Established 1915

BROWARD
County Public Schools

"Educating today's students to succeed in tomorrow's world"

Revision Date 9/22/17

Important Information: Pre-injury Wages

READ THIS IF YOU HAVE BEEN RELEASED TO WORK AND YOU ARE NOT MAKING AT LEAST 80% OF YOUR PRE-INJURY WAGES

Your doctor has released you to return to work, but because of your work related accident, you have been given restrictions on the type of work you can now do. Because you have not reached maximum medical improvement (the date after which your doctor says your injury will probably not get better), you may continue receiving workers' compensation benefits approximately every two weeks if you are not able to earn at least 80% of the weekly wages you were making before your injury.

These benefits, called Temporary Partial Disability benefits, will be paid until:

1. You reach maximum medical improvement or can return to work without restrictions;
2. You receive the maximum of 104 weeks allowed by law for either Temporary Total Disability benefits, Temporary Partial Disability benefits or Training and Education Temporary Total benefits, or 104 weeks for the combined benefits; OR
3. You earn 80% or more of the weekly wages you were making at the time of your accident.

IMPORTANT: Temporary Partial Disability benefits may be stopped if:

1. You do not notify your Broward County Public Schools adjuster within five (5) business days after you return to work;
2. You are not working due to your own misconduct on the job;
3. You refuse suitable employment (including modified or transitional work) offered to you; or
4. You do not return, if requested, Form DFS-F2-DWC-19, "Employee Earnings Report" form (page 13), as adopted in Rule 69L-3.025, F.A.C., to this claims office within 21 days after you receive it and report the receipt of any earnings, including Unemployment Compensation or Social Security benefits. You may be asked to complete, sign and return the Employee Earnings Report form once a month.

If you stop making at least 80% of your pre-injury weekly wages, you are to notify your Broward County Public Schools adjuster immediately.

For more information about temporary partial disability benefits, please call the Employee Assistance Ombudsman Office (EAO) with the Division of Workers' Compensation at any of its local offices listed in your "Important Workers' Compensation Information for Florida Workers' brochure, or at 1 (800) 342-1741.

Enclosed Form DFS-F2-DWC-19 (see page 13)

DWC-19 Purpose and Use Statement

The collection of the social security number on this form is imperative for the Division of Workers' Compensation's performance of its duties and responsibilities as prescribed by law. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law.

EMPLOYEE EARNINGS REPORT

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

CLAIMS-HANDLING ENTITY RECEIVED DATE	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

CAUTION **FAILURE OR REFUSAL OF EMPLOYEE TO COMPLETE, SIGN, AND RETURN THIS REPORT WITHIN 21 DAYS AFTER THE DATE OF RECEIPT OF THE REQUEST MAY CAUSE PAYMENT OF BENEFITS TO STOP UNTIL SUCH TIME AS THE COMPLETED FORM IS FURNISHED TO THE REQUESTING PARTY.**

PLEASE PRINT OR TYPE

I. IDENTIFICATION OF PARTIES (To be completed by requesting party)

EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (First, Middle, Last)	DATE OF ACCIDENT: (Month-Day-Year)
EMPLOYEE'S ADDRESS	**ACCIDENT EMPLOYER'S NAME & ADDRESS**	**CLAIMS-HANDLING ENTITY NAME & ADDRESS**

II. NOTICE TO EMPLOYEE

THE WORKERS' COMPENSATION LAW REQUIRES ALL PERSONS RECEIVING OR CLAIMING BENEFITS FOR TEMPORARY DISABILITY AND/OR PERMANENT TOTAL DISABILITY TO REPORT ALL EARNINGS OF ANY NATURE TO THE EMPLOYER, INSURANCE COMPANY AND/OR DIVISION OF WORKERS' COMPENSATION. PLEASE COMPLETE THIS REPORT AND RETURN IT TO THE REQUESTING PARTY WITHIN 21 DAYS AFTER THE DATE OF YOUR RECEIPT.

