Lewisville Independent School District
Employee's First Report of Injury or Illness

A CALL MUST BE MADE TO THE BENEFITS OFFICE THE *SAME DAY* THE INJURY OCCURS

Phone: 469.948.8071 FAX: 972.350.9360

1. Name (Last, First, M.I.)	Employee#	2. Sex F ☐ M ☐	15. Date of Injury (m-d-y)	16. Time of Injury	17. Date Lost Time Began (m-d-y)
3. Social Security Number	4. Home Phone	5. Date of Birth (m-d-y)	18. Nature of Injury	19. Part of Body Injured or Exposed	
6. Does the Employee Speak English? YES ☐ NO ☐ If No, Specify Language			20. How and Why Injury/Illness Occurred		
7. Race ☐ White ☐ Asian ☐ Black ☐ Other	8. Ethnicity Hispanic ☐ Other ☐ Native American ☐		21. Was employee doing his regular job? YES ☐ NO ☐	22. Worksite Location of Injury (stairs, dock, etc.)	
9. Mailing Address Street or P.O. Box City State Zip Code County			23. Campus or Facility where injury occurred:		
10. Marital Status Married ☐ Widowed ☐ Separated ☐ Single ☐ Divorced ☐			24. Cause of Injury(fall, tool, machine, etc.)		
11. Number of Dependent Children	12. Spouse's Name		25. List Witnesses		
13. Will you see a Workers' Comp doctor for this injury? YES ☐ NO ☐ Workers' Comp Doctor Name			26. Expected Return to Work Date	27. Supervisor's Name	
14. Doctor's Mailing Address (Street or P.O.Box)			28. Injured Employee's Occupation	29. Date Injury Reported	
City State Zip Code			Date of this Report		
Employee Signature			Supervisor Signature		
Date			Official Title		
LISD E-mail address (if applicable)					

For Benefits Office Use Only

Date of Hire (m-d-y)	Risk Code	Last Paycheck Amount	Last Paycheck Number of Hours
Rate of Pay at this Job $_____Hourly $_____Daily		37. Full Work Week is: _____ Hours _____ Days	

This report must be signed by the employee and your Principal, Director or Supervisor

FAX THIS FORM TO THE BENEFITS OFFICE THE *SAME DAY* THE INJURY OCCURS

Lewisville Independent School District
Workers' Compensation
Medical Facility Notification Form

ATTENTION: Medical Facility

Use this form to authorize treatment of work-related injuries. For questions, please call the HRS/Benefits Department at the LISD Administrative Building at 469-948-8071.

Employee _____, **SSN** _____ has claimed to have sustained a job-related injury/illness. You may provide reasonable, necessary and related medical treatment for the claimed injury or illness. Treatment must be within the Texas Official Disability Guidelines (ODG) for the sustained injury or illness. If the treatment recommended is not within the (ODG), then preauthorization is required. Please note, per §134.501 pharmaceutical services dispensed within the first 7 days are covered and cannot be denied, prorated or reduced.

Please do not request payment from the injured employee. Your services should be billed to the workers' compensation carrier / third party administrator listed below:

Lewisville ISD Self-Insured
c/o Claims Administrative Services, Inc.
P.O. Box 7500
Tyler, TX 75711
Phone: 800-765-2412
Fax: 903-509-1888
eBill Payor ID: J1271
Provider email for claim status: cas_provider_relations@cas-services.com

Please note: Lewisville ISD does NOT participate in a certified network.

Treatment requiring preauthorization should be sent to the workers' compensation third party administrator's utilization review organization:

Review Med
Phone: 800-201-1021
Fax: 866-400-7790

Prior to the injured employee leaving your office, please distribute a DWC-73 (Work Status Report) per Workers' Compensation Rule 129.5.

1. Injured employee at the time of the examination via hand delivery
2. Claims Administration Services, Inc. within 2 working days via fax:903-509-1888
3. LISD Benefits Office within 2 working days via fax: 972-350-9360

Thank you.

Workers' Compensation Temporary Prescription ID Card

myMatrixx by Evernorth

To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the myMatrixx, an Express Scripts Patient Care Contact Center at 877.804.4900.

Atención Trabajador Lesionado:

En su primera visita, por favor entregue esta notificación a cualquier farmacia enumerada al reverso para acelerar el procesamiento de sus recetas aprobadas de compensación para trabajadores (según las pautas establecidas por su empleador).

Si tiene cualquier duda o necesita ayuda para localizar una farmacia de venta al por menor participante de la red, por favor llame al Centro de Contacto para Atención a Clientes de Express Scripts, al 877.804.4900.

To the Pharmacist:

myMatrixx, an Express Scripts Company administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 30-day supply or a cost of $500. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary. For assistance, call myMatrixx, an Express Scripts Patient Care Contact Center at 877.804.4900.

Pharmacy Processing Steps

Step 1: Enter bin number 003858

Step 2: Enter processor control WC

Step 3: Enter the group number as it appears above

Step 4: Enter the injured worker's nine-digit ID number

Step 5: Enter the injured worker's first and last name

Step 6: Enter the injured worker's date of injury

myMatrixx, by Evernorth

ID#: _____

Your SSN is your temporary ID number; present to the pharmacy at the time prescription is filled. You will receive a new ID number shortly.

