



## NOTICE TO ALL FULTON COUNTY EMPLOYEES

### THE FOLLOWING PROCEDURE MUST BE FOLLOWED FOR ALL ON-THE-JOB INJURIES:

I. The following notice is provided to you individually, and also must be posted in a permanent, conspicuous place in each business location. It is the responsibility of each and all employees to read and adhere to the procedures specified in this notice.

"This business operates under the Georgia Workers' Compensation Law. **WORKER'S MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, OR AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR OR FOREMAN OF THE EMPLOYER.** If the worker is hurt or injured at work, the Employer/insurer shall pay medical and rehabilitation expenses within the limits of the law. In some cases, the employer will also be required to pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim."

II. It is necessary that accident reports be received in the Finance Department within 48 hours of the accident or injury. Failure to meet this deadline may endanger the receipt of Workers' Compensation benefits by the injured person. **IT IS THE RESPONSIBILITY OF THE SUPERVISOR TO IMMEDIATELY NOTIFY THE WORKERS' COMPENSATION DIVISION WHEN AN INJURY OCCURS. SUPERVISORS MAY FAX A COPY OF THE OCCUPATIONAL INJURY REPORT TO THE WORKERS' COMPENSATION DIVISION. THE FAX NUMBER IS 404-730-7596. IF THE INJURY OCCURS AFTER HOURS, YOU MAY LEAVE A VOICE MAIL ON ANY OF THE TELEPHONE NUMBERS LISTED AT THE BOTTOM OF THIS NOTICE.**

III. Worker's will be eligible for claims consideration for treatment rendered by the following facilities ONLY, unless referred by one of these facilities. If an injury occurs after business hours, the employee can choose to go to the nearest emergency treating facility; however, you must follow-up the following work day with one of the facilities listed below.

1. THE HAND & UPPER EXTREMITY CENTER OF GEORGIA – 980 Johnson Ferry Road, NE, Suite 1020, Atlanta, GA. Telephone 404-255-0226. (By Appointment Only)
2. ORTHO ATLANTA - 1800 Howell Mill Road, Suite 200, Atlanta, GA. Telephone 404-352-1053. (By Appointment Only)
3. GENERAL MEDICAL - Dr. Robin Armenia, Concentra Medical Center, 3580 Atlanta Avenue, Hapeville, GA. Telephone 404-768-3351.
4. GENERAL MEDICAL - Dr. Tracy Naylor, Concentra Medical Center, 688 Spring Street, N.E., Atlanta, GA. Telephone 404- 881-1155.
5. GENERAL MEDICAL - Dr. Lei Cheng, Concentra Medical Center, 6475 Jimmy Carter Boulevard, Norcross, GA. Telephone 770-242-7744.
6. GENERAL MEDICAL- Dr. Stephen Dawkins, Caduceus- Midtown, 145 North Avenue, N.E. Atlanta, GA. Telephone 404-607-7677.
7. EYES - OPHTHALMOLOGIST - Dr. Glen Shear, Clayton Professional Bldg., 33 S.W. Upper Riverdale Road, Suite 114, Riverdale, GA. Telephone 770-991-1624.
8. EYES - OPHTHALMOLOGIST - Dr. Andrew S. Fineberg, 550 Peachtree Street, Suite 1500, Atlanta, GA. Telephone 404-897-6810.
9. Any medical doctor treating you at Grady Hospital.

If you are not satisfied with the treatment that you received from your first choice of doctors on the above panel, you may choose a second doctor on the panel without the approval of the Workers' Compensation Division or the Finance Director. However, if you are still dissatisfied and wish to seek treatment from a third choice, you will need approval from the Workers' Compensations Division.

Employee's personal physician DOES NOT qualify as an authorized treating facility. Medical bills from private physicians will not be paid by Workers' Compensation. Lost time excuses WILL NOT BE ACCEPTED from private physicians.

Injury Leave may be granted to Fulton County employees only in cases involving catastrophic injuries, i.e., loss of limb, loss of eyesight, burn victims, etc., where the injury arises out of and in the course of employment as defined by law. (P-1200-5) (Policy and Procedure 340-16)

All lost time and medical time (MT-lost time due to doctors' appointments) must be authorized in writing from one of the above nine (9) treating facilities or their referrals. UNAUTHORIZED LOST TIME will be charged to sick leave, vacation leave or LWOP. UNAUTHORIZED TREATING FACILITY excuses WILL NOT be accepted for lost time or medical time. Medical Time (MT) is absorbed by department if procedures are followed.