TIME PERIOD TO BE REPORTED **FROM**	**TO**	HAVE YOU RECEIVED INCOME FROM ANY SOURCE OTHER THAN WORKERS' COMPENSATION? ☐ YES (IF YES, COMPLETE FORM, SIGN, DATE, & RETURN) ☐ NO (IF NO, SIGN, DATE AND RETURN)

IF NECESSARY, ATTACH ADDITIONAL EARNINGS DOCUMENTATION

III. HAVE YOU RECEIVED EARNINGS FROM ANY PERSON, FIRM OR COMPANY DURING THE TIME PERIOD IN SECTION II? ☐ YES (IF YES, COMPLETE INFORMATION BELOW) ☐ NO

PERSON/FIRM/COMPANY NAME	ADDRESS	PERIOD WORKED FROM	PERIOD WORKED TO	TOTAL GROSS EARNINGS

IV. DURING THE TIME PERIOD IN SECTION II, HAVE YOU BEEN SELF-EMPLOYED? ☐ YES ☐ NO

BRIEFLY DESCRIBE NATURE OF BUSINESS OR SERVICE

DATES SELF-EMPLOYED FROM	DATES SELF-EMPLOYED TO	WAGES, INCOME OR BENEFITS RECEIVED	DATES SELF-EMPLOYED FROM	DATES SELF-EMPLOYED TO	WAGES, INCOME OR BENEFITS RECEIVED

V. DURING THE TIME PERIOD IN SECTION II, HAVE YOU RECEIVED ANY SOCIAL SECURITY BENEFITS? ☐ YES (IF YES, STATE AMOUNTS) ☐ NO

TOTAL MONTHLY SOCIAL SECURITY INCOME	AMOUNT PAID FOR YOUR DISABILITY	AMOUNT PAID FOR YOUR DEPENDENTS

VI. DURING THE TIME PERIOD IN SECTION II, HAVE YOU RECEIVED WAGES, INCOME, OR BENEFITS FROM ANY OTHER SOURCE, i.e. Unemployment Compensation Benefits, Workers' Compensation Benefits from another insurer, etc? Attach additional documentation if necessary. ☐ YES (IF YES, STATE AMOUNTS) ☐ NO

SOURCE OF WAGES, INCOME OR BENEFITS	PERIOD BENEFITS RECEIVED FROM	PERIOD BENEFITS RECEIVED TO	TOTAL AMOUNT

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234. Section 440.105(7), F.S.

I HAVE REVIEWED, UNDERSTAND, AND ACKNOWLEDGE THE ABOVE. THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

EMPLOYEE'S SIGNATURE _____ DATE _____

VII. RETURN TO (To be completed by requesting party):

REQUESTING PARTY'S NAME	REQUESTING PARTY'S SIGNATURE	REQUESTING PARTY'S ADDRESS & TELEPHONE
		Broward County Public Schools P.O. Box 81241 5801 Postal Rd Cleveland, Ohio 44181 Email: BrowardMail@s1-medical.com 800-374-4810
TITLE	DATE: (Month-Day-Year)	

Form DFS-F2-DWC-19 (03/2009) Rule 69L-3.025, F.A.C.

CUT OR TEAR ALONG DASHED LINE

Additional Comments (If necessary, please use additional paper):

