CM REGENT™
INSURANCE COMPANY

Workers' Compensation Division

Internal School District Work-Related Incident Report

Section One: Employee and Incident Information

Employer Name:	Employer Address:	County:

Employee Name (last, first, initial):	Home Phone #:	Gender: M ☐ ☐	Marital Status: M ☐ F ☐ Dep.:

Home Address (street, city, state, zip code):	County:

Social Security #:	DOB:	Date of Incident:	Time of Incident:	Date Reported:	To Whom Reported:	Start Time:

Location of Incident (building, room, etc.):	Type of Injury (cut, sprain, etc.):

Injured Body Part:	Cause of Injury (machine, tool, equipment, liquid, etc.):

Employee's Job Title:	Hours Worked Per Week:	Name of Witness(es):

Description of Incident (please describe in detail what happened):

Employee Name:	Employee Signature:	Date:
Employee's Supervisor Name:	Employee's Supervisor's Signature:	Date:

Section Two: No Medical Treatment

☐ Returned to Work ☐ Returned to Work with Modified Duties ☐ Sent Home

Supervisor's Signature: Date:

Section Three: Medical Treatment or First Aid

Type of Injury: _____ ☐ New ☐ Other (describe): _____

Treatment/First Aid: _____

Diagnosis: _____

Disposition: _____

☐ Return to work without limitations

☐ Return to work with limitations (describe): _____

☐ May return to work on: _____

☐ Follow-up appointment with: _____ on _____

Signature of medical/first aid provider _____ **Date:** _____

Medical Facility Address:

300 Sterling Parkway, Suite 100, Mechanicsburg, PA 17050
844-480-0709 Fax: 866-402-6601 www.CMRegent.com

CM REGENT INSURANCE COMPANY

Elizabeth Forward School District - Elizabeth

Your Workers' Compensation Insurance Carrier is:

CM Regent Insurance

300 Sterling Pkwy, Suite 100 Mechanicsburg, PA 17050

Phone: 1-717-590-8008

REMEMBER, IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR WORK INJURY.

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers. You must continue to visit one of the providers listed below, if you need treatment, for ninety (90) days from the date of your first visit.
3. If one of the providers below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
4. After this ninety- (90) day period, if you still need treatment and your employer has provided a list as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer designated provider for up to 180 days.
6. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

FOR ASSISTANCE IN SCHEDULING APPOINTMENTS, PLEASE CALL PREMIER COMP TOLL FREE 24 HOURS/7 DAYS A WEEK AT 1-888-594-4001

Name	Address	Phone	Area of Specialty
MedExpress (Multiple Locations)	12116 State Route 30 North Huntingdon, PA 15642 Location #: 724-863-4362	1-888-594-4001	Urgent Care/Occupational Medicine
Penn Highlands Mon Valley Occupational Health	800 Plaza Drive, Suite 210 WillowPointe Plaza Belle Vernon, PA 15012 Location #: 724-379-1940	1-888-594-4001	Occupational Medicine
South Hills Pain & Rehab Associates Inc. (Multiple Locations)	575 Coal Valley Road, Suite 277 Jefferson Hills, PA 15025 Location #: 412-469-7722	1-888-594-4001	Physiatry
The Orthopedic Group PC (Multiple Locations)	800 Plaza Drive, Suite 400 Belle Vernon, PA 15012 Location #: 724-379-5802	1-888-594-4001	Orthopedics
Pittsburgh Bone & Joint Surgeons (Multiple Locations)	1200 Brooks Lane, Suite G-20 Jefferson Hills, PA 15025 Location #: 412-678-0534	1-888-594-4001	Orthopedics
Orthopaedic Specialists - UPMC (Multiple Locations)	1500 Fifth Avenue A-Level Mansfield Building. - MA 42 McKeesport, PA 15132 Location #: 877-471-0935	1-888-594-4001	Orthopedics
UPP Department of Surgery (Multiple Locations)	500 Hospital Way, Suite 6 John Painter Building McKeesport, PA 15132 Location #: 412-672-3422	1-888-594-4001	General Surgery
Allegheny Health Network Department of Neurosurgery (Multiple Locations)	575 Coal Valley Road, Suite 464 Medical Building at Jefferson Medical Center Jefferson Hills, PA 15025 Location #: 412-267-6360	1-888-594-4001	Neurosurgery
Pittsburgh Eye Institute (Multiple Locations)	1675 State Route 51 Jefferson Hills, PA 15025 Location #: 412-382-7155	1-888-594-4001	Ophthalmology
Associated Eye Physicians & Surgeons (Multiple Locations)	1645 Lincoln Way White Oak, PA 15131 Location #: 412-672-3383	1-888-594-4001	Ophthalmology
Graham Chiropractic	545 East Bruceton Road Pittsburgh, PA 15236 Location #: 412-655-8525	1-888-594-4001	Chiropractic

