Workers’ Compensation System Guide

NSU Employee Manual

For more information regarding prevention of risk visit our website at http://www.nova.edu/risk/index.html
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Workers’ Comp Works For You

If you are injured on the job:

1. Notify your employer immediately to get the name of an approved physician. Workers’ comp insurance may not pay the medical bills if you don’t report your injury promptly to your employer.

2. Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.

3. If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida’s Division of Workers’ Compensation at 1-800-342-1741.

$25,000 Reward

Workers’ compensation pays for all authorized medically necessary care and treatment related to your injury or illness. If you are unable to work or your earnings are lower because of a work-related injury or illness, you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

Rewards of up to $25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers’ compensation coverage. Persons may report suspected fraud to the department at 1-800-378-0445 or online at http://www.myfloridacto.com/fraudpage.asp.

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

FIGURMA #0962
15310 Amberly Drive, Suite 110
Tampa, Fl 33647

Cannon Cochran Management Services, Inc. 2600 Lake Lucien Dr.
Suite 225
Maitland, FL 32751
Compensación Por accidentes De Trabajo Labora Para Usted (Española)

1. Notifique a su empleador inmediatamente para obtener el nombre de un médico autorizado. Puede que el seguro de compensación por accidentes de trabajo no pague sus cuentas médicas si usted no reporta su accidente lo más antes posible a su empleador.

2. Notifique al médico y a su personal que usted se lastimó en su lugar de empleo para que las cuentas médicas sean debidamente remitidas.

3. Si usted tiene algún problema con su reclamo o si tiene demasiadas demoras en su tratamiento, comuníquese con la División de Compensación por Accidentes de Trabajo al 1-800-342-1741.

Cannon Cochran Management Services, Inc. 2600 Lake Lucien Dr. Suite 225 Maitland, FL 32751

FIGURA #0962
15310 Amberly Drive, Suite 110 Tampa, FL 33647
Florida Employee Facts – Section B
Important Workers’ Compensation Information for Florida’s Workers (English)

Employee Assistance Office
The Division of Workers’ Compensation’s Employee Assistance Office (EAO) helps prevent and resolve disputes between injured workers, employers, and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO’s toll-free hotline at 1-800-342-1741. EAO specialists are knowledgeable about the workers’ compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO’s state-wide locations at http://www.MyFloridaDFO.com/WC/EmployerAssistance_offices.html.

Services provided by EAO include:
- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.


You may also submit specific questions relating to your claim to us at wco@MyFloridaDFO.com and receive answers directly by e-mail.

Statute of Limitations
If you are injured at work or become aware of a workers’ compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers’ compensation benefits. Failure to report your injury within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated if you best received a rude replacement check or approved medical treatment.

Denial of Benefits
If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is free and available by contacting the EAO at 1-800-342-1741.

Petition for Benefits
To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcc.state.fl.us/jcc/forms.asp.

Reemployment Services
If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Employee Assistance Office (EAO) at WCRCReferral@MyFloridaDFO.com or call 1-800-342-1741 for reemployment services.

Legal Representation
You are not required to have an attorney. If you do hire an attorney to represent you with your workers’ compensation claim, the fees and costs may come out of your benefits, unless your employer or workers’ compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers’ compensation claim. This help is free and available by contacting the Employee Assistance Office at 1-800-342-1741.

Anti-Fraud Reward Program
Workers’ compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers’ compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to $25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers’ compensation fraud, call 1-800-378-0445.

Disclaimer:
The publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers’ Compensation be liable for direct or consequential damages resulting from the use of this printed material.
If you are injured as a result of a work-related accident, your employer’s workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

**Medical Benefits**
As soon as your employer’s workers’ compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:
- Doctor visits
- Physical therapy
- Hospitalization
- Medical tests
- Prosthetics
- Prescription drugs
- Travel expenses to and from authorized medical treatment or a pharmacy

Once you reach maximum medical improvement (MMI), you are required to pay a $10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

**Wage Replacement Benefits**
If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida’s average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and be weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.
- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional less and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

**Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers’ compensation law. If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.