Survey Completed by: Print Name: _____ Date:_____

CUT OR TEAR ALONG DASHED LINE

Workers' Compensation Injured Employee Survey

PLEASE COMPLETE, SIGN AND RETURN

Established 1915
BROWARD
County Public Schools

Survey Questions	Very Satisfied	Generally Satisfied	Generally Dissatisfied	Very Dissatisfied
S1 Medical Triage Service Experience:				
1. S1-Medical Triage Staff offered caring solutions and seemed genuinely concerned about my work related incident. *(Examples: I felt reassured, supported, and listened to)*				
2. S1-Medical Triage Staff handled my claim competently. *(Examples: I felt like I was in capable hands, my calls were returned timely, and the information I received was accurate)*				
3. S1-Medical Triage Staff made sure I knew how to reach help regarding my claim. *(Examples: I was offered a local or toll-free number, information was provided on how to reach my adjuster and my nurse)*				
Initial Care for My Injury:				
4. I felt the medical examination I received took care of my medical needs. *(Examples: The examination was adequate, the physician discussed treatment options with me, gave me reassurance about my recovery, I was treated with respect, etc.)*				
5. If I did not have my own physician, I would select this physician to provide non-work related care for me.				
6. I felt the physician made a good attempt to explain his findings, conclusions and expectations about my injury. (Examples: Physician explained my role in staying active in my recovery and my ability to stay at work or return to work. I have a good understanding of my work-related condition)				
7. My initial care was provided by: Emergency Room _____ Urgent Care / Walk-In Facility _____ Individual Physician Office /Specialist _____				

CIRCLE ONE:

8. I was able to receive care and see a physician in	Same day/ next day	2-7 days	8-14 days	15 or more days
My Work:				
9. My work-related injury caused me to lose time from work	0 days	1-7 days	8-14 days	15 or more days
10. My employer was helpful in my return to work	Very helpful	Somewhat helpful	Not too helpful	Not helpful at all

Please see reverse

CUT OR TEAR ALONG DASHED LINE

CUT OR TEAR ALONG DASHED LINE

One-Time Change of Physician Form

Complete, sign, and return this form ONLY if you are requesting a one-time change in treating Physician

TO: Broward County Public Schools
P.O. Box 81241
5801 Postal Rd
Cleveland, Ohio 44181
Email: BrowardMail@s1-medical.com

RE: Employer:_____

Claim #:_____

Date of Injury: _____

Current Physician: _____

Please accept this letter as my request for one-time change of physician for the accident indicated above.

The Florida Statue 440.13(2)(f) defines the injured workers rights and responsibilities as stated below:

"Upon the written request of the employee, the carrier shall give the employee the opportunity for one change of physician during the course of treatment for any one accident. Upon the granting of a change of physician, the originally authorized physician in the same specialty as the changed physician shall become de-authorized upon written notification by the employer or carrier. The carrier shall authorize an alternative physician who shall not be professionally affiliated with the previous physician within 5 days after receipt of the request. If the carrier fails to provide a change of physician as requested by the employee, the employee may select the physician and such physician shall be considered authorized if the treatment being provided is compensable and medically necessary."

By signing below, I understand and acknowledge that I am requesting my one-time change in Physician as allowed by Florida law and that I may not request another change of physician.

Print Name: _____

Signature:_____ Date: _____

MILEAGE REIMBURSEMENT

Claim Number:_____
Employee: _____
Employer: _____
Date of Accident: _____

****PLEASE COMPLETE EACH SECTION OF THIS FORM FOR EACH DAY MILEAGE REIMBURSEMENT THAT IS BEING CLAIMED.**

NAME AND ADDRESS OF PHYSICIAN OR MEDICAL FACILITY:	DATE(S)	ADDRESS CLAIMANT STARTED FROM	ADDRESS OF FINAL DESTINATION AFTER DR'S APPT	ROUND TRIP MILES

PLEASE DO NOT WRITE IN THIS SPACE

MILEAGE IS REIMBURSED AT $.445 CENTS PER MILE FOR TRAVEL TO/FROM AUTHORIZED MEDICAL PROVIDERS AFTER 6/30/06.

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company or self-insured program files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, FS.

Mail to: Broward County Public Schools
P.O. Box 81241
5801 Postal Rd
Cleveland, Ohio 44181
Email: BrowardMail@s1-medical.com

Claimant's Signature: _____

Date: _____

REV. 5/2019

CUT OR TEAR ALONG DASHED LINE

General Information

While Receiving Treatment

On one occasion during a claim, an injured employee may request a "one-time change in physician" by calling the Nurse Case Manager and submitting the request in writing (see page 9). Upon receipt of the written request, the Nurse Case Manager will facilitate the transfer of your care to a new physician and the current doctor will be de-authorized.

