

Injuries to employees from accidents **in the line of duty** may be compensable under the state **Workers' Compensation Act**.

1. Anytime an employee is injured on the job, the injured employee must complete **Part A** of the **Adult Accident Report for Workplace Injuries Form** within **48 hours** of the occurrence and forward the form to the school Workers' Compensation Liaison. The individual responsible for reporting workplace injuries must then complete **Part B** of the form and report the injury on-line to **United Heartland**.
2. The injured employee must be treated by a physician from the approved panel of physicians listed below:

***Airport Immediate Care
14005 S Wards Road Suite A
Lynchburg, VA 24501
434. 239.0132***

***Physicians Treatment Center
2832 Candler's Mountain Road
Lynchburg, VA 24502
434.239.3949***

***Health Works Occupational Care
125 Nationwide Drive-Upper Level
Lynchburg, VA 24502
434. 200.6933
(call ahead for appointment)***

***Lynchburg General Hospital ER
1901 Tate Springs Road
Lynchburg VA 24501
434.200.3027
(For emergencies only)***

Or the employee must be treated by the emergency room of an accredited hospital in the event of an emergency. After the emergency treatment is received, the employee must still select a treating physician from the approved list if treatment is still required. Lynchburg City Schools reserves the right to approve all referrals made by the attending physician who provides treatment in the emergency room. All employees should go to Physicians Treatment Center for any Blood Borne Pathogen incidents. Never provide the facility in which you are being treated your medical insurance card. Please provide them with your Workers' Compensation claim number.

If the employee chooses to seek treatment from a physician not listed on the approved panel, previously listed, the cost of treatment will be the employee's responsibility.

If the employee's claim is denied by Workers' compensation the cost of treatment will be the employee's responsibility.

3. The injured employee needs to forward any bills, receipts, prescriptions, doctor's notes, or any other injury related documents to their assigned claim representative or you can fax the documents to 262-787-7701. **Please contact the benefits department to get your first prescription filled at no charge.** When sending all claim correspondence, you must include your name, employer name, claim number, and date of Injury.
4. An employee will not be covered under the Workers' Compensation Act for the first seven days of absence because of a work-related injury or illness; however, an employee who desires to receive his/her salary in full for the first seven days of absence will be covered if sufficient sick leave or earned time has been accrued. An employee who is absent from duty will receive salary compensation from the Workers' Compensation Insurance Carrier (United Heartland) beginning on the eighth day after the injury if the injury is approved. The injured employee under this Act is entitled to receive two-thirds of their average weekly wage for disability or time lost from work but no more than the maximum salary compensation per week as established by the Industrial Commission of Virginia.

5. Absence from work for work related injuries may be charged to the accumulated sick leave of the injured employee at the rate of one-third day per day of absence. If an employee elects to use accumulated sick leave, the School Board will continue the employee's salary and fringe benefits in full, minus the Workers' Compensation payments. An employee who elects not to use sick leave or who lacks sufficient accumulated sick leave days to allow a one-third day deduction per day of absence will receive only Workers' Compensation salary payments of two-thirds of their average weekly wage but no more than the maximum salary compensation per week as established by the Industrial Commission of Virginia.
6. The employee is responsible for informing and providing the proper documentation(s) to the Benefits Department and their immediate supervisor of the doctor's assessment of the injury after each doctor's visit.
7. Before an employee can return to work, the employee must provide a return to work release form from the treating physician. The documentation should be given to their immediate supervisor, who will then forward a copy to the Benefits Department.
8. Any questions or concerns regarding Workers' Compensation are to be directed to Krista King at 434.515.5008 or Lakrisha Scott at 434.515.5089.

A TRADITION OF EXCELLENCE FOR ALL



LYNCHBURG CITY SCHOOLS

Workers' Compensation Brochure

**Benefits Department
2020-2021 School Year**