VOLUNTEERS' WORKERS' COMPENSATION HANDBOOK

Effective September 12, 2006
Revised November 2008
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Department of Management and Financial Services
1 Harrison Street, SE, P.O. Box 7000, Leesburg, Virginia 20177-7000
(703)777-0290, Metro (703)478-8400, Fax (703)771-5234
&
Loudoun Fire and Rescue Volunteer Program Management
803 Sycolin Road, Suite 104, Leesburg, VA 20175
703/777-0333, FAX: 703.737.8358

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Volunteer Benefits
Volunteer Work-Incurred Injuries
Workers' Compensation Benefits

PURPOSE

To provide clarity of volunteer and supervisor/duty officer's responsibilities so as to ensure proper procedures for reporting work-incurred injuries, determining eligibility for workers' compensation and/or wage continuation benefits and claims processing is performed timely and efficiently.

Contact Information

Tom Chunta, Workers' Compensation Coordinator
EM: Tom.chunta@loudoun.gov
Phone: 703.777.0214
FAX: 571.258.3212
MSC: 41A

Wells Fargo Disability Management
Matt Atkins
877.371.9700, x6044

Loudoun Fire – Rescue Safety Officer
703.777-0333

Karen McQuaid, Loudoun Fire-Rescue Volunteer Program Manager
EM: Karen.mcquaid@loudoun.gov
Phone:703.777-0568
FAX: 703.737.8358
MSC: 61A

Supervisor/Duty Officer's Responsibilities Quick Reference Guide

1) Ensuring that workers' compensation information is posted at the work location and that the information is brought to the attention of all Volunteers and employees.

2) Provide injured Volunteer with an ***Accident Report Packet*** once you are aware that an incident/accident has occurred.

3) Have the Volunteer complete a ***Volunteer's Report of Injury,*** review and sign. Ensure that the volunteer retains a copy of the Report of Injury. Possibly completing and submitting the documentation should the volunteer or employee be hospitalized or significantly injured.

4) You will need to complete the ***Employer's Accident Report*** and submit along with witness statements and the ***Volunteer's Report of Injury*** to Karen McQuaid, Volunteer Program Manager who will forward it to Tom Chunta, Workers' Compensation Coordinator in the Benefits Department. The form may be faxed to Karen McQuaid at (Patti Russell's secured fax 703.737.8358) or sent via station mail.

5) Notify appropriate station personnel of injury for station documentation.

6) If the Volunteer needs to seek medical treatment you should provide or coordinate transportation for the Volunteer; if the injury is severe, please call 911 immediately for an ambulance.

7) If the Volunteer's injury results in any lost work time from their paid employment or volunteer duties, notify Tom Chunta, Workers' Compensation Coordinator.

8) Times for follow-up physician appointments and physical therapy must be coordinated by the Volunteer. The volunteer should keep the Supervisor/Duty Officer informed of follow up appointments.

9) Upon the Volunteer returning to work, please obtain a copy of all information the Volunteer received from the treating physician and/or medical facility and forward to Tom Chunta in the Benefits Department.

If you should have any questions regarding workers' compensation procedures or your responsibilities, please contact Tom Chunta, Workers' Compensation Coordinator at 703.777.0214. You may also contact Fire-Rescue Volunteer Coordinator, Karen McQuaid at 703.777.0568.

Volunteer's Responsibilities
Quick Reference Guide

1) To report a work related incident you and your supervisor must complete the enclosed ***Employer's Accident Report & Volunteer's Report of Injury*** and submit the forms expeditiously to the Volunteer Program Manager.

2) The County (in accordance with State guidelines) requires that any employee/volunteer that is injured during work or volunteer activity is to choose from a ***Panel of Physicians*** provided in this packet. Once you choose a physician from the panel, you cannot change that physician without prior approval from Wells Fargo Disability Management at 1.877.371.9700, ext 6044, or Tom Chunta, Loudoun County's Workers' Compensation Coordinator at 703.777.0214. Failure to use an approved physician will result in non-payment of all medical bills relating to this injury /illness.

3) If you go to an emergency facility and they refer you to your "family physician", you **must** choose a physician from the panel. If your family physician is on the panel, you may see him/her.

4) Once seen by the treating physician, you must have them complete a ***Medical Treatment and Physical Demand Analysis*** form and return it to Tom Chunta, Workers' Compensation Coordinator, in the Benefits Department. If you have been instructed to make a follow-up appointment with a specialist, you must again choose from the ***Panel of Physicians - Specialty*** and take a ***Medical Treatment and Physical Demand Analysis*** form with you to each doctor's appointment that you may have.