Each employee must contact his/her immediate supervisor and Workers' Compensation Division personally, 404- 612-6749 or 404- 612-7686, after each doctor's visit. Failure to follow this procedure can result in loss of benefits.

When an employee is released to return to work, whether to limited or regular work, it is the employee's responsibility to contact his/her supervisor and the Workers' Compensation Division immediately. Failure to comply shall result in loss of benefits.

Failure to report for a scheduled doctor's appointment shall result in loss of benefits. It is the responsibility of the employee to pay for all charges on a no-show office visit.

Claims consideration will be given for treatment received by an emergency medical facility after hours or in a dire emergency. (If you are treated by an emergency treating facility and NOT hospitalized, you MUST be seen by one of the above treating facilities the following work day.) **DO NOT GO TO EMERGENCY FACILITIES FOR MINOR INJURIES OR DURING NORMAL WORK DAY.** In grave life or death emergency situations, claims consideration will be given for treatment received at the emergency facility nearest to the scene of the accident or injury.

SECOND JOBS - If one of our authorized treating facilities has you on a "NO" work or "LIMITED" work status; you shall not work a second job. Failure to comply shall result in termination of benefits and possible disciplinary action.

COMPENSATORY TIME - If you are treated by one of our authorized treating facilities prior to or after your work day or on your off day, you are not entitled to compensatory time.

Fulton County Government is self-insured and all bills should be sent to Fulton County Workers' Compensation Division, 141 Pryor St., Suite 5070A, Atlanta, Georgia Attention: Valarie Howard.

QUESTIONS - If you have any questions, please do not hesitate to contact the following: Valarie Howard, Workers' Comp. Manager 404- 612-6749 (Workers' Compensation payrolls, lost time, reimbursements and general information); Lawana Boatwright, Workers' Comp. Coordinator 404-612-7686 (medical bills, reimbursements and general information); Larry Milner, Safety Coordinator 404-612-7579 (Investigations, safety hazards and general information); Annette Roberts, Workers' Comp. Spec. 404-612-0563 (General Information, reimbursements); Darryl Smith, Safety Officer/Investigator 404- 612-6746 (Investigations, safety and general information); Audrey Traylor, Admin. Tech. 404-612-6747 (General Information) or Denise Pinto at 404-612-7663 Manager, Fax Number 404-730-7596; **24 HOUR EMERGENCY NUMBER 404-630-8407.**

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION****BILL OF RIGHTS FOR THE INJURED WORKER**

As required by law, O.C.G.A. §34-9-81.1, this is a summary of your rights and responsibilities. The Workers' Compensation Law provides you, as a worker in the State of Georgia, with certain rights and responsibilities should you be injured on the job. The Workers' Compensation Law provides you coverage for a work-related injury even if an injury occurs on the first day on the job. In addition to rights, you also have certain responsibilities. Your rights and responsibilities are described below.