CONVENIENT NETWORK LOCATIONS LISTED BELOW

Premier Comp PT Network	Call Toll Free for Closest Location	1-888-594-4001	Physical Therapy
Premier Comp MRI Network	Call Toll Free for Closest Location	1-888-594-4001	MRIs
Corvel	For Prescriptions, Please Call	1-800-563-8438	Pharmacy
S1 Medical	Call Toll Free for Closest Location	1-888-945-5055	DME and Home Health

Panel Date: 7/1/2022

CM REGENT™
INSURANCE COMPANY

Injured Worker's
First Fill Prescription Form

Claimant Name: _____

Date of Injury: _____ SSN: _____

Notice to Injured Worker and Pharmacy

This temporary First Fill card is only valid if used within 30 days of the reported date of injury. Temporary eligibility through this program allows for a one time fill of prescription medications. For assistance processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438.**

Injured Worker Instructions

On your first Pharmacy visit, please give this notice to any pharmacy listed on this insert to expedite the processing of your approved Workers' Compensation prescriptions, based on the parameters established by **CM Regent Insurance Company.** With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Form to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a 14 day supply of medications.

Pharmacy Instructions

For assistance processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438.** Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:

CORVEL CVS CAREMARK

BIN:	**004336**
PCN:	**ADV**
RxGroup:	**RXFFWC7277479**
Member ID:	**See below to generate ID**

To Generate Member ID: The Injured Worker's 9 digit Social Security Number plus 8 digit Date of Injury will be used as their 17 digit **Member Identification number** when processing their First Fill Prescription: **XXXXXXXXXMMDDYYYY**

Below is a sample listing of some of the over 72,000 Participating Pharmacies in the CorVel Network. Please call **(800)563-8438** for a participating pharmacy near you.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith's Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Dominick's Finer Foods	Ingles Pharmacy	Raley's Drug Center	Von's Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred's Pharmacy	Longs Drug Store	Safeway Pharmacy	Walgreens Pharmacy
Giant Eagle Pharmacy	Marc's Pharmacy	Sav-On Drug Store	Wegman Pharmacy
Giant Food Stores, LLC	Medicine Shoppe	Shoprite Supermarkets	Winn Dixie Pharmacy

CORVEL

Medical Authorization Form

Injured Worker: _____

Claim Number: _____

Date of Injury: _____

School District: _____

Your Workers' Compensation claim is in the process of being submitted to CM Regent Ins. Co. A Claim Representative will be assigned to your claim, but if you have any questions in the interim, please contact CM Regent Ins. Co. at (866) 402-6600.

If you require the following services, please contact the designated providers:

- MRI, CT, EMG – contact One Call Medical @ 800-453-0574
- Physical Therapy – contact SPNET @ 888-654-0049
- Prescriptions – contact Corvel @ 800-563-8438

Please sign the medical authorization below. Prompt receipt of the signed authorization form will aid in timely investigation of your claim.

Thank you for your cooperation.

MEDICAL INFORMATION AUTHORIZATION

I hereby authorize CM Regent Ins. Co. and/or any of its representatives to be permitted to review and obtain copies and/or originals of all information regarding my physical condition or regarding any injuries or disease for which I have been treated medically, including the nature of the physical impairment, history, contributing factors, complications, prescriptions, X-rays, copies of the hospital or other records, estimates of the period or amount of disability, subjective symptoms, objective symptoms diagnosis, prognosis and any further medical information which may be available.

This shall be a continuing authorization for the release of information unless revoked in writing by the undersigned.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

Sign: _____ Date: _____

Date of Birth:_____

Claim Number:_____-

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.