

Step 1

REPORT THE INJURY

Workers' Compensation Procedures



PRINT

THE UNIVERSITY OF TENNESSEE

Injured Worker Name (print): _____

CorVel Claim Number: 0546 – WC – ____ - _____

If a work injury is LIFE-THREATENING or results in SERIOUS BODILY INJURY, IMMEDIATELY CALL 911 and/or GO TO THE NEAREST EMERGENCY ROOM!

If an injured worker is unable to report the injury, the injured worker's supervisor must immediately report the injury to 1-866-245-8588 Option 2.

The supervisor must also notify the System Office of Risk Management 865-974-5409

STEP 1: REPORT THE INJURY

- ❖ INJURED WORKER WILL REPORT THE INJURY TO THEIR SUPERVISOR AND TO CORVEL
 - **1-866-245-8588 Option 1**
 - This is a 24/7 Nurse Line
 - The NURSE will discuss the appropriate level of treatment needed and direct the injured worker to the nearest STATE-APPROVED treatment facility
 - If the injured worker agrees to self-care but later changes their mind, he/she must first call CorVel **Option 2** to obtain authorization to treat
- ❖ DO NOT go to the doctor prior to reporting the injury to CorVel

Beginning July 1, 2019, the TN Division of Claims and Risk Management will assess a \$500.00 departmental penalty each time an injured worker seeks non-emergency medical treatment prior to reporting their injury to CorVel
- ❖ All work related injuries **MUST** be reported to CorVel
- ❖ If necessary, employee's supervisor or other designee may report injury using **Option 2**

TIMELY REPORTING PENALTIES

- ❖ INJURIES MUST BE REPORTED TO CORVEL WITHIN (3) THREE BUSINESS DAYS

Beginning July 1, 2019, the TN Division of Claims and Risk Management will assess a \$500.00 departmental penalty each time an employee or employer does not report a work injury within (3) business days after sustaining said injury

Step 2

COMPLETE THE PAPERWORK

Workers' Compensation Procedures



THE UNIVERSITY OF TENNESSEE

Injured Worker Name (print): _____

CorVel Claim Number: 0546 – WC – ____ - _____

STEP 2: COMPLETE THE PAPERWORK

- 1) [Workers' Compensation Procedures](#)
- 2) [Workers' Compensation Injury Report](#)
- 3) [Lost Time / RTW Calendar](#)
- 4) [Transitional Duty Plan*](#)

*Complete this form ONLY when the injured worker is given light duty restrictions

All paperwork must be provided to your campus Workers' Compensation Coordinator. If you do not know who your campus Workers' Compensation Coordinator is, please contact your campus HR Department or the System Office of Risk Management at 865-974-5409

INJURED WORKER RESPONSIBILITIES

It is my responsibility to:

1. Keep my supervisor informed of my work status while receiving treatment for my work injury
2. Provide my supervisor with a copy of my work status after each medical appointment
3. Stay in contact with my claim adjuster at CorVel, and cooperate with him/her in all matters related to the treatment of my injury

Injured Worker Signature: _____

Supervisor/Designee Name (print): _____

Today's Date: _____

Office of Risk Management • Phone: (865) 974-5409
Fax: (865) 974-0936 • Email: riskmanagement@tennessee.edu