

## What Resources are Available

- ◆ To report work related injury- **Tell your supervisor immediately!** First report of injury document is provided by the supervisor.
- ◆ Your Human Resources – Benefits Department.
- ◆ **Worker's Compensation claims questions:**  
PMA Management Corp.—Ask your HR/Benefits Dept or Payroll Department.
- ◆ **Claim Correspondence:** - Completed by your HR/Benefits Department or Payroll Department.
- ◆ **To report a claim:** - Completed by your HR/Benefits Department or Payroll Department.
- ◆ **Pharmacy Program—Where to find a pharmacy participating in PMA's benefit program:** TMESYS – [www.pmsionline.com](http://www.pmsionline.com)  
Select Resource Center  
Select Tmesys Pharmacy Locator
- ◆ **Provider Network** – First Health Network. This is available to injured workers and is not mandated by N.Y. State but rather is provided as a service to injured workers who wish to obtain the names of providers who can manage their injuries.
- ◆ First Health Network is located at [www.pmagroup.com](http://www.pmagroup.com)  
Select online tools, Electronic Directory Maker -  
Select Search option

Mailing Addresses for Providers:  
All medical bills and accompanying medical records  
(No Pharmacy Bills)  
PMA—Medical Bill  
P.O. Box 24278  
Tucson, AZ 85734-4278

All other information:  
PMA Customer Service  
P.O. Box 25250  
LeHigh Valley, PA 18002-5250

**MARSH**

## Contact Information

- ◆ **To contact your claims representative:**
- ⇒ Bonnie Kreis, Account Claims Rep  
800-329-6185 ext. 206  
E-mail: [bonnie\\_kreis@pmagroup.com](mailto:bonnie_kreis@pmagroup.com)
- ⇒ Sandy Bamerick, Account Claims Rep  
800-329-6185 ext. 821  
E-mail: [Sandra\\_bamerick@pmagroup.com](mailto:Sandra_bamerick@pmagroup.com)
- ⇒ Pam Barber, RN, Disability Management Coordinator  
800-329-6185 ext. 824  
E-mail: [Pamela\\_barber@pmagroupd.com](mailto:Pamela_barber@pmagroupd.com)
- ⇒ William Halligan, Regional Claims Supervisor  
800-329-6185 ext. 209  
E-mail: [William\\_Halligan@pmagroup.com](mailto:William_Halligan@pmagroup.com)
- ⇒ Mary McCabe, RN, Regional Claims Supervisor  
800-329-6185 ext. 690  
E-mail: [Mary\\_McCabe@pmagroup.com](mailto:Mary_McCabe@pmagroup.com)
- ⇒ Fax Number: 1-800-432-9762

### Marsh USA, Inc.

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New York College  
and University Risk  
Management Group

## When you have a work related injury or illness



- ◆ Questions
- ◆ Answers
- ◆ Resources

Marsh USA, Inc.

## How to File a Claim

### How does the Workers' Compensation system really work?

- ◆ **Immediately-** The worker obtains necessary medical treatment and notifies his/her supervisor about the accident and how it occurred. **The worker & supervisor completes a written accident report as soon as possible after the injury, ideally within 24 hours and no longer than 30 days.**
- ◆ **Within 48 hours of the accident-** The provider completes a preliminary medical report on Form C-4 and mails this to the appropriate District Office. Copies must also be sent to the employer or its insurance carrier, the injured worker, and his/her legal representative, if any.
- ◆ **Within 10 days of notification of the accident-** The employer reports the injury to the insurance company on Form C-2. A copy of this is then sent to the Workers' Compensation Board (WCB) by the carrier.
- ◆ **Within 14 days of receipt of Form C-2** – The insurer provides the injured worker with a written statement of his/her rights under the law. This must be done within 14 days after receipt of the C-2 from the employer or with the first check, whichever is earlier.
- ◆ **Within 15 days of initial treatment** – The provider completes a 15- day report of injury and treatment on Form C-4 and mails this to the District Office.
- ◆ **Within 18 days of receipt of Form C-2** – The insurer begins payment of benefits if lost time exceeds seven days. If the claim is being disputed, the insurer must inform the WCB and the claimant (and his/her legal representative, if any). The insurer files Forms C-6, C-7, or C-9 with the Board indicating either that payment has begun or the reasons why payments are not being made. If the employee does not notify the employer timely, this notice may be filed within 10 days of learning about the accident.
- ◆ **Every 2 weeks-** The insurer continues to make payments of benefits to the injured employee. The carrier must notify the Board on Form C-8 when compensation is stopped or modified. These are payable at 2/3 of your average weekly salary up to a maximum of \$400/wk.
- ◆ **Every 45 days -** The provider submits progress reports on Form C-4 to the Board.
- ◆ **After 8 weeks** – The insurer considers the necessity of rehabilitation services for the injured worker.

## PMA Group's Roles & Responsibilities

Prompt and immediate reporting of an injury to PMA enables better claim management.

PMA will do the following once they receive notification of an injury or lost time event:

1. Conduct a 3-point contact with the worker, employer and provider within 48 hours of receipt of the loss information.
2. Investigate the claim based on the jurisdictional guidelines.
3. File the appropriate forms and letters.
4. Initiate payment for provider services and lost time injuries.
5. Inform the injured worker of their rights and responsibilities.
6. Maintain contact with all parties to keep apprised of the worker's medical condition, capabilities, and return to work process.
7. Advise the employer and the employee when medical management is assigned based on the length of disability and severity of the injury.
8. Coordinate return to work with the employee, employer, and physician.
9. Participate in meetings via telephone as scheduled to discuss work status and plans of injured employees

## Employee Rights & Responsibilities

- ◆ To report all incidents, accidents and disabilities to their employer within 24 hours where possible but in any event as soon as practical after the occurrence and no longer than 30 days.
- ◆ To submit a claim for compensation form to their employer where the worker wishes to claim for weekly payments or other expenses. Claims will be filed only for injuries or illnesses that result from a work related injury or illness that results in lost time and/or that indicate a need for medical treatment.
- ◆ To participate in the incident and accident investigation process.
- ◆ To provide the employer with prescribed medical documents throughout the duration of any incapacity for work. Your physician must submit documentation supporting your claim directly to the carrier. You are not responsible for paying any bills related to your injury. To the extent possible, have all bills sent to

the carrier.

- ◆ To undertake appropriate treatment from medical experts of their choice to facilitate a safe and suitable return to work.
- ◆ To arrange appointments as to avoid disruption to any rehabilitation and return to work plan.
- ◆ To actively participate in the planning and implementation of the rehabilitation return to work plan.
- ◆ To actively participate in a vocational rehabilitation and return to work plan with the agreed primary goal being return to work.
- ◆ To accept the provision of safe and suitable alternative duties where they form part of an agreed rehabilitation and return to work plan.
- ◆ To undertake safe and suitable work that has been offered and for which the worker is capable of performing.
- ◆ To comply with agreed medical direction and functional capabilities. unable to commence work as expected by the employer.
- ◆ To keep the supervisor/line manager up to date when unable to commence work as expected by the employer.
- ◆ To notify your department manager of your availability for work at either the time of the accident or within 24 hours after each medical visit.
- ◆ To provide the following information after each medical appointment:
  - ◆ Anticipated RTW date
  - ◆ Current prognosis
  - ◆ Next MD appointment
  - ◆ Current capabilities and expected length of time with restrictions.
- ◆ To attend all appointments and give reasonable notice and reasons prior to cancellation.
- ◆ To avoid unnecessary litigation and adversarial contests with the employer.