

Work-Related Injury Reporting Procedure

If an emergency, go to nearest hospital for treatment if able or request ambulance, 911.

For non-emergencies (within 24 hours):

- Notify your supervisor.
- 2. Complete the Injury Report Claim Form and Medical Treatment Notice located on the <u>Human Resources</u> or <u>EHS & Risk Management</u> webpage.
- 3. Take the completed, signed forms to Human Resources or Director of EHS & Risk Management or fax the completed forms to Human Resources @ 610-409-3204. Do not email the forms.

HR Generalist	Mark Sammon	msammon@ursinus.edu	Ext. 3342	Corson 015C
Director of EHS & Risk Management	Carol McMillin	cmcmillin@ursinus.edu	Ext. 3221	Ritter 112

- 4. If you require medical treatment, contact the Director of EHS & Risk Management for a claim number. You must go to one of the Panel of Providers for treatment.
- 5. You are required to meet with the Director of EHS & Risk Management to review the incident within 1 working day. If the Director of EHS & Risk Management is unavailable, employee is required to meet with Human Resources to review the incident.

If Human Resources or EHS & Risk Management are unavailable, you may go to one of the panel providers without the claim number. Provide the medical provider with the information below.

Insurance Company Info:

SISCO

PO Box 42737

Baltimore, MD 21284

Contact: Kimberly Warmkessel

Phone: 717-735-3048 Fax: 410-583-5455

FOR WORK-RELATED INJURIES ON THE WEEKEND OR AFTER HOURS (and NOT an emergency):

- Complete the injury report and fax it to SISCO @ 1-410-583-5455 or call 1-888-377-7263, ext. 1275. Send a copy of the report via campus mail to EHS & Risk Management and Human Resources.
- 2. Go to the applicable panel provider for treatment.

For follow-up questions regarding a claim, contact Human Resources @ 610-409-3342.

PANEL PROVIDER LIST -----



Work-Related Injury Reporting Procedure

MORKERS' COMPENSATION PANEL FOR URSINUS COLLEGE

medical treatment for your work-related injury will be paid by the college or insurance company. You must select one of the licensed physicians or practitioners of the healing arts listed below to ensure that your

provider.			
You must have a prescription from an above panel			
Phone: 1-800-77-0-6682			
To schedule an appointment:			
NovaCare Rehabilitation			
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Physical Therapist			
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Phone: (610) 495-0101	Phone: (610) 933-3498 ● Fax: (610) 933-5052		
Royersford, PA 19468	Phoenixville, PA 19460		
553 West Ridge Pike	720 South Main Street		
McCormick Chiropractic	Phoenixville Eye Care Specialists		
MoCormick Chiropropries	Phoeniyyillo Evo Caro Specialists		
<u>Chiropractor</u>	<u> Ypolomisdidd</u>		
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	Hours: Sunday, M-F – 9am-9pm, Saturday - closed		
	Phone: (610) 226-6200		
	Limerick, PA 19468		
	33 W. Ridge Pike		
	Tower Health Urgent Care		
Hours: M-F, 8am-4:30pm	Phone: (610) 326-2300 ● Fax: (610) 970-5889		
Rothman Urgent Care	Pottstown, PA 19464		
1-800-321-9999 to schedule appointment after visit with	Tri-County Business Complex-CarePlex Bldg		
Limerick, PA 19468	81 Robinson Street		
400 Enterprise Drive, 2nd Floor	PMMC Occupational Health		
Rothman Orthopaedics			
	Obtain authorization form from HR or EHS/Risk Management		
Hours: M-F, 8am-4pm	Hours: 8am-10pm every day		
Phone: 484-932-5065	Phone: (484) 902-1893 • Fax: (484) 902-1894		
Limerick, PA 19468	Collegeville, PA 19426		
400 Enterprise Drive	1441 S. Collegeville Rd.		
Rothman Orthopaedic Urgent Care	Patient First Primary and Urgent Care		
Orthopaedic Surgery	<u> Occupational Medicine</u>		
atment for your work-related injury will be paid by the college or insurance company.			

immediately! Submit all claim information and questions to: In the event of an emergency, please go to the nearest hospital for treatment. You must contact your employer

PO BOX 42737 **SISCO**

Phone: 888-377-7263 ext: 1275 /Fax: 410-583-5455 Baltimore, MD 21284

1. Complete the injury report form. Fax the form to the number listed above or call the 888 number listed. Send a copy IF YOUR INJURY IS ON THE WEEKEND OR AFTER HOURS (and NOT an Emergency),

2. GO TO THE APPLICABLE PANEL PROVIDER LISTED ABOVE FOR TREATMENT. Provide the SISCO information of the report via campus mail to EHS & Risk Management and Human Resources.

listed above to the provider.

REPORT ALL INJURIES, NO MATTER HOW MINOR, TO YOUR SUPERVISOR.