, we can save money on diagnostic tests (i.e., CT scans, MRIs, EMGs, etc.) the treating provider orders for injuries an employee sustains in a work-related incident. Our vendor will schedule the test then notify the injured worker of the date, time, and location. Once the test is performed the films/x-rays will be forwarded to the referring provider.

To make this program successful, we ask that you encourage your employees to contact their Argent claim representative as soon as their provider orders a diagnostic test. We will handle it from there.

MEDICAL COST CONTAINMENT

Strong medical management brings about the early and safe return to work of your employees and reduces claim costs. In order to control the medical bill costs, we contract with a medical bill review service. All of our medical provider charges (hospital, physician, physical therapist, chiropractor, and pharmaceutical) are verified for the appropriateness of the charge, and to determine if they adhere to state mandated fee schedules or local usual and customary (U&C) reimbursement levels. This process often reduces our medical expenses by 10-30%.

Another way we are containing costs is through the use of PPO Networks. The Preferred Providers have agreed to discount their billings to the agreed upon PPO Network rates for our insured's injured workers. This in turn keeps your premium costs down.

Your support in encouraging your injured workers to use a PPO provider is important. It sends an important message to the medical care providers that we support them in their effort to offer quality, cost effective care to patients.

For a list of PPO's in your area, please visit our website, <u>www.argentworkerscomp.com</u> for a link to the PPO Directory.

Tennessee Medical Care and Paperwork

After an employee reports an injury, employers should help the employee get all needed medical care related to the injury, at no cost to the employee, from a doctor the employee chooses from the employer's approved list. Employers should also help the employee contact the employer's Workers' Compensation insurance adjuster.

- Fill out a <u>First Report of Injury (Form C-20)</u> and file the form with its insurance adjuster within one (1) working day of its knowledge of the injury. The claim must be reported to the adjuster even if the employer feels the claim is not work-related. Self-insured employers must either report the claim to their Third Party Administrator (TPA) or internal claims handling program. Employers should not pay for medical benefits or disability benefits from a "petty cash" fund without reporting the claim.
- Provide the injured employee a timely and valid panel of physicians, within the community of the injured employee's home or workplace, on an <u>Agreement Between Employer/Employee Choice of Physician</u> Form (Form C-42). If the employer does not have a valid panel of physicians available at the time the injury is reported, it should immediately call its insurer and develop one. Alternative versions of the form are not allowed.
- Have the employee select a physician from the panel and sign the form. This selected physician becomes the "authorized treating physician." The employer should keep the original signed form and provide a copy to the employee.
- Assist the employee and/or the insurance adjuster in scheduling the initial appointment and in authorizing medical treatment.
- Submit a statement of the employee's wages to their workers' compensation insurance adjuster on a <u>Wage Statement (Form C-41)</u>. The wage statement should show the gross wages earned by the injured employee, including overtime, bonuses, etc., each week for the fifty-two (52) weeks prior to the injury. Alternative versions of the form are not allowed.





Argent Workers' Compensation Prescription Information

Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

Employee Name:					
Group#:	10602464				
Member ID (SSN):					
Date of Injury:					
Processor:	myMatrixx				
Bin#:	014211				
Day supply is limited to 30 days for a new injury.					
myMatrixx Help Desk: (877) 804-4900					

Employer	Phone:	Date:
Signature:		

Employee:

Argent has partnered with myMatrixx to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 5 to 15 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist: Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

<u>NOTE</u>: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900



PO. Box 274070 Tampa FL * 33668 877 804 4900



Joe Sample 123 2nd Street Anywhere, FL 33635

Thu May 24 12:50 EDT 2007

RE: Argent Workers' Compensation Prescription Drug Program

Dear Joe Sample,

Argent has contracted with myMatrixx to have prescriptions for your work related injury filled at no expense to you.

What is Covered?

Only medication(s) prescribed by your authorized treating physician for your work-related injury will be approved. This program does not cover prescriptions for any other medical condition.

What do I do?

After receiving your prescription from your workers' compensation physician, visit any network pharmacy and present your prescription and prescription card. Your pharmacy will submit the required information to myMatrixx. You do nothing else.

In the event there is a problem processing your prescription(s) please call or have the pharmacist call myMatrixx 24 hours a day, 7 days a week at 877-804-4900.

Which pharmacies can I use?

Your prescription Card is honored at over 60,000 pharmacies nationwide. Here are just a few in your area. For more network pharmacy locations, please call 877-804-4900.

Walgreens Pharmacy 1211 Hillsborough Ave.

CVS #5196 11670 Country Way Blvd.