**Injured Worker Responsibilities**
Communicate with the Employer:
- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and your employer affords a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:
- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are certifying your understanding of this important information. Your benefits will be suspended if you refuse to sign the document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed of the status of your claim, medical authorization needs and any wages you have earned. (Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)

- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

Communicate with the Authorized Treating Physician:
- Identify all body parts that are, or potentially may be, injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarity your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.

- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

**Carrier Responsibilities**
- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers’ Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action/Change form (DWC4) or a Notice of Denial form (DWC13).
Información Importante De Seguro De Indemnización Por Accidentes (Espanol)
Si usted se leiona como resultado de un accidente de trabajo, la compañía de seguro de su empleador podría proveerle beneficios médicos y una porción de su salario.

**Beneficios Médicos**

| Proveerá a un médico autorizado por la compañía de seguro |
| Fagará por todo tratamiento que sea autorizado médicamente necesario y relacionado a su lesión o enfermedad |
| Proveerá a una vez su cambio de médico dentro de cinco días de recibir su petición por escrito |

**Atención médica y tratamientos autorizados pueden incluir:**

- Consultas médicas
- Medicamentos recetados
- Exámenes médicos
- Gastos de viajes a consultorio
- PRONOS de médicos o la farmacia

En cuanto alcance la máxima mejora médica (MM) por su lesión en inglés, usted tendrá que pagar un coporte de $10.00 por cada consulta para tratamiento médico. La máxima mejora médica ocurre cuando el médico que lo atiende determine que su lesión o enfermedad ha saturado hasta el punto que una mejora adicional no es probable.

**Beneficios de Reemplazo de Salario**

Si usted no puede trabajar y su ingreso es reducido debido a una lesión o enfermedad relacionada con su empleo, es posible que usted pueda recibir reemplazo parcial del salario. Usted puede ser elegible para estos beneficios si ha estado incapacitado(a) por más de seis días y no ha podido cumplir con sus deberes normales en su empleo según el consejo de su médico autorizado.

**Responsabilidades del Trabajador Lesionado**

- Contacte a su supervisor/empleador inmediatamente para notificar que sufre una lesión o enfermedad en su trabajo.
- Preste a su empleador una copia del Formulario para Reportar el Establecimiento de su Caso (DWC35) (titulada en inglés, “Medical Treatment /Status Reporting Form” (DWC35) después de cada cita médica.
- Vuelva a su lugar de empleo cuando su médico le permita y su empleador le ofrezca un trabajo de acuerdo a sus limitaciones para evitar la suspensión de los beneficios de reemplazo de salario.

**Comuníquese con la compañía de seguros:**

- Revise el formulario Primer Reporte de la Lesión o Enfermedad (DWC1) (titulada en inglés “First Report of Injury or Illness” (DWC1) cuando la reciba y verifique su dirección, número de teléfono, número de seguro social, y la descripción del accidente. Si ha alguna información con la cual usted no está de acuerdo, o si alguna información ha sido errónea, inmediatamente notifíquelo a su aseguradora(a) de reclamo o a la Oficina de Ayuda al Trabajador.

**Responsabilidades de la Compañía de Seguros**

- Identifique todas las partes del cuerpo que están o potencialmente pueden ser afectadas, y sean específicos(a) al identificar las áreas del dolor.
- Comuníquese con sus citas médicas.
- Advierta el estado laboral durante sus citas antes de salir de la oficina del médico.
- Siga el plan recomendado por su médico.
- Hágale a su médico una copia del Reporte Médico Sobre el Establecimiento de su Caso (DWC35) (titulada en inglés, “Medical Treatment /Status Reporting Form” (DWC35).
- Notifique a su médico de cualquier cambio de dirección o número de teléfono.

**Revisar:**

- Llame a la oficina del médico autorizado si usted necesita ver al médico antes de su próxima cita. Determine el personal pueda anotar su nombre en una lista de cancelación y puede esperar por otra más pronto si ella puede cancelar su cita. Si no hay una cita disponible, y usted necesita ver un médico inmediatamente, llame al número de contacto de su aseguradora(a) de reclamo o a la Oficina de Ayuda al Trabajador.