5) You must present the enclosed ***Wells Fargo Disability Management*** billing information to the medical provider or facility to insure the correct billing. Failure to do so may result in medical bills for services being sent directly to you. **IMPORTANT NOTE:** Do **not** present your health insurance plan ID card for services involving a work related injury or illness. If your are prescribed medication for your injury, you can have it filled at any major retail pharmacy as long as the claim is found compensable under Virginia Workers' Compensation Act. The pharmacy will contact Wells Fargo Disability Management for approval. If the pharmacy does not participate with Worker's Compensation then receipts must be submitted to the department of Management and Financial Services Workmen's Compensation Coordinator for reimbursement.

6) You are responsible to schedule and follow up with physician appointment and physical therapy appointments.

7) Any absence from your volunteer company or your paid employment must be substantiated by an off work certificate from a panel physician. Benefits through worker's compensation will become effective on the 7th day of absence as a result of the injury/occupational disease.

8) If you lose time from your paying employment due to this injury/illness, you must keep the County's Workers' Compensation Coordinator informed, as well as your volunteer

company as to your progress toward recovery and when you may expect to return to work. Along with this, the absence must be substantiated by a certificate from your treating physician stating the expected disability period. Prior to returning to work, a doctor's certificate must be presented to your volunteer company Chief or President with a copy to the County's Workers' Compensation Coordinator stating you have been released to return to work status, any limitations, and the effective date of that release.

9) A volunteer who was not absent immediately but who begins losing time from personal employment or volunteering after the initial accident report has been submitted, should notify the Department of Financial Services, Workers' Compensation, immediately in order to determine eligibility for a workers compensation weekly benefit.

10) Once you have been released by the workers' compensation physician, your workers compensation benefit will cease.

11) Volunteers may file for income replacement benefit through Volunteer Fireman's Insurance Services (VFIS) if you are required to be off of work for a period of time. Contact Robin York, Benefits Coordinator, 703.771.5785 for more information or assistance.

12) You must sign and return the enclosed ***Authorization for Medical Treatment*** to the attention of Tom Chunta, Workers' Compensation Coordinator immediately upon receipt thereof.

13) A copy of all medical appointments and correspondences (bills) must be provided to the County's Workers' Compensation Coordinator for claims processing.

14) Prescriptions and mileage to and from doctor(s) appointments may be reimbursable. Submit receipts to Loudoun County Workmen's Compensation Representative. Submit mileage log documenting miles traveled, dates, and doctor(s) visited.

15) Failure to provide information required to the County's Workers' Compensation Coordinator may result in denial of payment through Worker's Compensation and personal billing from the health provider.

16) Failure to return to work when able to do so will result in suspension of workers' compensation benefits for this injury/illness.

Please take the time to thoroughly read all of the information in this packet. If you should have any questions, please contact Tom Chunta, Workers' Compensation Coordinator at 703.777.0214. You may also consult the Volunteer Program Manager to better understand your rights, responsibilities, and benefit as a volunteer.

Loudoun County Department of Management and Financial Services Risk Management Responsibilities

1) Submitted the completed Form 3; Employers Accident Report (found on the internet) to the County's third party administrator.

2) Providing guidance on Volunteer's benefits and responsibilities.

3) Authorizing and distribution of payment of approved benefits.

LIMITATIONS AND EXCLUSIONS

Activities not covered by workers' compensation
Workers' compensation benefits does not cover injuries incurred while traveling to and from Fire and Rescue unless the volunteer is on duty and is responding to a call from home. The Board of Supervisors adopted a policy on 2 June 1992 (Fire and Rescue Guideline Operations 1.1, Authorization to Act While Off-Duty) that places volunteers on duty when encountering an emergency incident in Loudoun County or neighboring jurisdictions under limited circumstances. It does not cover injuries during activities not required by the Volunteer's position or work assignment. Not all injuries that occur during duty hours or at the station are compensable under the definitions provided by the Virginia Workers' Compensation Commission, Department of Workers' Compensation.

Failure to report an accident
Failure to report an accident within 30 days, as required by the Virginia Workers Compensation Commission, will jeopardize the Volunteer's workers compensation benefits. All Volunteer injuries must be reported as soon as possible to the Volunteer's officer. Decisions concerning whether or not a Volunteers injury is legitimate does not rest with the officer. That responsibility rests with the County's third party administrator Wells Fargo Disability Management (formerly Acordia).