CVS Pharmacy 8801 W. Linebaugh Ave. Publix Pharmacy 8975 Race Track Rd.

Publix Pharmacy 12139 W. Linebaugh Ave.

Publix Pharmacy 7835 Gunn Highway Walgreens Pharmacy 7925 Gunn Highway

Kash N Kerry Pharmacy 10617 Sheldon Road

CVS Pharmacy 7920 Gunn Highway



Answers to your questions.

1. What is this card?

This card is for your workers' compensation prescription needs. Please take this card to the pharmacy when you are filling medications for your work-related injury.

2. Why did I receive this card?

You received this card due to an injury that occurred on the job.

3. What if I am not currently taking any medications due to the injury?

Please put the card in a safe place in case you start taking medications for your current injury.

4. When should I use this card?

Anytime you need to fill a medication for your work-related injury.

5. Are all medications pre-approved?

Your insurance company may have pre-selected medications that will go through without authorization. If you drop off a prescription at the pharmacy and it rejects for any reason the pharmacy should call us and we will call your insurance co. for approval. If you would like to know the types of medications that are pre-approved before going to the pharmacy, please call 877-804-4900 and a customer service rep will be happy to assist you.

6. Can my family members use this card?

No, this is only for your work-related injury.

7. What should I do if there is a problem with my card when I take it to the pharmacy?

Your pharmacy should call us with any problems they are having with the card. If for ANY reason they do not call us, or if you have any questions regarding your work-related medications, please call our customer service team at 877-804-4900.

8. Are you my workers' compensation insurance company?

No, we were contracted by your workers' compensation insurance company to handle all of your work-related prescription needs.

9. What happens if my medication doesn't provide any relief from my symptoms or pain?

You should contact your doctor or our pharmacist to verify that the medication prescribed for your pain is the most appropriate for your condition.

10. Should I tell my doctor about other medications I am taking not related to my injury?

Yes, it is very important that your physician and pharmacist know ALL the medications you are currently taking. Some medications may counter the effect of other medications you are taking and some may even be harmful or life threatening when taken together. If you are unsure of your current medications, call our myMatrixx pharmacist.

11. Can I talk to one of your pharmacists if I have a question?

Yes, our pharmacists are available to answer all of your medication related questions.

For any additional questions please contact myMatrixx at 877-804-4900

Patient - You must present this identification card each time you go to the pharmacy for your authorized prescriptions only. If you are denied medication, please call.

Pharmacist - For questions, please call 24 hours a day, 365 days a year. Dispensed quantity of medications is limited to a 30 day supply. Do not send patient home without first contacting myMatrixx for all rejections.

Note: Insurance company has pre-approved certain medications for this patient; these medications will process without an authorization. Any medications that are rejecting, must be called into myMatrixx for authorization.

Any questions or problems, please call: 877.804.4900

Regardless of normal job duties, light duty work will be accommodated. Please prepare restrictions below:							
ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD	Claim No.						
	ast) Date of Injury/Illness						
TO BE COMPLETED BY ATTENDIN	G PHYSICIAN – PLEASE CHECK						
Diagnosis/Condition (Brief Explanation)							
I saw and treated this patient on and based on t	he above description of the patient's current medical problem:						
1.	on(date)						
2. ☐He/She may return to work on cap	able of performing the degree of work checked below with						
 the following limitations: (date) Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met. Light Work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls. Light Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds. Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. Medium Heavy Work. Lifting 75-80 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds. Heavy Work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds. 	1. In an 8 hour work day patient may: a. Stand/Walk None]1-4 hours]4-6 hours]6-8 hours b. Sit 11-3 hours]3-5 hours]5-8 hours c. Drive 11-3 hours]3-5 hours]5-8 hours 2. Patient may use hand(s) for repetitive:						
These restrictions are in effect until(date)	or until patient is re-evaluated on(date)						
3. He/She is totally incapacitated at this time. Patient will	be re-evaluated on						
Physician's Signature (date)							
Print name:	Phone number						
Facility Name:	Facility Name:						



AUTHORIZATION TO DISCLOSE NON-PUBLIC PERSONAL HEALTH INFORMATION AND WAIVER OF PRIVILEGE

TO:

Patient Name: Claim Number: Birth Date: Social Security Number:

I hereby authorize the above named health care provider to give to, release, and permit copies to be made of all health care records that are in your possession.

The health care records should be disclosed to any authorized representative of Argent, a division of West Bend Mutual Insurance Company. Argent, a division of West Bend Mutual Insurance Company, is the insurer for the employer and acts as its agent for insurance purposes.

