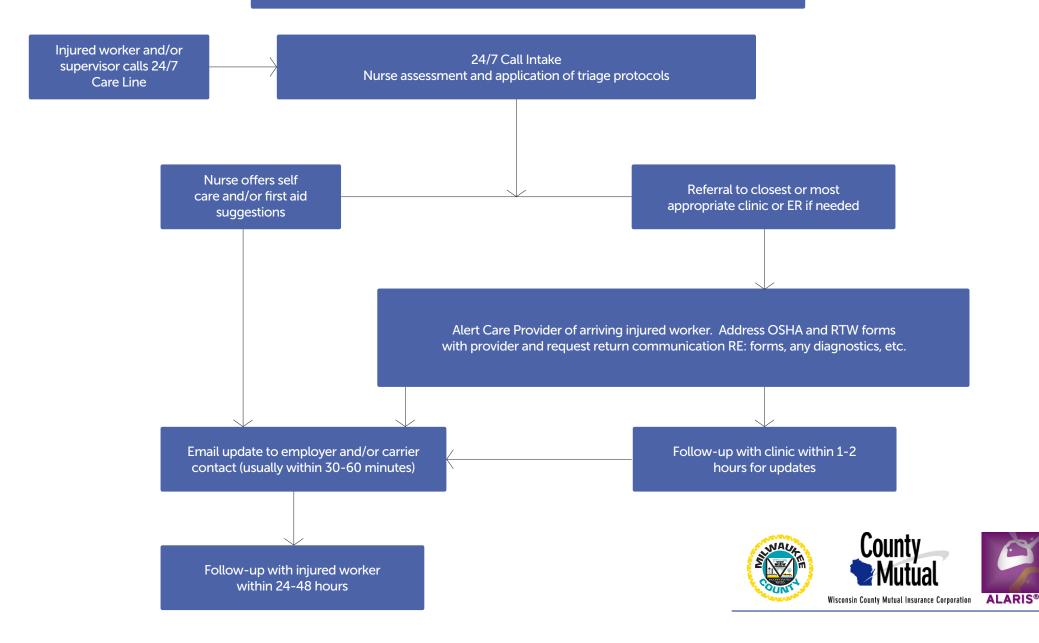
CLAIM PROCEDURES

CLAIMS ADMINISTRATION:	County Mutual 18550 West Cap Brookfield, WI 5 Phone: 800-23 Fax: 262-78	3045-1925 36-6885
CLAIMS CONSULTANT:	Angie Kolb	Workers' Compensation Claims Manager

- 1. Employees are to report the injury to the supervisor Contact the Milwaukee County Care Line[™] In Partnership with the County Mutual & Powered by Alaris[®] (855-650-6580).
- 2. Complete the Employee and Supervisor First Report of Injury Form and the Supervisor will submit it immediately to your designated human resources partner. The injury report must be filled out whether you intend to see a doctor or not, and whether or not any work time is lost.
- 3. County Mutual will provide an acknowledgement with the claim number assigned as each new claim is submitted.
- 4. If the injury requires medical treatment from a health care provider, please take the "Attending Physician's Return to Work Recommendations Record" form to the provider to fill out and return to the supervisor. If follow up treatment needed by a medical professional, a return to work slip needs to be brought back to your supervisor after each appointment. This slip must include the date you can return to work, whether it is light duty or not, along with any restrictions.
- 5. If your treatment provider states that you may return to work, you are expected to return to work with a written statement from your physician.
- 6. If your treatment provider restricts you to modified duty, the physician's written authorization must be presented to your immediate supervisor within 24 hours.
- 7. If your treatment provider releases you from work, the notice must be in writing and presented to your immediate supervisor within 24 hours.
- 8. To receive any wage benefit, your time missed must be authorized by the treating physician. You must be seen in person by a **PHYSICIAN** (Not a Nurse or Physician's Assistant) to receive such authorization. No backdated physician written authorizations will be accepted.
- 9. Remember: It is the employee's responsibility to update their supervisor on the workers' compensation status.

MILWAUKEE COUNTY CARE LINESM IN PARTNERSHIP WITH THE COUNTY MUTUAL & POWERED BY ALARIS[®] WORKFLOW





MILWAUKEE COUNTY DEPARTMENT OF RISK MANAGEMENT

MILWAUKEE COUNTY CARE LINESM IN PARTNERSHIP WITH THE COUNTY MUTUAL & POWERED BY ALARIS®

CARE LINE INSTRUCTIONS 1-855-650-6580

MANDATORY FOR USE ON ALL WORK RELATED INJURIES

The Care Line® must be utilized on all work-related injuries. This includes all muscle strains, sprains, fractures, contusions, and cuts.

You will need to report the incident to your supervisor or the individual designated to receive worker's compensation claims to note the event.

All serious injuries should be treated immediately and reported as soon as possible. All other claims meeting the above criteria should utilize the Care Line[®] Nurse to assess the injuries and provide helpful instructions.

IN CASE OF EMERGENCY, DIAL 911