Section 65.2-902 of the Virginia Workers' Compensation Act states that any employer (company/station and County) failing to submit the Employer's Accident Report form on a timely basis shall be liable for a penalty of not more than five hundred dollars ($500) for each instance of refusal or neglect.

MEDICAL ATTENTION

Section 65.2-603 of the Virginia Workers' Compensation Act requires the employer to provide medical treatment to a Volunteer injured on the job.

Use of approved physicians

A list of physicians and medical treatment facilities is provided as an attachment to this handbook. This list represents physicians in various medical specialty areas.

Other medical opinions

A Volunteer may, at his/her own expense, consult a doctor of their choice for another opinion or for evaluation. The County and/or the County's third party administrator may ask the Volunteer to submit to an "independent medical examination" at our expense. The Volunteer is required to keep this appointment. This appointment is for evaluation only and the Volunteer is not required to accept treatment from this doctor.

Refusal of medical treatment

Compensation payments may be suspended if the Volunteer fails to attend any scheduled medical appointments or fails to accept treatment from a treating physician.

Use of out-of area physicians

A Volunteer who lives outside of the County and has an **immediate** onset of pain at home as the result of a previously reported work-incurred injury should contact his/her treating physician if on set is during office hours. If after office hours, the Volunteer should seek immediate medical attention from the nearest emergency room facility. Such visit should be reported to the Department of Financial Services Risk Management as soon as possible and approval must be obtained for any follow-up care.

Use of non-approved physicians

Use of non-approved physicians or medical facilities, without prior approval can result in the Volunteer being responsible for any medical expenses and can also eliminate wage continuation and workers' compensation benefits.

PAYMENT OF WAGES AND REIMBURSEMENT

A volunteer unable to perform his/her volunteer duty or personal employment to an incident as a volunteer is eligible for compensation wages. For the time July 1, 2009 to June 30, 2010 the weekly minimum rate of ***$223.75*** and maximum of ***$816.00*** has been established.

Mileage to and from doctors may be reimbursable. Submit receipts to Loudoun County Workmen's Compensation Representative. Submit mileage log documenting miles traveled, dates, and doctor(s) visited.

If you are prescribed medication, any major retailer may fill your prescription as long as you provide the worker's compensation billing information (red card) and claim number (volunteer social security number). They will verify that it is a work related injury by calling Wells Fargo (877-371-9700 ext 6044) and bill Wells Fargo accordingly. If you utilize a pharmacy that doesn't participate in worker's compensation, you may be required to pay out of packet for the prescription. If you pay out of pocket for a prescription, you will need to forward the original register receipt, in addition to the prescription receipt attached to the bag, to the County Worker's Compensation coordinator for reimbursement.

Qualifications

In order for a Volunteer to qualify for benefits, the Department of Management and Financial Services Risk Management must be provided all necessary documentation as listed under Employee Responsibility. In addition, there are mandatory state reporting forms that must be signed and submitted. Failure to return these forms could result in the termination of future wage loss benefits.

Wage Continuation Benefits

A Volunteer who is able to continue working, but has periodic medical appointments, may receive wage continuation benefits for these appointments, provided the statue of limitations for lost time and the wage continuation maximum benefit have not expired. However, only the appropriate travel and office visit or therapy time will be covered under wage continuation. Full workdays will not be authorized for doctor appointments unless medically substantiated.

Eligibility period

Eligibility for the wage replacement benefit begins after seven days of disability following date of injury. All claims must be determined compensable within the Virginia Workers' Compensation Act before wage replacement benefits apply. Re-injuries do not extend the period of eligibility.

Restrictions and limitations

A volunteer on wage replacement benefits is prohibited from engaging in activities that may impair his or her recovery, such as strenuous recreational or other physical activities.

Volunteers unable to perform their duties as a volunteer or through their paid employment must report their progress weekly to County WC Representative: Tom Chunta as noted in Volunteer Responsibility Section. Failing to report may terminate benefits.

VFIS

Aside from Workmen's Compensation, volunteers are eligible for benefits through Volunteer Fireman's Insurance Service. You may be eligible for the following VFIS benefits: Medical Expense, Disability, Impairment, Death, Spousal Support & Dependent Support. Please contact Loudoun Benefits division, Robin York, Benefits Coordinator at 703/771-5785 for information regarding VFIS coverage.

Long Term Benefits

Aside from VFIS, volunteers are eligible for long term benefits through Virginia's Worker's Compensation (Page 11) but you must file for this benefit. Loudoun County & Wells Fargo Disability Management will not file the claim on your behalf. Know your rights and responsibilities for long term benefits - visit www.vwc.state.va.us or speak to an attorney.