The purpose of the disclosure of these records is to aid Argent's, a division of West Bend Mutual Insurance Company, evaluation of my claim.

Argent, a division of West Bend Mutual Insurance Company, may re-disclose my records to others retained by Argent, a division of West Bend Mutual Insurance Company, to assist in the evaluation of my claim. Re disclosure of this protected health information will no longer be protected under any federal or state privacy law.

The type of information to be disclosed may include, but not limited to, x-rays, x-ray reports, summaries, reports, narratives, test results, notes and any other health care record from all in-patient visits at your institution or facility.

This authorization also permits release of all information relating to treatment for:

- (a) drug and/or alcohol abuse;
- (b) any mental disease, defect, or psychological/psychiatric condition;
- (c) any communicable disease, AIDS, or AIDS-related disease.

I understand that executing this authorization is a waiver of my privileges of physician-patient confidentiality, and I freely and voluntarily waive that privilege.

The above-named health care provider may not condition treatment, payment, enrollment or eligibility of benefits on obtaining your authorization.

A photocopy or facsimile of this authorization shall be valid and effective just as the original.

I understand that I may revoke this authorization in writing to the records department of the above named health care provider at any time, except where information has already been released as a result of this authorization.

Unless revoked, this authorization shall remain in affect for the period of one year beyond the date of patient's signature, or until my claim is closed, whichever is later. Records may be disclosed whether dated before or after the date of this authorization.

I understand that I or my authorized representative is entitled to receive a copy of the completed authorization form.

Signature of Patient/Claimant

Signature of Patient/Claimant

WR-0210(7-18)

1900 S. 18th Avenue | West Bend, WI 53095 | Ph (888) 236-5008 | Fax (800) 682-3489 | argentworkerscomp.com

Date

Date



BUREAU OF WORKERS' COMPENSATION 220 FRENCH LANDING DRIVE, 1-B NASHVILLE, TENNESSEE 37243-1002 (615) 741-2395 1-800-332-2667

Attention All Employers!

Are you interested in making your worksites safer for your employees and customers?

Are you also interested in cutting your workers' compensation claims and premiums? If so, you might be interested to know that as a result of passage of Public Chapter No. 1056, the requirements for being certified as a TN Drug-Free Workplace Program (DWFP) have been simplified.

Since July 1, 2016, employers participating in the Tennessee Drug –Free Workplace Program are no longer required to provide annual re-training for its employees **or** supervisors if those employees and supervisors have already undergone such training at least once (for example, when hired). Now each employee and each supervisor must simply acknowledge in writing, each year, the existence of the employer's drug-free workplace policy.

Participating employers must also certify on a form provided by the Bureau of Workers' Compensation that both of these requirements have been met. The form and additional information about the TN Drug-Free Workplace Program are available on the Bureau's website: www.tn.gov/workforce/topic/drug-free-workplace-program.

Want additional information or have more questions? Contact:

Lance Wheaton, Program Coordinator TN Bureau of Workers' Compensation TN Drug-Free Workplace Program 220 French Landing Drive, Floor 1B Nashville, TN 37243 Email: Lance.Wheaton@tn.gov Telephone: (615) 532-1321



Tennessee Bureau of Workers' Compensation 220 French Landing Drive, I-B Nashville, TN 37243-1002

FORM C-42

EMPLOYEE'S CHOICE OF PHYSICIAN

An employer must provide a partially-completed form listing at least three physicians to an employee upon the report of a workplace injury. The employee must complete and then sign and date the section below that indicates the physician chosen. A copy of the fully-completed form should be provided to the employee with the original kept on file by the employer. If the employee refuses to accept medical services from the chosen physician, the employee's rights to benefits may be delayed. <u>NOTE</u>: Employees traveling more than 15 miles one way to or from medical treatment may seek reimbursement of their travel expenses from the insurance carrier.

TO BE COMPLETED BY THE EMPLOYER:

Employer	Date of Injury						
Employer Contact	Phone	Email					
Physician Name		Phone					
Address	City	State Zip					
Physician Name		Phone					
Address	City	State Zip					
Physician Name		Phone					
Address	City	State Zip					
TO BE COMPLETED BY TI	HE EMPLOYEE:						
I have selected the following physici	an from the list provided to me by my	employer:					
Physician Name		Date Selected					
Employee Name		Appt Date/Time					
Address	City	State Zip					
Phone	Email						
Employee Signature		Date					
LB-0382 (REV 11/15)		RDA 10183					

Loss Control Services

Argent offers a comprehensive, proactive approach to managing your workers compensation exposures. Our goal is to enhance the current safety culture within your organization. This is a sample of the variety of services Argent's Loss Control Department may provide.