At any time during treatment, a physician may refer care to a medical specialist for testing or additional services. Broward County Public Schools Workers' Compensation Unit will authorize all medically necessary referrals and will make all arrangements.

Safety

Employees must wear and use any safety equipment required by the Broward County Public Schools. Failure to do so could result in the reduction of workers' compensation benefits by 25%.

Hurricane Season

During any hurricane warning/watch, it is the injured employees' responsibility to ensure adequate supply of authorized medications.

The Nurse Case Manager is available to answer any questions.

General Information

Maximum Medical Improvement

When the physician finds that the injured employee is back to his/her pre-injury condition or is the best that he/she will be medically after the injury, the physician will place the injured employee at maximum medical improvement. Once an injured employee is placed at maximum medical improvement, he/she will be paid any impairment benefits due as determined by his/her level of disability, which is determined by the authorized treating physician.

In addition, when the injured employee is placed at overall maximum medical improvement, he/she will be obligated to pay a co-payment of $10 per office visit for medical services, except for emergency care. The co-payment requirement is pursuant to Florida Statute 440.13(14)(c).

Note: Follow-up appointments must be pre-authorized by your Nurse Case Manager.

Worker's Compensation Responsibilities

Broward County Public Schools is responsible for facilitating medical benefits and lost wage benefits to which an injured employee may be entitled. We will provide injured employees with access to medical care by making referrals to treatment centers/physicians near the injured employees' normal work site. Broward County Public Schools will make every effort to ensure that licensed physicians and other licensed health care professionals provide all medical services. Broward County Public Schools will also help with questions about workers' compensation and how to access medical care. We are responsible for timely payment of all workers' compensation benefits.

Injured Employees' Responsibilities

1. Emergency Care

- In the event of a true emergency, call 911 or go to the nearest emergency room, then contact your supervisor/location as soon as possible.
- The supervisor/location will call the Workers' Compensation Triage Unit as soon as possible after emergency care/treatment has been received.
- The workers' compensation unit will coordinate any appropriate follow-up medical care that may be required.

2. Routine or Urgent Care

- An injured employee must inform the supervisor/location immediately of the injury. In the event a supervisor is not available, the employee can call the Workers' Compensation Triage Unit directly.
- The supervisor will call the Workers' Compensation Triage Unit with the injured employee present to report the injury to get access to appropriate medical care, if necessary.
- The physician will provide treatment and make determinations of any future medical needs.
- All scheduled follow-up appointments must be kept to avoid jeopardizing any workers' compensation benefits that may be due.
- If for some reason a medical appointment cannot be kept, the Nurse Case Manager should be contacted immediately to reschedule and authorize the next appointment.

General Information

What is a Nurse Case Manager?

A Nurse Case Manager is a Registered Nurse who will coordinate the injured employees' related medical care. The Nurse Case Manager will schedule and authorize appointments, answer medical related questions and assist an injured employee to stay at work or in some cases return to work.

Lost Wage Benefits

Injured employees may be entitled to lost wages, if an injured employee is placed on a "No Work" status or given restrictions by his/her authorized treating physician that cannot be accommodated by Broward County Public Schools.

The State of Florida mandates that the first seven days after injury are a waiting period. The injured employee will be reimbursed lost wages at 66 2/3% of their average weekly wage (gross pay); up to the State mandated maximum benefit, after they have lost more than seven days. If an injured employee misses more than 21 days from work, he/she will then be reimbursed for the first seven days of the waiting period.

You may be eligible for additional lost wages or wage replacement benefits through Broward County Public Schools. Please contact your employer for additional information.

If you have a second job, it is your responsibility to advise your adjuster as this may impact your benefit entitlement.