WORKERS' COMPENSATION NOTICE

Notice to the Volunteer

Because of the accident or injury you have reported, you may have a workers' compensation claim. However, such a claim may be lost if you do not file it with the Virginia Workers' Compensation Commission within the time limit provided by law. You may find out what time limit applies to your injury by looking in the back of this handbook or contacting the Commission. **The fact that your employer or volunteer company may be covering your expenses or continuing to pay your salary does not stop the time from running.**

The Virginia Workers' Compensation Commission can be contacted at:

P.O. Box 1794
Richmond, Virginia 23214

Telephone Number (804)367-8600
www.vwc.state.va.us

It is the member's sole responsibility to file for worker's compensation claim. Please visit the website at www.vwc.state.va.us for more information or forms to file your claim.

WORKERS' COMPENSATION NOTICE

Time Limitations

Please note the following time limitations for filing applications for hearing.

Original application following injury by accident.	2 years
Death by accident from date of accident and 2 years from date of death.	2 years
Original application for occupational disease from date of diagnosis and communication or 5 years from date of last injurious exposure, whichever is shorter.	2 years
Original application for Byssinosis (Brown Lung) from date of diagnosis and communication or 7 years from date and last injurious exposure, whichever is shorter.	2 years

Original application for Asbestosis from date of diagnosis and communication.	3 years
Original application for Black Lung (Coal Worker's Pneumoconiosis) from date of diagnosis and communication or 5 years from date of last injurious exposure, whichever is shorter.	3 years
Death from occupational disease from date of death.	3 years
Change in condition if additional disability is claimed (worsening of physical condition) from the date compensation last paid. If the physical condition is the same but Volunteer is still disabled and suffering some wage loss after payment for a permanent disability has been completed from the date compensation was last paid.	1 year
Change in condition in asbestosis from date of diagnosis and communication of advanced stage.	2 years

An Volunteer entitled to payment of compensation is obligated to report to the Virginia Workers' Compensation Commission a current residential address and any changes of address as they occur, and to disclose immediately to the employer and to the insurer any return to work or increase in earnings.

This is just a general guideline. Check the website for up-to-date accurate information. www.vwc.state.va.us

Injured Volunteer Timeline

- ✓ **Day 1**- Ensure all Worker's Compensation documents are properly filed and submitted appropriately.

- ✓ **Day 7 and every 7 days**- If you continue out of work from your volunteer duties or paid employment, you must check in with Tom Chunta, Workers' Compensation Coordinator in the Benefits Department for an update on your condition. It is your responsibility to keep your volunteer company informed of your progress.

Injury Checklist Step Process

	Injury Occurs
	Medical Attention Seek proper medical attention. Provide WC billing information to hospital or panel of physician provider. Even if no medical attention is needed continue on with step process of Notification and Documentation.
	Notification Notify Safety Officer, Duty Officer, and/or Supervisor
	Documentation Submit Employer's Accident Report, Volunteer Report of Injury, and a copy of hospital discharge documents, if any, within 48 hours of injury to the Volunteer Program Manager. Injury will be recorded and documentation and forwarded to Tom Chunta, WC Coordinator.
	Follow up Appointments Seek follow up appointments with Panel of Physicians listed. Specialties not listed – utilize one of your choice. Confirm with Tom Chunta your choice prior to attending.
	Disclosure Documentation Submit Authorization for Medical Treatment & Disclosure form to Tom Chunta.
	Progress Documentation Take Medical Treatment & Physical Demand Analysis to all Dr. appointments for the treating physician to complete. Return it to Tom Chunta.
	7th Day Report and Benefits Submission On the 7th day of disability from the injury notify Tom Chunta. Submit your request for Wage Continuation Benefit. Contact Robin York, VFIS benefit coordinator, (703/771-7815) for eligible benefits through VFIS.
	Continued Reporting Every 7th day of disability from injury contact Tom Chunta on your progress.
	Worker's Compensation Claim If injury is extensive or disabling, consider filing independently for lifetime benefits through the Virginia Workers' Compensation Commission. www.vwc.state.va.us This is the member's sole responsibility.
	Return to Work Documentation Submit Return to Work Certification form through attending physician if requested by Tom Chunta.

This checklist is a guideline.
Use sound judgment and prudence on addressing injury related issues.
Make copies of all documentation before sending out.