- Comprehensive assessment of exposures specific to the operations that may impact workers safety:
 - Assessment of established controls for the physical environment;
 - Assessment of management approach to safety;
 - Employee responsibilities for safety;
 - In depth analysis of losses; and
 - Identification of loss drivers.
- Development of a comprehensive, collaborative safety plan to address those factors affecting the workers compensation program.
- > Onsite and job site specific assessments of physical exposures:
 - Machine guarding;
 - Ergonomics;
 - PPE use; and
 - Identification of hazards in the workplace.
- > Training of management, supervisors, and key personnel:
 - Accident investigation;
 - Costs and effects of workers compensation insurance;
 - Transitional return to work programs;
 - Safety roles;
 - Accountability; and
 - Loss drivers, observations, and opportunities to improve operational safety.

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- Development of specific safety recommendations based on observations and interactions with management and employees.
- Hands-on approach for assisting in the development and implementation of safety recommendations.
- Personalized consultation for management based on the customer's individual needs.
- ➤ Hands-on assistance with developing:
 - Transitional return to work program;
 - Slip/fall prevention programs;
 - Safe patient/resident handling programs for medical facilities;
 - Effective safety committee;
 - Ergonomic committee;
 - Injury review committee; and
 - Fleet safety programs.
- Periodic service review meetings are provided to assure your needs are being addressed.
- Resources available for OSHA programs, training videos, and training documents.

The Silver Lining® ADVANTAGE

With the **Silver Lining Advantage**, you benefit from the expertise and guidance of qualified nurse case managers. Using their experience in the medical field, these professionals carefully examine the medical aspects of your company's workers' compensation claims to reduce the claim costs and the duration of the disability. This not only helps control the cost of these claims, it results in a more positive outcome for your employees and your company.

The **Silver Lining Advantage** program offers a variety of services customized to help your company reduce your workers' compensation claim costs. These services include:

- Reducing medical and disability costs through a collaborative approach;
- Expert medical resources available to all accounts;
- An average of 24 years of experience for each member of your nurse case manager team;
- A focus on building relationships with the medical community; and
- The ability to capture and report cost savings.





ARGENT- Claim Practices

Initial Contacts – Within 24 hours of receipt of claim, contacts made to employee, employer and medical provider.

Investigation – Investigation of claims is to include, but not limited to: recorded statements of employees and witnesses, requesting prior and present medical records, obtaining job descriptions or videos, subrogation potential, Independent Medical Evaluations, and other investigative services when necessary.

Transitional Return to Work - Will be addressed immediately. Consult with employer as to availability and the importance of prompt return to work.

Reserves - Set for known and probable exposures based on the facts of the case.. If the reserves exceed \$25K the Claims Representative will complete a reserve letter explaining the basis for the numbers and send to Employer, Agent, Underwriter, Loss Control and Claims Assistant Vice President.

Denials – After claim is denied, it will remain open based on the merits of the case. Upon denial, letters will be sent from Claims Representative to employee, employer, and medical provider.

Dedicated claim team- Lost time and medical only claim professionals will be assigned to your account.

Managed care program- We have a team of highly knowledgeable nurses who are proficient in treatment protocols and in getting the right care at the right time to injured workers.

Narcotic Program – Comprehensive internal program to mitigate the use of narcotic medications through education, early intervention and evaluation to facilitate favorable outcomes.

WR 0046 04 10



Subrogation

What is subrogation? Subrogation is process by which an insured/insurer can recover the amount paid on a claim from a legally-liable party. The workers' compensation policy grants the insurer subrogation recovery rights.

Why is subrogation important to your business? Subrogation allows the first- party payer (typically the insurer) to recover money paid from the liable party, thereby reducing the total costs incurred, as well as your experience modifier. This means your premium will not increase if an employee is injured in an accident for which someone else is liable.

How can you help our subrogation efforts to maximize recoveries?

- Discuss/explain the subrogation process in your safety committee meetings.
- Advise employees who work at or travel to other worksites to notify you and the
 off-premises property owner of any unsafe exposures, such as accumulated
 snow/ice, cluttered walkways, unsafe stairways, generally slippery floors, poor
 lighting, etc.
- Educate employees who work at or travel to other worksites to take photographs of off-premises accidents, such as motor vehicle accidents, falls from ladders, construction scene accidents, etc.
- For construction site accidents, provide the name of the general contractor and a list of all subcontracts involved.
- Advise your employees to immediately notify the property owner when/where the accident occurred.
- Report the workers' compensation claim to Argent immediately; subrogation investigations are extremely time sensitive.
- When applicable, provide Argent or our representative with copies of rental agreements, contracts, owner's manuals, maintenance records, photographs, diagrams, invoices, certificates of insurance, etc.
- Do not discard or repair any equipment that may have led to your employee's injury (i.e., broken ladder). The item may need to be inspected/tested by an independent engineer.