- Revise, firma y devuélva a la compañía de seguros su declaración de ruedas. En un accidente, lo firmar esto confirmará que entendió esta información importante. Sus beneficios serán suspendidos si usted no firma y provee la declaración a la compañía de seguros.

- Si usted trabaja para más de un empleador durante las tres semanas inmediatamente antes de la fecha del accidente, reporte todos los salarios recibidos durante ese periodo. Esto ayudará a la compañía de seguros a determinar la cantidad correcta de su beneficio de reemplazo de salario.

- Mantenga a su aseguradora(a) de reclamo regularmente informado(a) sobre los estilos de su reclamo, su necesidad de autorización de tratamiento médico, y cualquier ingreso. (Noté: si usted está representado por un abogado, posiblemente su aseguradora(a) de reclamo no pueda hablar con usted directamente.)

- Notifique a la compañía de seguros de cualquier cambio de dirección o número de teléfono.

- Complete y devuélva los formularios que requiera la compañía de seguros.
Procedural Information - Section C:

NSU Workers' Compensation Quick Facts

**Reporting Period:** An employee who suffers an injury/illness arising out of and in the course of employment must advise his/her supervisor, Risk Management or OHR contact of the injury immediately, but no later than within 30 days after the date of or initial manifestation of the injury. **The law requires that you report the accident or your knowledge of a job-related injury within 30 days of your knowledge of the accident or injury.** Failure to report the injury/illness in the noted timeframe could result in the denial of the claim under certain circumstances. However, if the employee reports the injury after the 30 day period the information must be reported to Risk Management immediately using the pertinent forms found online at http://www.nova.edu/risk/forms/workers-comp.pdf.

**Waiting Period for Comp Benefits after Injury:** 7 days

**Wage Replacement Benefits:** If an authorized treating physician places an injured worker off work the workers’ compensation benefits for lost wages will start on the eighth day that the employee is unable to work. No wage replacement benefits are paid for the first 7 days of work missed, unless the employee is out of work for more than 21 days due to the work-related injury. The wage replacement benefits will equal two-thirds (66-2/3%) of the employee’s pre-injury regular weekly wage, but the benefit will not exceed Florida’s Maximum Compensation Rate for the year of the accident and is on a paid bi-weekly basis. An injured worker who is receiving wage replacement can use 2.5 hours or equivalent hours of his/her own accrued sick, personal, or vacation hours towards full wage compensation (based on a 7.5 hour daily scale).

**Compensation is retroactive if disability continues for what period of time from the date of injury?** If an authorized treating physician places an injured worker off in excess of 21 days, the 7 days is paid by the 4th week of disability.

**Choice of Physician:** You must see a doctor authorized by your Risk Management office (ext. 25404) or the insurance company (407-660-5637 or 866-291-0194). If it is an emergency and you cannot reach the Risk Management office or adjuster, to tell you where to go for treatment, go to the nearest emergency room and let Risk Management and the adjuster know as soon as possible what has happened.
If it is after hours and you cannot reach the Risk Management office or adjuster, to tell you where to go for treatment and your PCP is not available go to the nearest emergency room and let Risk Management and the adjuster know as soon as possible what has happened.

Per Florida Statute 440.13(2) (f), an injured worker is entitled to a one time change per accident. The insurance company will authorize an alternative physician within five days of receiving a written request from the injured worker. If medical care is provided outside an authorized approved network, the employer chooses the physician.

**Transportation during Disability Period:** Medical transportation is available if the injured worker needs it. If the injured worker uses his/her vehicle for transportation to medical providers, they are reimbursed at the current rate of 44.5¢ per mile. The carrier/servicing agent can supply mileage forms or the employee can retrieve same online at http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf. Call CCMSI immediately at 407-660-5637 or 866-291-0194 if you need transportation or cannot make an appointment.