Name	Title	Email	Fax	Phone	MSC
Karen McQuaid	Vol. Prg. Mgr	Karen.mcquaid@loudoun.gov	703.737.8358	703.777.0595	61A
Tom Chunta	WC Coordinator	Tom.chunta@loudoun.gov	571.258.3212	703.777.0214	41A
Wells Fargo Disability	WC Insurance Provider			877.371.9700 ext 6044	

Panel of Physicians – Primary Care

******IF medical emergency, please report to closest Emergency Room.******

Business Health Services
2000 Foundation Way #2200
Martinsburg, WV 25401
(304) 264-1247

Amherst Family Practice
1867 Amherst St.
Winchester VA. 22601
(540) 667-8724

Inova Urgent Care
Centerville (703) 830-5600 (6201 Centerville Rd Suite 200)
Vienna (703) 938-5300 (100 Maple Ave East)
Reston (703) 668-28323 (11901 Baron Cameron Ave)
Alexandria (703) 838-5530 (225 Reinekers Ln)
Dulles South Chantilly (703)722-2500 (24801Pinebrook Road)
Purcellville (540) 338-4995 (205 East Hirst Road Suite 101)

NOVA Urgent Care
Leesburg (703) 777-9701 (51 Catoctin Circle, N.E.(Leesburg Plaza)
Ashburn (703) 554-1111 (21785 Filigree Court, Suite 100)
Sterling (703) 430-4343 (21036 Triple Seven Rd)
Warrenton (540) 347-0400 (528 Waterloo Rd)

Concentra
Sterling (703) 435-7656 (45305 Catalina Ct, Suite 103)
Alexandria (703) 914-6718 (5590 General Washington Drive)

IMPORTANT NOTICE:
The County (in accordance with State guidelines) requires that any employee/volunteer that is injured during work or volunteer activity is to choose from a ***Panel of Physicians***. Once you choose a physician from the panel above, you cannot change that physician without prior approval from Wells Fargo Disability Management Loudoun County's Workers' Compensation Coordinator. If a panel physician refers you to a specialist, it is the employee/volunteer's responsibility to insure that the specialist is on the ***Specialty anel of Physicians***. Failure to use an approved physician will result in non-payment of all medical bills relating to this injury/illness.

4/22/10

Loudoun County Specialty Physician Panel

You must have been referred by a practice on previous page to be seen by any of the doctors below

General Orthopedic

Dr. Jeffrey Berg
Town Center Orthopedic Associates, P.C.
1860 Town Center Drive, Suite 300
Reston, VA 20190
(703)435-6605

Dr. Raymond Thal
Town Center Orthopedic Associates, P.C.
1860 Town Center Drive, Suite 300
Reston, VA 20190
(703)435-6605

Dr. Randolph Cook
Center for Advanced Orthopedics & Pain Management
21785 Filigree Court, Suite 103
Ashburn, VA 20147-5214
(703)444-5447

Dr. Angela Santini
Virginia Spine and Sports Orthopedics
19450 Deerfield Avenue, Suite 175
Lansdowne, Virginia 20176
(703)858-5454

Dr. Paul Mecherikunnel
107 E. Holly Street
Sterling, VA 20164
(703)435-5510

Dr. Robert Dombrowski
Commonwealth Orthopedics
13350 Franklin Farm Road, Suite 220
Herndon, VA 20171
(703)471-5300

Dr. George Aguiar (Speaks Spanish)
Commonwealth Orthopedics
1850 Town Center Drive, Suite 400
Reston, VA 20190
(703)435-6605

Orthopedic Spine Specialist

Dr. Angela Santini
Virginia Spine and Sports Orthopedics
19450 Deerfield Avenue, Suite 175
Lansdowne, Virginia 20176
(703)858-5454

Dr. Ian Wattenmaker
1860 Town Center Drive, Suite 340
Reston, VA 20190
(703)481-4416
Or
224-D Cornwall Street, STE 204
Leesburg, VA 20176
(703)777-1553

Dr. Tushar Patel
Commonwealth Orthopedics
13350 Franklin Farm Road, Suite 220
Herndon, VA 20171
(703)471-5300

Orthopedic Upper Extremity Specialist

Dr. Paul Mecherikunnel
107 E. Holly Street
Sterling, VA 20164
(703)435-5510

Dr. J. Mark Evans
Commonwealth Orthopedics
8501 Arlington Blvd., Suite 400
Fairfax, VA 22031-4625
(703)573-7168

Dr. David R. Miller
Town Center Orthopedic Associates, P.C.
1860 Town Center Drive, Suite 300
Reston, VA 20190
(703)435-6605

Orthopedic Foot Specialist

Dr. George Kartalian
Town Center Orthopedic Associates, P.C.
1860 Town Center Drive, Suite 300
Reston, VA 20190
(703)435-6605

