

MONTGOMERY COUNTY SELF INSURANCE PROGRAM

WORKERS' COMPENSATION

SUPERVISOR'S INSTRUCTIONS FOR REPORTING WORK-RELATED INJURIES / ILLNESSES

The following steps should be followed by the supervisor when an employee work-related injury/illness occurs:

1. Arrange for immediate medical attention. To offer a PPO provider you can:
 - Check the web-site at www.MCSIP.org and click on PPO Network, or
 - Contact the Nurse Case Manager at 800-234-5003, or
 - Locate an Immediate Care facility at www.MCSIP.org click on Downloads and choose the Immediate Care listing.
2. Provide RX First Fill Information. Located at www.MCSIP.org under Find a Pharmacy – CorCareRX First Fill Pharmacy Instructions.
3. Report the work-related injury or illness through the Web site at www.caremc.com or by calling the 24/7 toll free claims reporting service at: **888-606-2562**
4. To complete the **EMPLOYER'S FIRST NOTICE OF LOSS (FNOL)** form, you must be prepared to provide the following information regarding the injured employee:
 - Complete name (include middle initial, Jr., Sr., etc.)
 - Home address, city, state, zip code, county, and telephone number
 - Date of birth and social security number
 - Date of hire, job title, full time/part time, wage information
 - Union member, Managed Care Program participant
 - Name and address of supervisor
 - Date, time, location, and nature of the injury (be specific)
 - Name of medical treatment provider
 - Type of safeguards or safety equipment provided. If not provided, why not. If used could the injury have been prevented.



**Mailing Address:
CorVel Corp.
P.O. BOX 44015
Baltimore, MD 21236
Phone 800-234-5003**