**Prescription Benefit:** Medications can be dispensed at any pharmacy (see myMatrixx listing). The injured worker pays no co-pay (prior to MMI) for Rx. if an authorized medical provider prescribes medical services, devices, appliances, etc., as it relates to the injury/illness. Please contact your claim adjuster at CCMSI (407-660-5637 or 866-291-0194) for authorization prior to receiving service or Risk Management for assistance.

**Notification from Insurance Company:** Within 3-5 business days after you or the Office of Risk Management report the accident, you should receive an informational brochure explaining your rights and obligations, and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers’ Compensation. These forms may be part of a packet which may include some or all of the following:

- A copy of your accident report or “First Report of Injury or Illness,” which you should read to make sure it is correct;
- A fraud statement, which you would have already read, signed and returned to the Office of Risk Management for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible, or benefits may be temporarily withheld until you do so;
- A release of medical records, which you would have already read, signed and returned to the Office of Risk Management for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible; and
- Medical mileage reimbursement forms that you should fill out, after seeking medical treatment, and send to your claims adjuster for reimbursement. You may forward a copy to the Office of Risk Management to be placed on your file.
FAQ’s regarding Workers’ Compensation

How long do I have to report a claim to my employer?
All injured workers must contact their supervisor/employer immediately to notify them of any on-the-job injury. Claims reported after 30 days could be denied.

Which forms do I need to complete?

It is important that all injured workers complete the workers’ compensation packet including the fraud statement. Benefits might become suspended if said injured workers refuse to provide the requested signature.

What doctor can I go to?
Your Workers’ Compensation Risk Management Specialist (employer) or insurance company (CCMSI), upon becoming aware of your injury will direct you to a health care provider for such period as the nature of the injury or the process of recovery may require. Medical care must be authorized by the Workers’ Compensation Risk Management Specialist or insurance company.

Why can’t I go to the doctor of my choice?
Per Florida Statute 440.13(2) (a), the law requires that the employer/insurance company provide the appropriate medical care.

Can I go to my own personal physician?
No. You must go to an authorized physician provided by FICURMA or the insurance company (CCMSI).

The doctor is not helping me. Can I request a different doctor for my treatment?
Yes. Per Florida Statute 440.13(2) (f), you are entitled to one time change per accident. The request for a change in physician must be in writing and provided to the insurance company (CCMSI). Upon receipt of the request, the insurance company will select and authorize an alternative physician within five days of receipt of the written request. The injured worker or insurance company (CCMSI) may also select a one-time Independent Medical Examination (IME), per accident. Please note, if your accident occurred on or after 10/1/03, the party requesting the IME is responsible for payment.

Will I have to pay any medical bills?
No, all authorized medical bills should be submitted by the medical provider to CCMSI for payment until you reach maximum medical improvement. Once you reach Maximum Medical Improvement you will be required to pay $10.00 co-pay per visit.
If prescribed, how do I get my prescription filled?
If a prescription is prescribed by your authorized physician, please take the prescription to your pharmacist along with the information from myMatrixx to ensure your prescriptions are billed directly to the insurance company. In rare cases you may be asked to pay for your medications: if this happens, you will be reimbursed any money you have to advance once receipts are provided to the insurance company.

What is my responsibility when the doctor places me on restricted duty?
It is your responsibility to communicate with your Supervisor and Workers’ Compensation Risk Management Specialist following your appointments. If you are given restrictions or placed out of work any time during your treatment, please ensure they are communicated to your Supervisor and Workers’ Compensation Risk Management Specialist immediately. Please remember, the doctor gives you restrictions until your next visit to help you recover from your injury. It is extremely important that you observe your restrictions at work as well as in your daily life.

If you are placed on medical leave please contact your Human Resources Total Rewards team for information pertaining to filing a request for medical leave due to your workers’ compensation status. The contact extensions information can be had online at http://www.nova.edu/hr/staff.html.

Do I have to attend my appointments?
Yes. Time, effort and expense are put into providing your medical care. If you do not follow the doctor's direction and attend all medical appointments your case may be terminated for non-compliance and all benefits suspended.