Employee's Rights

1. If you are injured on the job, you may receive medical rehabilitation and income benefits. These benefits are provided to help you return to work. Your dependents may also receive benefits if you die as a result of a job-related injury.
2. Your employer is required to post a list of at least six doctors or the name of the certified WC/MCO that provides medical care, unless the Board has granted an exception. You may choose a doctor from the list and make one change to another doctor on the list without the permission of your employer. However, in an emergency, you may get temporary medical care from any doctor until the emergency is over, then you must get treatment from a doctor on the posted list.
3. Your authorized doctor bills, hospital bills, rehabilitation in some cases, physical therapy, prescriptions, and necessary travel expenses will be paid if injury was caused by an accident on the job. All injuries occurring on or before June 30, 2013 shall be entitled to lifetime medical benefits. If your accident occurred on or after July 1, 2013 medical treatment shall be limited to a maximum of 400 weeks from the accident date. If your injury is catastrophic in nature you may be entitled to lifetime medical benefits.
4. You are entitled to weekly income benefits if you have more than seven days of lost time due to an injury. Your first check should be mailed to you within 21 days after the first day you missed work. If you are out more than 21 consecutive days due to your injury, you will be paid for the first week.
5. Accidents are classified as being either catastrophic or non-catastrophic. Catastrophic injuries are those involving amputations, severe paralysis, severe head injuries, severe burns, blindness, or of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy. In catastrophic cases, you are entitled to receive two-thirds of your average weekly wage but not more than \$675 per week for a job-related injury for as long as you are unable to return to work. You also are entitled to receive medical and vocational rehabilitation benefits to help in recovering from your injury. If you need help in this area call the State Board of Workers' Compensation at (404) 656-0849.
6. In all other cases (non-catastrophic), you are entitled to receive two-thirds of your average weekly wage but not more than \$675 per week for a job related injury. You will receive these weekly benefits as long as you are totally disabled, but no longer than 400 weeks. If you are not working and it is determined that you have been capable of performing work with restrictions for 52 consecutive weeks or 78 aggregate weeks, your weekly income benefits will be reduced to two-thirds of your average weekly wage but no more than \$450 per week, not to exceed 350 weeks.
7. When you are able to return to work, but can only get a lower paying job as a result of your injury, you are entitled to a weekly benefit of not more than \$450 per week for no longer than 350 weeks.
8. Your dependent(s), in the event you die as a result of an on-the-job accident, will receive burial expenses up to \$7,500 and two-thirds of your average weekly wage, but not more than \$675 per week. A widowed spouse with no children will be paid a maximum of \$270,000. Benefits continue until he/she remarries or openly cohabits with a person of the opposite sex.
9. If you do not receive benefits when due, the insurance carrier/employer must pay a penalty, which will be added to your payments.

Employee's Responsibilities

1. You should follow written rules of safety and other reasonable policies and procedures of the employer.
2. You must report any accident immediately, but not later than 30 days after the accident, to your employer, your employer's representative, your foreman or immediate supervisor. Failure to do so may result in the loss of the benefits.
3. An employee has a continuing obligation to cooperate with medical providers in the course of their treatment for work related injuries. You must accept reasonable medical treatment and rehabilitation services when ordered by the State Board of Workers' Compensation or the Board may suspend your benefits.
4. No compensation shall be allowed for an injury or death due to the employee's willful misconduct.
5. You must notify the insurance carrier/employer of your address when you move to a new location. You should notify the insurance carrier/employer when you are able to return to full-time or part-time work and report the amount of your weekly earnings because you may be entitled to some income benefits even though you have returned to work.
6. A dependent spouse of a deceased employee shall notify the insurance carrier/employer upon change of address or remarriage.
7. You must attempt a job approved by the authorized treating physician even if the pay is lower than the job you had when you were injured. If you do not attempt the job, your benefits may be suspended.
8. If you believe you are due benefits and your insurance carrier/employer denies these benefits, you must file a claim within one year after the date of last authorized medical treatment or within two years of your last payment of weekly benefits or you will lose your right to these benefits.
9. If your dependent(s) do not receive allowable benefit payments, the dependent(s) must file a claim with the State Board of Workers' Compensation within one year after your death or lose the right to these benefits.
10. Any request for reimbursement to you for mileage or other expenses related to medical care must be submitted to the insurance carrier/employer within one year of the date the expense was incurred.
11. If an employee unjustifiably refuses to submit to a drug test following an on-the-job injury, there shall be a presumption that the accident and injury were caused by alcohol or drugs. If the presumption is not overcome by other evidence, any claim for workers' compensation benefits would be denied.
12. You shall be guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$10,000.00 or imprisonment, up to 12 months, or both, for making false or misleading statements when claiming benefits. Also, any false statements or false evidence given under oath during the course of any administrative or appellate division hearing is perjury.

The State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer any other questions regarding your rights under the law. If you are calling in the Atlanta area the telephone number is (404) 656-3818, outside the metro Atlanta area call 1-800-533-0682, or write the State Board of Workers' Compensation at: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299 or visit our website: <http://www.sbwc.georgia.gov>. A lawyer is not needed to file a claim with the Board; however, if you think you need a lawyer and do not have your own personal lawyer, you may contact the Lawyer Referral Service at (404) 521-0777 or 1-800-237-2629.

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).