EMPLOYEE REPORTING INSTRUCTIONS AND CHECKLIST FOR JOB ACCIDENT, INJURY OR ILLNESS

REPOR	TING IS REQUIRED
	You <u>must</u> report all on-the-job incidents/ accidents/ injuries/ illnesses to your supervisor within 24 hours. Immediately call the 24/7 Employee Call Center at (844) 264-5042 to report the event (this includes broken prescription eyeglasses in the course of your job duties).
IF NO	GOING TO THE DOCTOR - FOLLOW THE STEPS BELOW
	Call the 24/7 Employee Injury Call Center at (844) 264-5042, to create a formal incident report (treatment is not required). After reporting the incident, should you later wish to seek medical treatment, call (503) 916-3105 or (503) 916-3703. A PPS Risk Management staff member will obtain additional information from you to convert the incident report to a claim. You may also contact the call center again; however, we recommend you have your report number available.
IF GO	ING TO THE DOCTOR — FOLLOW THE STEPS BELOW Call the 24/7 Employee Injury Call Center at (844) 264-5042, to create a formal claim report (treatment is required).
	Following your report to the 24/7 Employee Injury Call Center, a form 801, "Report of Job Injury or Illness" will be emailed to you. Print the 801, make any corrections on the form, then sign and date the document.
	** Your signature is required if you are filing a claim for workers' compensation benefits **
	Scan & email the signed form 801 to riskcomp@pps.net , send via PONY or fax to PPS Risk Mgmt. at (503) 916-3233.
	Tell your medical provider(s) you are being seen for an on-the-job accident/ illness. Please provide each medical office a copy of the "Letter to Doctor" form, along with your claim number.
	The attending physician should have you complete form 827, "Worker's and Health Care Provider's Report for Workers' Compensation Claims".
	At each doctor's appointment, request a work status note to outline your ability to work regular duty, modified duty or no work. Immediately provide the work status note to PPS Risk Management via e-mail to riskcomp@pps.net or via fax to (503) 916-3233. Please do not leave the doctor's office without a work status note.
	Each time you receive updated information on your work status, notify your supervisor. It is imperative that your supervisor is aware of your ability to work so that coverage for work can be discussed.
REPOR	RT TIME YOU MISS FROM WORK FOR TIMELY AND ACCURATE PAYMENT OF BENEFITS
	When you miss time from work, call our dedicated voice message line, (503) 916-6970, to report the number of hours/days you've missed.
	If you are unable to perform your regular work without limitations, every Monday morning please call (503) 916-6970, leave a voice message to report your work status for the week.
	** Examples include:
	• "This is (say your name) on (say today's date). I was injured (say the date) and I missed work (say the time missed)."
	 "This is (say your name) on (say today's date) and my doctor says I'm not able to work the week of (say the dates)." "This is (say your name) on (say today's date) and I'm not working, but my doctor has released me to light duty." "This is (say your name) on (say today's date). I returned to light duty at my regular hours on (say the date)." "This is (say your name) on (say today's date). I returned to light duty on (say the date) working (# of hours per day
	 if not your regular hours)." Note: If you work reduced hours on light duty, continue calling in on Monday until you return to regular hours.
	"This is (say your name). I returned to my regular work on (say the date)."
RETUR	RNING TO WORK
	You must have a note from your doctor that releases you to return to work, whether that is regular or modified duty work. This note must be provided to PPS Risk Management and your supervisor/ administrator prior to returning to work.
	Modified/ Light-Duty : You will be contacted by your supervisor/ administrator and/ or PPS Risk Management if light duty work is available within your doctor's restrictions.
	Regular/ Full Duty : If you have been released to work without restrictions, you may return to work on your next scheduled shift; however, you must provide your supervisor/ administrator and PPS Risk Management with a copy of the note at the time of your return.
WOR	KERS' COMPENSATION CLAIM & CORRESPONDENCE
	PPS Risk Management will send applicable documents to our Third-Party Administrator (TPA) for processing. You will be mailed correspondence, via the TPA, containing your claim number and adjuster contact information. You will periodically receive other correspondence from the TPA. Oregon workers' compensation laws and rules require that certain correspondence be sent by certified and regular mail.



It is important that you read all letters and notices and respond timely to requests for information, to prevent a disruption of benefits that may be due to you.