Orthopedic Shoulder/Knee Specialist

Dr. Robert Dombrowski
Commonwealth Orthopedics
13350 Franklin Farm Road, Suite 220
Herndon, VA 20171
(703)471-5300

Dr. Raymond Thal
Town Center Orthopedic Associates, P.C.
1860 Town Center Drive, Suite 300
Reston, VA 20190
(703)435-6605

Dr. Randolph Cook
Center for Advanced Orthopedics & Pain Management
21785 Filigree Court, Suite 103
Ashburn, VA 20147-5214
(703)444-5447

Physiatry

Dr. Stephanie Clop
Town Center Orthopedic Associates, P.C.
1860 Town Center Drive, Suite 300
Reston, VA 20190
(703)435-6605

Dr. Virgil A. Balint
Capital Spine & Pain Center
150 Elden Street, 240
Herndon, VA 20170-4845
(703)709-0832

Dr. Ali G. Ganjei
INOVA Fair Oaks Hospital
3600 Joseph Siewick Drive
Fairfax, VA 22033-1709
(703) 391-3642

Neurosurgery

Dr. Charles J. Azzam
3301 Woodburn Road, Suite 105
Annandale, VA 22003
(703)205-6210

Dr. Donald Hope
Center for Cranial & Spinal Surgery
1830 Town Center Drive, Suite 103
Reston, VA 20190
(703)560-1146

Dr. Sean A. Jebraili
2750 Prosperity Ave., Suite #120
Fairfax, VA 22031-4336
(703)698-6155

Non-Surgical Pain Management

Dr. Virgil A. Balint
Capital Spine & Pain Center
150 Elden Street, 240
Herndon, VA 20170-4845
(703)709-0832

Dr. Sassan Hassassian
Center for Advanced Orthopedics & Pain Management
21785 Filigree Court, Suite 103
Ashburn, VA 20147-5214
(703)444-5447

Attached Forms

- Volunteer's Report of Injury
- Employer's Accident Report & Instructions
- Authorization for Medical Treatment & Disclosure
- Medical Treatment and Physical Demand Analysis Form
- Worker's Compensation Billing & Contact Information
- Information for Medical Providers

Loudoun County, Virginia
www.loudoun.gov
Management and Financial Services, Human Resources / Benefits
1 Harrison St., SE, 4th Floor, MS #41A Leesburg, VA 20177-7000
Telephone (703) 777-0517 • Fax (571) 258-3212

Volunteer Report of Injury

Instructions-Volunteer: Please complete this report and return to your duty officer/supervisor. Duty Officer/Supervisor: Review incident with Volunteer and then enter the required information onto the Employer's Accident Report. Send both original injury reports to the Workers' Comp dept. within 48 hours.

Name (First, Middle, Last) _____

Address_____ City_____ State_____ Zip_____

Phone No. _____ Date of Birth _____ Social Security No. _____

Volunteer Fire-Rescue Company: _____

Injury Date _____ Time of Injury _____

Date Duty Officer/Supervisor Notified_____ Date Returned to Volunteering _____

What was the injury or illness?

State exact part of the body affected and what the injury or illness was.

Injury_____

Body Part_____ Specific Area_____ Please Circle: Left Right N/A

What were you doing just before the incident occurred?

Describe the activity, as well as the tools, equipment or material you were using. Be Specific.

_____

_____

How did the injury/illness occur?

Example: "While arresting subject, fell to the ground and landed on arm."

_____

_____

Where did the incident happen? _____

What can be done to prevent future occurrence?

_____

Where did you go for medical treatment? _____**N/A**

I certify that the information in this Work-Related Injury Report is true and accurate to the best of my knowledge. I understand that the County will rely upon this form in evaluating my claim. I further understand that this document may be presented or used in support of or against a claim for payment under the County's policy of workers' compensation insurance. I understand falsification of any information on or about this injury report form or the alleged injury, and the assertion of a false workers' compensation claim, are violations of Virginia's Criminal laws, may result in a fine and imprisonment and/or termination of my employment.