Stay at Work, return to Work

The Broward County Public Schools' Stay at work/Return to Work program is designed to assist our injured employees return to meaningful work (within their functional limitations, if any) as soon as possible in order to reduce recovery times, reduce complications, reduces distress, keep careers on track, and prevent needless disability.

Broward County Public Schools injured employees are expected to return to work immediately after medical appointments and submit documentation to their supervisor to determine if work can be provided in a normal capacity or in a modified manner if functional limitations are assigned. If an injured employee refuses to return to work, he/she may lose certain workers' compensation benefits.

Broward County Public Schools will make every effort to provide the injured employee with modified or transitional work, taking into account any temporary functional limitations assigned by the authorized treating physician. If Broward County Public Schools is not able to provide work within his/her restrictions, appropriate benefits will be paid until there is a change in their restrictions/status or the employee is placed at maximum medical improvement (see page 6).

General Information

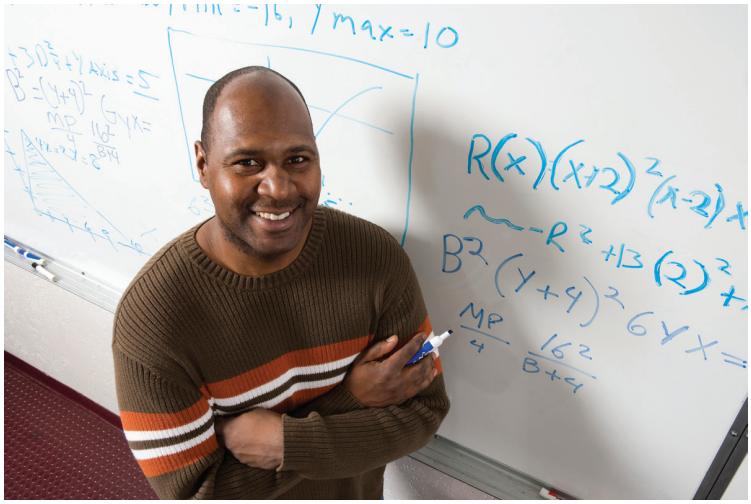
This information is being provided to you to explain your rights and responsibilities. This booklet will explain your legal rights, according to the State of Florida, for receiving lost wages, medical care and stay at work information. Should you have any additional questions, please do not hesitate to call your adjuster at Broward County Public Schools.

What is Workers' Compensation?

PLEASE NOTE: Broward County Public Schools does not set benefit levels. Workers' Compensation is regulated by the State of Florida and the law sets the benefit levels. You are protected under workers' compensation if you sustain an injury or occupational illness "arising out of the course and scope" of your employment.

Employee's Rights and Benefits

- Workers' compensation insurance coverage is provided by the employer at no cost to the injured employee.
- It will pay for all reasonable and necessary medical care if an employee gets injured at work or develops an occupational disease "arising out of the course and scope" of employment.
- Employees are covered from the first day of work on the job.
- If an employee is injured on the job, he/she may be required to take a drug and alcohol test. If he/she tests positive for alcohol or drugs at the time of injury, the injured employees' claim may be denied, and he/she may not receive benefits.



- An injured employee has the right to copies of any medical reports they request. There may be a charge of $.50 per page by the medical office for regular copies; actual costs for x-rays or non-paper documents may be more.

What is an Adjuster?

An adjuster is responsible for gathering the facts of a claim and claim decision making, as well as the authorization of benefits arising under workers' compensation claims, insurance policies, coverage agreements and service agreements.

CUT OR TEAR ALONG DASHED LINE

Acknowledgement Form

ACTION REQUIRED

Please READ, SIGN, and RETURN this Acknowledgment Form in the postage-paid envelope provided in this package.