Date of Injury: _____ / _____ / _____
MM/DD/YYYY

Group #: PAWA

Employee Date of Birth: _____ / _____ / _____

Thank you for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

To the Supervisor:

Please fill in the information requested for the injured worker.

Employee Information

_____ _____ _____
First M Last

_____
Street Address or PO Box

_____ _____ _____
City State ZIP

Employer Name

_____

CRP1806_0245 EME46657 OT48016Y

Participating Retail Network Pharmacies in Texas

Albertson's/Sav-On
Brookshire Brothers
Costco
CVS
Doc's Drugs
Drug Emporium
H-E-B
Major's
Randalls
Safeway
Sam's Club
Sav-On
Target
Texas Oncology Srvs
The Pharmacy
Tom Thumb
Walgreens
Wal-Mart

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel. This assistance is offered at local offices across the state. These local offices also provide other workers' compensation system services from the Texas Department of Insurance. This is the state agency that administers the system through the Division of Workers' Compensation.

You can contact the Office of Injured Employee Counsel by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). More information is available on the Internet at: www.oiec.state.tx.us.

You can contact the Division of Workers' Compensation by calling the toll-free telephone number 1-800-252-7031. More information about the Division is available on the Internet at: www.tdi.state.tx.us/wc/indexwc.html.

Your Rights in the
Texas Workers' Compensation System

1. **You may have the right to receive benefits.**
   You may receive benefits regardless of who was at fault for your injury with certain exceptions, such as:
   - You were intoxicated at the time of the injury;
   - You injured yourself on purpose or while trying to injure someone else;
   - You were injured by another person for personal reasons;
   - You were injured by an act of God;
   - Your injury occurred during horseplay; or
   - Your injury occurred while voluntarily participating in an off-work activity.

2. **You have the right to receive medical care to treat your workplace injury or illness. There is no time limit for this medical care.**

3. **You have the right to choose your treating doctor. If you are in a Workers' Compensation Health Care Network, you can choose your doctor from the network's treating doctor list. If you are not in a network, you can choose a doctor from the Approved Doctor List kept by the Division of Workers' Compensation.**
   It is important to follow all the rules in the workers' compensation system. If you don't follow these rules, you may be held responsible for payment of medical bills.

4. **You have the right to hire an attorney at any time to help you with your claim.**

5. **You have the right to receive information and assistance from the Office of Injured Employee Counsel at no cost.**
   Staff is available to answer your questions and explain your rights and responsibilities by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432).

6. **You have the right to receive ombudsman assistance if you do not have an attorney and a dispute resolution proceeding about your claim has been scheduled.**
   An ombudsman is an employee of the Office of Injured Employee Counsel. Ombudsmen are trained in the field of workers' compensation and provide free assistance to injured employees without attorneys. Ombudsmen cannot sign documents for you, make decisions for you or give legal advice. Proceedings about your claim may include benefit review conferences (BRCs) or contested case hearings (CCHs). Proceedings are held at local field offices. At least one ombudsman is located in each local office.

7. **You have the right for your claim information to be kept confidential.**
   In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from the Division of Workers' Compensation.

(SEE REVERSE SIDE FOR RESPONSIBILITIES)

Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

Your Responsibilities in the
Texas Workers' Compensation System

1. **You have the responsibility to tell your employer if you have been injured at work or in the scope of your employment.**
   You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work related.

2. **You have the responsibility to know if you are in a Workers' Compensation Health Care Network ("network").**
   If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. Your employer must give you a copy of the Texas Department of Insurance network rules. Read the rules carefully. If there is something you do not understand, ask your employer or call the Office of Injured Employee Counsel.
   If you would like to file a complaint about a network, call the Consumer Help Line at 1-800-252-3439.
   Or file a complaint on the Internet at: www.tdi.state.tx.us/consumer/complfrm.html#wc

3. **You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**

4. **You have the responsibility to send a completed claim form (DWC-41) to the Division of Workers' Compensation. You have one year to send the form after you were injured or first knew that your illness might be work related.**
   Send the completed DWC-41 form even if you already are receiving benefits. You may lose your right to benefits if you do not send the completed claim form to the Division of Workers' Compensation.
   Call toll-free 1-800-252-7031 or 1-866-393-6432 for a copy of the DWC-41 form.

5. **You have the responsibility to provide your current address, telephone number, and employer information to the Division of Workers' Compensation and the insurance carrier.**

6. **You have the responsibility to tell the Division of Workers' Compensation and the insurance carrier any time there is a change in your employment status or wages. Examples include:**
   - You stop working because of your injury;
   - You start working; or
   - You are offered a job.

(SEE REVERSE SIDE FOR RIGHTS)

Contact the Office of Injured Employee Counsel by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). More information is available on the Internet at: www.oiec.state.tx.us.

Contact the Division of Workers' Compensation by calling the toll-free telephone number 1-800-252-7031. More information about the Division is available on the Internet at: www.tdi.state.tx.us/wc/indexwc.html.

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