Volunteer Signature_____ Date _____

Duty Officer/Supervisor Signature_____Date_____

Employer's Accident Report

(formerly: Employer's First Report of Accident)
Virginia Workers' Compensation Commission
1000 DMV Drive Richmond VA 23220

See instructions on the reverse of this form

The boxes to the right are for the use of the insurer	Reason for filing	VWC file number
	Insurer code or PEO Ref. No. 90267	Insurer location 760
	Insurer claim number	

Employer

1. Name of employer (trading as or doing business as, if applicable) County of Loudoun, VA	2. Federal Tax Identification Number 54-0948306	3. Employer's Case No. (if applicable)
4. Mailing address P.O. Box 7000, 1 Harrison St., SE Leesburg, VA 20177	5. Location (if different from mailing address)	
6. Parent corporation /Policy Named Insured (if applicable) or PEO name	7. Nature of business County Government	
8. Name and Address of Insurer or self-insurer for this claim Wells Fargo Disability Management	9. Policy number	10. Effective date

Time and Place of Accident

11. City or county where accident occurred	12. Date of injury	13. Hour of injury ☐ a.m. ☐ p.m ☐ 13a. Time began work ☐ a.m. ☐ p.m ☐	14. Date of incapacity	15. Hour of incapacity
16. Was employee paid in full for day of injury? ☐ Yes ☐ No		17 Was employee paid in full for day incapacity began? ☐ Yes ☐ No		
18. Date injury or illness reported	19. Person to whom reported	20. Name of other witness	21. If fatal, give date of death	

Employee

22 Name of employee (Last, First, Middle)	23. Phone number	24. Sex ☐ Male ☐ Female
25. Address	26. Date of birth 28. Social security number	27. Marital status ☐ Single ☐ Divorced ☐ Married ☐ Widowed
29. Occupation at time of injury or illness	30. Is worker covered by PEO policy? ☐ Yes ☐ No	31. Number of dependent children ☐
32. How long in current job? / 33.Date of Hire	34. Was employee paid on a piece work or hourly basis? ☐ Piece work ☐ Hourly	
35 Hours worked per day ☐ / 36 Days worked per week ☐	37. Value of perquisites per week Food/meals $ Lodging $ Tips $ Other $	
38 Wages per hour $ / 39 Earnings per week (inc. overtime) $		

Nature and Cause of Accident

40. Machine, tool, or object causing injury or illness	41. Specify part of machine, etc	
42 Describe fully how injury or illness occurred		
43 Describe nature of injury or illness, including parts of body affected	43a. Overnight inpatient hospitalization? ☐ Yes ☐ No 43b. Treated in Emergency Room? ☐ Yes ☐ No	
44. Physician (name and address)	45. Hospital or Clinic (name and address)	
46. Probable length of disability / 47. Has employee returned to work? ☐ Yes ☐ No	If yes 48. At what wage?	49. On what date?
50 EMPLOYER: prepared by (name, signature, title)	51. Date	52. Phone number
53 INSURER (name of processor)	54 Date	55. Phone number
56 THIRD PARTY ADMINISTRATOR (if applicable)	57. Address	58 Phone number

This report is required by the Virginia Workers' Compensation Act

INSTRUCTIONS

Employer's Accident Report
(formerly Employer's First Report of Accident)
VWC Form No. 3

Employer

1. Fill out this form whenever one of your employees is injured. Provide all the information requested, except the information in the top right corner. **Please type or print all information in black ink.** Your signature is required on line 50 of the form.

2. Send the original beige form to your insurance carrier, claims servicing agency, or third party administrator for processing. If you are self-insured, send it to your organization's designated office for handling workers' compensation claims.

3. If you are an employer subject to OSHA record-keeping requirements, you may retain a copy of this completed form as a supplementary record of occupational injury or illness. Use block #3 (Employer's Case No.) to cross-reference your master log of accidents and illnesses.

4. If you need additional copies of this form, please request them from your insurance carrier, claims servicing agency, or third party administrator.

Insurance carriers, self-insured employers, Professional Employer Organizations (PEO's), and authorized representatives

1. For accidents meeting one of the seven criteria for establishing a Commission Case File,* submit the original beige form and one copy to the Virginia Workers' Compensation Commission at 1000 DMV Drive, Richmond VA 23220. The code for the reason for filing should be written at the top right of the form.

2. When processing these forms prior to transmittal to the Commission, please include the information requested at the top right of the form, verify that the carrier name and policy number given by the employer are accurate, and enter your name and phone number, and the date of processing at the bottom of the form.

3. Insurer code at the top right of the form refers to the five-digit code assigned by NCCI. If you are self-insured, it refers to a similar five-digit number assigned by the Virginia Workers' Compensation Commission. A PEO must use the VWCC reference number.

4. Additional copies of this form are available without cost by writing to the Commission. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. Write to "Forms" at the listed Virginia Workers' Compensation Commission address.

5. On Lines 8 and 9, the employer or carrier is to give the name of the responsible carrier as set forth on the policy (line 8) and that carrier's policy number (line 9).