Medical and/or Hospital Authorization

- I hereby give my permission, and this is your authority to permit Broward County Public Schools and or their designated representative to examine, make or be furnished with copies of any records or information, x-rays and x-ray reports in connection with any illness or injury requiring confinement and/or treatment by you.
- I agree that a Photostat copy of this authorization shall be considered as effective and valid as the original.
- I understand that I have the right to revoke this authorization in writing at any time.

Fraud Statement

- I understand and acknowledge that "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s.817.234."

Employee Facts - Important Workers' Compensation Information For Florida's Workers

- I acknowledge that I received the enclosed copy of a brochure entitled Employee Facts - Important workers' compensation Facts for Florida's Workers' and a letter (at the beginning of this orientation package) from the Florida Department of Financial Services/ Division of Workers' Compensation regarding the services provided by the Employee Assistance Office.

Protected Health Information (PHI)

- Pursuant to HIPAA, a covered entity (health care provider, etc.) can release employee's or other's protected health information (PHI) "as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault." 45 C.F.R. 164.512(l).

Print Name: _____

Signature: _____ Date: _____

Required Forms and Critical Information

All of the information in this Orientation for Injured Employees package is **IMPORTANT**. Please follow the steps provided and take the time to read it carefully and thoroughly.

Step 1

- Please immediately and carefully **READ, SIGN, DATE AND RETURN** the attached enclosed forms/documents on the next pages in the self-addressed, postage-paid envelope provided. You may also return the signed forms/documents via email at: browardmail@s1-medical.com.

CHECKLIST:

☐ Acknowledgment Form - (Page 3)

- Medical Authorization Release Form
- Fraud Statement
- Receipt of the State of Florida Brochure entitled "Employee Facts - Important Workers' Compensation Information For Florida's Workers"
- Letter from the Florida Department of Financial Services/Division of Workers' Compensation
- Protected Health Information (PHI)

☐ Workers' Compensation Injured Employee Survey Form – (Page 11)

IMPORTANT - READ CAREFULLY:

- Under Florida Statute 440.105(7): An injured employee or any other party making a claim under this chapter shall provide his or her personal signature attesting that he or she has reviewed, understands, and acknowledges the following statement: "Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s.817.234." If the injured employee or other party refuses to sign the document attesting that he or she has reviewed, understands and acknowledges the statement, benefits or payments under this chapter shall be suspended until such signature is obtained.

Step 2

- Follow your physician's orders.
- Failure to keep scheduled appointments may risk your workers' compensation benefits.
- If you need any assistance with your medical care, please contact your adjuster.

Step 3

- Communicate regularly with your adjuster, nurse case manager and your supervisor.

Statutory and Related Requirements

Critical Information

Your claim is being processed under Florida Statute 440.20(4), which requires Broward County Public Schools to initiate payment of compensation while we gather information about your claim. In good faith, we may begin payment of benefits to you to ease your financial burden and to take care of your medical needs. Should it be determined for any reason that part or your entire claim will be denied, we must do so, and notify you in writing, within 120 days of the initial provision of benefits. Should your claim be denied, Broward County Public Schools will pay for all care that was authorized by us through the date of our written notice of denial to you.

Statute Of Limitations

Once you are injured at work or become aware of a workers' compensation injury, you have 30 days in which to report your injury to your employer. Generally, you have two years from the date of your injury to file a claim. Failure to report your injury within 30 days may be used as a defense against your claim regardless of the two-year statute of limitation for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or any approved medical care/treatment.

If you are uncertain about, or would like to make sure that the information provided by Broward County Public Schools is accurate, you are encouraged to call the following number listed below:

The Florida Department of Financial Services
Division of Workers' Compensation
Employee Assistance Office
Phone Number:
1-800-342-1741

The State of Florida, Department of Financial Services, Workers' Compensation Division, will help you with any questions you may have as a Florida injured employee, and can help resolve any issues that may arise between you and Broward County Public Schools.

Table of Contents

Employees are covered from the first day of work on the job.

CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Dear Injured Employee:

Your employer's insurance carrier is providing this information to you on behalf of the Employee Assistance Office of the Division of Workers' Compensation.

