

TO: Injured MANCON Employee

FROM: MANCON Corporate Human Resources 

SUBJECT: Workplace Accident, Injury and Illness Instructions

DATE: January 2017

Thank you for alerting your MANCON manager/supervisor to the accident, injury, or illness that occurred in the workplace. Below are instructions for you regarding MANCON requirements.

Reporting an Accident, Injury, and/or illness

Your MANCON manager/supervisor will provide you with a group of forms that are necessary for MANCON to respond to your accident, injury, or illness. Each form is detailed below.

1. **Physician Panel** – Depending on your work location, this form is used to inform you of your options for medical treatment if desired. If provided a form, you have the option to see medical treatment from any of the providers on the list. If you arrive at a site listed and the site turns you away because they no longer accept workers comp patients, contact MANCON HR immediately at 888-892-0787. If you cannot get a hold of HR and need immediate medical attention, go to the nearest emergency or urgent care facility for treatment.
2. **MANCON Panel** – Complete this form by writing in the contact information for the medical facility where you chose to seek treatment and the drug screen facility contact information where you had the drug screen collected. In addition, you must check the appropriate box next to the statements regarding your claim indicating whether or not you are claiming an injury or seeking treatment for an injury. Your signature is required at the bottom of the form. **Return this completed form to your supervisor.**
3. **Medical Treatment Authorization** – This form is completed by your supervisor. Take a copy with you to the medical facility where you seek treatment. This form provides the facility with the information that they need for workers compensation claims and instructs the facility to send MANCON any bills related to the incident.
4. **Return to Work/Ability to Work Recommendation Form** – The physician note pages must be completed by your physician and **returned to your supervisor** as soon as possible. Depending on the medical facility, your physician may give you a Return to Work slip. If this is the case, MANCON must have a copy of a Return to Work slip on the medical facility's letterhead detailing whether or not restrictions occurred or full duty status as soon as possible.
5. **Prescription First Fill Card** – This document allows you to obtain prescriptions for the initial treatment of your injury.
6. **Quest Confirmation Letter** – If you receive this form, you are required to submit to a drug test. This form is the order confirmation and authorization letter for the required drug screen. You must take this form (in addition to a government issued ID) to the drug screen location to obtain your drug screen. MANCON requires drug screens to be performed within 72 hours.
7. **Patient Authorization to Release Information** – You will need to sign this form to allow your physician to release treatment information to MANCON. Sign and return to your supervisor.
8. **Timesheet Entry Form** – Use this form to identify what time you arrived to work on the date of the incident, what time you left to seek medical treatment, if applicable, and the time you returned to the worksite after medical treatment. In addition, the same information needs to be completed

if you had a drug screen collection on one of the days following the date of the incident.

Complete this form and return it to your supervisor.

- 9. State Workers Comp Form** – Some states require MANCON to provide a state specific workers compensation form for completion. If your state has this requirement, your supervisor will go over the information with you. Please complete the form as instructed and **return to your supervisor.**

Completion of your Timesheet

At the completion of the pay period, you must ensure your timesheet accurately reflects the actual hours physically worked for any days associated with the date of the incident including the date when medical attention was sought, the date when the drug screen was performed, and the date when any follow up medical treatment is sought. Use the Timesheet Entry Form to check that the correct hours are entered for each applicable line.

Missed Time

MANCON pays employees up to 8 hours on the day of injury for seeking medical treatment due to a work related injury. If you chose not to seek medical treatment on the day of injury, MANCON will not pay you for missed time for seeking treatment on any day after the injury. MANCON pays employees for the time it takes to obtain a drug screen. (MANCON requires a drug screen be performed within 72 hours. Failure to adhere to these requirements will result in actions according to MANCON's Drug-Free Workplace policy signed upon hire.)

Follow-up Appointments

You are encouraged to make follow-up appointments before or after work or on the weekends to avoid missing time from work. If you miss time during your work schedule, applicable MANCON Leave Policy guidelines will be enforced unless restricted by state regulations.

Physician Orders to Refrain from Work

MANCON does not pay employees for missed time from work due to physician orders. Liberty Mutual, MANCON's workers compensation insurance company, may pay disability benefits for missed time due to physician orders based on the applicable state workers compensation regulations. Some states do not fall under Liberty Mutual's coverage; therefore, information regarding missed time can be obtained by contacting your state's department of workers compensation.

Medical Bills

Even if bills are presumed to be paid by MANCON or Liberty Mutual, you should not be receiving bills at your residence. All bills received regarding incidents related to MANCON must be forwarded to your MANCON HR as soon as possible.

Questions regarding Workers Comp can be directed to MANCON Human Resources at hr@manconinc.com.