*The criteria are (1) lost time exceeds seven days, (2) medical expenses exceed $1,000, (3) compensability is denied, (4) issues are disputed, (5) accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.

Authorization for Medical Treatment & Disclosure

Employee: _____ Date: _____
Address: _____ Department: _____
_____

RE: Date of Injury: _____
Claim No.: _____

To Whom It May Concern:

I hereby request and authorize you to disclose, whenever requested to do so by the County of Loudoun or its representative, any and all information you may have concerning:

_____
(Specify illness or injury)

Or any illness or injury, medical history, consultation, prescription or treatment, including x-rays and copies of all hospital records and Health Department records. A photocopy of this authorization shall be considered as effective and valid as the original.

I have read and understand my responsibilities relating to my workers' comp claim. I acknowledge that I have received a copy of the Loudoun County Government Panel of Physicians and Notice of my FMLA Rights and Responsibilities.

Employee's Signature: _____ Date_____

Witness Signature: _____ Date_____

Please list below all physician's names and address that you have seen whose treatment pertains to the above-reference injury/illness:

_____
_____
_____
_____
_____
_____
_____

Please return this form to Tom Chunta/Katy Blumberg, Risk Management/Workers Compensation Department, Department of Management and Financial Services, Human Resources/Benefits. Fax # 571.258.3212.

4/22/10

Loudoun County, Virginia
www.loudoun.gov
Department of Management and Financial Services/Workers' Compensation Program
1 Harrison Street, S.E., 4th Floor, Mail Stop 41-A, P.O. Box 7000, Leesburg, VA 20177-7000
Phone 703.777.0214 • 703.771-5981 Fax 571.258.3212

Medical Treatment & Physical Demands Analysis

To be Completed by Employee (Employee Signature Required)

Name: _____ Date of Injury: _____ Phone: _____

Job Title & Brief Description of Job Duties (or attach copy of job description): _____

I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, Wells Fargo Disability Management, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.

Date *Employee's Signature*

To be Completed by Healthcare Provider:

☐ **New Injury** ☐ **Aggravation of Pre-existing Injury** **Date of Exam** _____

☐ **Follow-up Treatment** ☐ **Treatment Completed** **Date of Injury** _____

Diagnosis: _____

Treatment: (including surgery, physical therapy, medications, and diagnostic procedures.) _____

Work Status:

☐ **Return to regular duty on** _____ **Patient discharged from care?** ☐ **Yes** ☐ **No**

☐ **Unable to return to work until** _____ **Copy of job description reviewed?** ☐ **Yes** ☐ **No**

☐ **Return to work with restrictions on** _____ **until** _____

☐ **Follow-up appointment date** ☐ **No follow-up necessary**

Physical Demands Analysis: Modified duty may be available for employee.

✓	**Lifting Amounts** (check or circle)	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
	Heavy Work	100 lbs	50 lbs	20 lbs
	Medium Heavy Work	75 lbs	35 lbs	15 lbs
	Medium Work	50 lbs	25 lbs	10 lbs
	Light Work	20 lbs	10 lbs	4 lbs
	Sedentary-Light Work	15 lbs	8 lbs	3 lbs
	Sedentary Work	10 lbs	5lbs	2 lbs

✓ (check task as appropriate)	Never (0 Hrs)	Occasional (1-4 Hrs)	Frequent (4-8 Hrs)	Always (9-12 HRS)
Sit				
Stand/Walk				
Bend				
Twist				
Squat/Crouch				
Reach				
Climb				
Drive				
Use of hands for repetitive grasping, fine manipulation, pushing & pulling.				
Use of foot/feet for repetitive movement as in operating foot controls.				

Signature of Healthcare Provider _____ Phone _____ Date _____

Please return form to Loudoun County, Department of Mgt & Financial Services, Human Resources/Benefits, Attn: Risk Management/Workers' Compensation Dept., Phone 703.777.0214 / Fax 571.258.3212. ***Revised 4/22/10***

Workers' Compensation
Billing & Contact Information

Wells Fargo Disability Management
353 Falls Drive, Suite C, P.O. Box 1567
Abingdon, Virginia 24210
Claim Rep: Matt Akins, 1-877-371-9700 ext 6044
Sr. Claims Rep: Karen Johnson, 1-877-371-9700 ext 6047

Loudoun County Rep: Tom Chunta, 703-777-0214
Tom.Chunta@loudoun.gov
Katy Blumberg, 703-771-5676
Katy.Blumberg@.loudoun.gov

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