The Employee Assistance Office of the Division of Workers' Compensation is a state bureau within the Florida Department of Financial Services. We provide the following services:

- Serves as a resource for injured workers and employers by providing information about the workers' compensation system.
- Educates and informs injured workers, employers, carriers, health care providers, and managed care arrangements about their responsibilities under the law.
- Provides assistance in avoiding any problems or disputes regarding your claim.

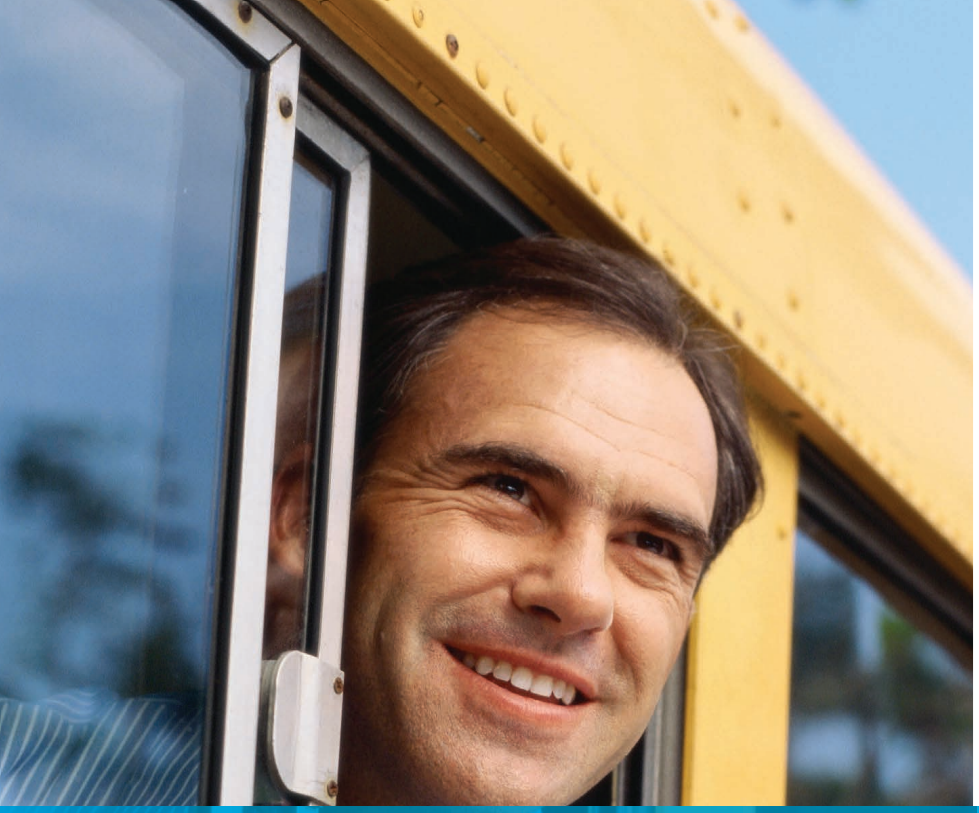
Within three (3) days after receiving notice that you have been injured, the workers' compensation insurance carrier will mail you an informational brochure explaining your rights and responsibilities as well as the carrier's obligations. It contains valuable information you need to know about the workers' compensation system. You may have received the informational brochure along with this letter. You can also obtain the brochure by calling us at 1-800-342-1741 or e-mailing us at: wceao@myfloridacfo.com.

You can also visit one of our local Employee Assistance Offices to receive personal, one-on-one service. To locate the office nearest you, call the toll free 1-800 number above or visit the Division's website at: www.myfloridacfo.com/wc/organization/eao_offices.html.

Sincerely,

Employee Assistance Office
Division of Workers' Compensation
Florida Department of Financial Services


Established 1915
BROWARD
County Public Schools



Established 1915
BROWARD
County Public Schools

Orientation
for an Injured Employee