



2017 WORKER'S COMPENSATION PACKET

SADLY, ONE OF YOUR EMPLOYEE'S WAS INJURED ON YOUR WATCH, NOW WHAT?

1. PLEASE REFERENCE THE JAX KC INJURED EMPLOYEE HID (available on learn.bigredf.com)
2. PRINT THIS PACKET OUT
3. GIVE THE INJURED EMPLOYEE PAGES 4, 5 & 6
4. *VERY IMPORTANT*: BE SURE THE EMPLOYEE GIVES THE MEDICAL PROVIDER THE MEDICAL PROVIDER LETTER AT THE TIME OF SERVICES. THIS WILL ENSURE THAT PINNACOL IS BILLED FOR MEDICAL SERVICES AND YOUR EMPLOYEE IS **NOT**
5. BEST PRACTICE IS TO FILE THE CLAIM WITH PINNACOL, IF YOU EXPERIENCE DIFFICULTY WITH THE ONLINE PORTAL, PLEASE CALL OR FAX THE CLAIM IN.
6. CLAIMS MUST BE FILED WITHIN 24 HOURS OF TIME OF INJURY OR WHEN THE EMPLOYEE INFORMS YOU OF THEIR INJURY

TO REPORT AN OUT-OF-STATE INJURY
FAX 1-800-873-7242

IMMEDIATE REPORTING IS CRITICAL – Do not delay in calling, even if you do not have all of the following information.

General Information:

Date of Injury: _____ Time of Injury: _____ Pinnacol Policy No.: _____

Zurich Policy No.: _____

Employer Name, Address & Phone: _____

Location Code (s): _____

Loss Location: _____

(If different than above) (include business name, address, zip and county)

Employee (Injured Worker) Information:

Injured Worker SSN #: _____ - _____ - _____ Name: (First, MI, Last) _____

Date of Birth: ____/____/____ Male Female / Marital Status: _____ Phone: No.: _____

Home Address: _____

Language: English Spanish Other _____ Occupation: _____

Date Hired: ____/____/____ Employee Status: Full Time Part Time Seasonal Volunteer

Average Weekly Wage: \$ _____ Hourly Wage: \$ _____ Days Worked Per Week: _____

Accident/Injury Information:

Did Accident Occur on Employer Premises: Yes No

Name of Employer Representative Notified: _____ Date Notified: ____/____/____

How Did Injury Occur: _____

Specific Activity the Employee Was Engaged In: _____

Equipment Being Used: _____ Body Parts Injured: _____

Full Pay on Injury Date: Yes No Last Work Date: ____/____/____

Returned to Work: Yes No Date Returned to Work: ____/____/____

Estimated Return to Work Date: ____/____/____

Name & Phone No: of Witness(es): _____

Safety Equipment Provided Safety Equipment Used Possible Drugs/Alcohol Involved

Medical Information:

No Medical Treatment Treated by Employer 911 Called Walk-In Clinic

Emergency Room Hospitalized > 24 Hours Possible Surgery

Medical Provider Name: _____

Provider Address: _____ Phone No.: _____

Fatal Injury: Yes No / If Fatal Injury: Date of Death: ____/____/____

Prepared By: _____ Title: _____

Phone No.: _____ Fax No.: _____ E-Mail Address: _____

Date Prepared: ____/____/____



RE: LETTER TO INJURED EMPLOYEE

Dear BigRedFer,

We are so sorry to learn that you have been injured. To ensure that you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. A Pinnacol Representative will contact you with your claim number and additional information very soon. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries and I want you to have the best care.

Our Designated Providers are:

Concentra Medical Center
200 Southwest Blvd
Kansas City, MO 64108
816-842-1146

OR

Research Medical Center Brookside
6601 Rockhill Road
Kansas City, MO 64131
816-276-7000

Please contact one of them to be seen as soon as possible. After your first appointment, please follow up, so that we can review your medical status and work capabilities together. If you have any questions, please feel free to call or email. Our goal is to ensure that you receive the care you need to recover quickly and return to work as soon as possible.

Name and contact information for BigRedF's authorized representative:

Iva Townsend
iva.townsend@bigredf.com
303-448-9182 ext 119

Zurich NA via Pinnacol Assurance is our workers' compensation insurance company. Please see the contact information below:

Zurich North America
1-877-405-9045

Worker's Compensation Insurance Policy # 4166213

Sincerely,

BigRedF's 'People Division' [aka Human Resources]



Your health and safety is of utmost importance to us. To ensure that you receive the proper care, we will file a claim with our workers compensation provider, Zurich American Insurance Company. Please proceed to one of the designated providers listed below for your medical needs. These providers specialize in on-the- job injuries and will provide the best care. After your appointment, please follow up with your manager to discuss your medical status and work capabilities.

Designated Providers [employees should use one of the two designated providers if the injury occurs within business hours of the provider and is non-life threatening. ALL follow up care should occur at one of the two designated providers

Occupational Health Clinic
Research Medical Center Brookside
6601 Rockhill Road
Kansas City, MO 64131
816-276-7000

OR

Occupational Health Clinic
Concentra Medical Center
200 Southwest Blvd
Kansas City, MO 64108
816-842-1146

Emergency [or outside designated provider business hours]

Urgent Care Facility
US HealthWorkers Medical Group of Missouri
1650 Broadway Street
Kansas City, MO 64108
816-842-2020

OR

Emergency Room Facility
University of Kansas Medical Center
3901 Rainbow Blvd
Kansas City, KS 66160
913-588-5000

Workers' Compensation Insurance Provider:
Zurich American Insurance Company
P.O. Box 512000
Indianapolis, IN 46351-2000
1-800-987-3373
JAX KC POLICY #WC9692003

BRF Representative – Iva Townsend
iva.townsend@bigredf.com
303.448.9182 ext 119



RE: Worker's Compensation Medical Prover Letter

Dear Medical Provider,

This letter has been provided to our employee as proof that this injury is work related and occurred during on the job. All billing matters should be directed to our workers compensation carrier:

Zurich American Insurance Company
P.O. Box 512000
Indianapolis, IN 46251-2000
Phone Number: 1-800-987-3373

Policy: # WC9692003

Thank You,

Jax Fish House, Kansas City
c/o Big Red F Management Co
5440 Conestoga Court
Boulder, Co 80301
303-448-9182