Subrogation considerations:

- Would the at-fault party pursue a liability claim against your company if the tables were turned?
- If the injury to your employee and its effect on your employee's family were life changing, would that influence your decision to subrogate?
- Should your insurance premiums increase because of exposures you can't control?

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Management Accident Investigation Report

To Be Completed By One Of The Following: Supervisor / Plt Manager / HR. Director

Employee	Dept.		Job Title					
Shift:	Date of Inj	jury Time AM or Pl	M					
Location of Incident								
Date Reported / /		Reported to Whom?						
Time Reported								
NAME OF WITNESS		DEPARTMENT/ADDRESS	PHONE					
(1)								
(2)								
Have witnesses fill out sepa	rate forms and	l give attach.						
2. How did the injury/illness occur?								
3. Was employee performin	-							
Employee was assisting wi								
4. Did injury occur because	of: Failure to							
Failure to use safety devi	ce	Other						
5. How long has employee been doing this job? (days, months, years)								
6. What safety equipment is required on the job the employee was performing?								
7. Was the employee using	7. Was the employee using all required safety equipment? Yes No							

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LC360- Management Accident Investigation Report- Rev 2-17

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8. If No	which specific personal	protective equipment	was not used & why?
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9. Does an unsafe condition exist that contributed to the cause, if so, what is that condition?							
10. How could the accident have been prevented? BE SPECIFIC							
RECOMMENDED			Person	Assigned Date/Completed			
ACTION				Date			
			Responsible				
Re-instruction	Yes	No		/			
Equipment repair/replacement	Yes	No		/			
Reduce Clutter	Yes	No		/			
Improve design/construction	Yes	No		/			
Workstation Modification	Yes	No		/			
Discipline of person(s) involved	Yes	No		/			
Other							
Signature of Person Co	mpletir	ng Investiga	ation:				
Date:							

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LC360- Management Accident Investigation Report- Rev 2-17

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Employee Accident Report

Name:	Accident Location:
Date of Injury:	Time:a.mp.m Date Reported:
Witnesses:	
Accident Description:	



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1 of 2

LC370- Employee Accident Report- Rev 2-17

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WITNESS REPORT OF INCIDENT

Name:	Injured Employee Name	2:
Date of Injury:	Time of Accident:	(AM/PM)
Location where injury occurred:		
Describe activity prior to the accident:		
Describe the accident:		
What do you believe caused the accident:		
What part of the body was injured?		
What do you think could prevent this type of accident fr	om occurring again?	
Signed:	Date:	
Argent- A Division of West Bend N	Intual 1 of 1	LC338- Witness Incident Report- Rev 11-18
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unique circumstances of the particular policyholder's business.

Transitional Work Schedule

DEFINITION: A form used by an employee returning to work in the Temporary Transitional Work Program.

POLICY

Every employee returning to temporary restricted work duty must use a Temporary Transitional Work Schedule. It is the employee's immediate supervisor's responsibility to thoroughly explain the use of the Temporary Transitional Work Schedule. The temporary Transitional Work Schedule must be completed daily. **The temporary tasks assigned to you may or may not be normal and customary job duties.**

The **employee's responsibility** to complete:

- Restrictions
- Symptom Control Techniques
- Date
- > Hours Worked Log Breaks, Rest and Lunch
- Duties Performed
- Employee Comments
- Employee Signature

The supervisor's responsibility to complete:

- > Supervisor's Comments (document discussion of problems and actions taken)
- Supervisor's Signature

*The supervisor and employee must sign schedule daily.

Supervisors turn Work Schedule into Human Resources Department at end of week.

Employee should retain a copy for their file.

The Human Resources Department will forward copy to Argent Claims Representative and, if necessary, to treating physician.



THE BEST REMEDY FOR WORKERS' COMPENSATION™

Temporary Transitional Work Schedule

Name:		Restrictions:		
Supervisor:				
Date	Work Log (include breaks/lunch)	Tasks Assigned/Completed	Employee Signature and Comments	Supervisor Signature and Comments
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

_____ (Employee Signature and Date)