If a medical bill comes to my house, what do I do?
Fax or mail the medical bill to the Risk Management Office (fax # 954-262-6860/3814). The Workers’ Compensation Risk Management Specialist relates it to the claim and forwards it to your adjuster. CCMSI will pay all authorized invoices for your claim. Otherwise, you can elect to forward the bill to your CCMSI adjuster (fax. 217-477-6623) or by email to the adjuster.

Will I get paid mileage to my medical appointments?
If you, a family member or friend drives you to an authorized appointment, physical therapy, hospital, diagnostic testing or pharmacy you are entitled to mileage reimbursement @ 45 cents per mile or current rate. A form is available to document the appropriate mileage.

What do I do if I can’t make my appointment or do not have transportation?
Call CCMSI immediately at 407-660-5637 or 866-291-0194.

When do I get my first check?
You should receive the first check within three (3) weeks after reporting your injury to FICURMA/CCMSI and have been off work by an authorized treating physician beyond the waiting period.

All injured workers must report any wages (from all employment) earned to the insurance carrier.
How much will I be paid?
In most cases, benefits are calculated at 66 2/3 percent of your average weekly wage up to the state max for the year of your accident. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

Will I be paid if the doctor takes me off work?
In most cases, your first check will be from the 8th day of disability through the time your authorized treating physician releases you to return to work. Under Florida law, you are not paid for the first seven days of disability, unless you are out more than 21 days.

Will the check come to my house?
If you are entitled to benefits, your check will be mailed to your home. Please make sure we have the most up to date information regarding your address and phone number.

Can I receive unemployment compensation and workers’ compensation benefits at the same time?
No, not if you are receiving temporary total or permanent disability benefits, you must be medically able and available to work to qualify for unemployment benefits.

Will I get fired because of my injury?
No. It is against the law to fire you because you have filed or attempted to file a workers’ compensation claim.

If I choose to have Legal Representation how would this affect my claim?
Injured workers are not required to have an attorney but are free to retain one if they so desire. If an injured worker elects to hire an attorney to represent him or her with his or her workers’ compensation claim -

(a) Fees and costs may come out of benefits received, unless his or her employer or workers’ compensation carrier is held responsible for paying the attorney fees and other costs which may occur under certain limited circumstances.

(b) All communication, whether written or verbal, pertaining to an injured worker’s claim, must be between the injured worker’s attorney and NSU’s Third Party Administrator. Consequently, the injured worker cannot communicate with NSU representatives/employees pertaining to his/her claim while represented by an attorney.

If my claim is based on Mental or nervous disorders how is it covered?
Mental or nervous injuries (440.093): A mental or nervous injury due to stress, fright or excitement only is not an injury by accident arising out of the employment (see 440.02(1), Definitions.) Section 440.093 addresses mental or nervous injuries. It states that the physical injury must be and remains the major contributing cause and limits the payment of permanent benefits for mental or nervous injury to six months following date of maximum medical improvement for the physical injury.

Who do I contact if I have any questions concerning my benefits?
CCMSI.: @ 407-660-5637 or 866-291-0194 . Their mailing address is CCMSI - 2600 Lake Lucien Dr. Suite 225, Maitland, FL 32751; Tel. 3407-660-5637 or 866-291-0194 and/or the Risk Management Office at 954-262-5404.
(a) All injured workers must complete and return forms to the insurance carrier when asked.
(b) All injured workers must notify the insurance carrier of any address changes.

**Disclaimer:** The above represents a summary of information pertaining to Nova Southeastern University's Worker's Compensation Benefit. Please note that worker's compensation law can be complex and these laws and policies are subject to amendment at any time. If you need help with a workers' compensation issue, please consult your CCMSI and/or Workers' Compensation Risk Management team.
### FICURMA

**Workers’ Compensation Prescription Information**

**Employer:**
Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
<td></td>
</tr>
<tr>
<td>Group#:</td>
<td>10602857</td>
</tr>
<tr>
<td>Member ID (SSN):</td>
<td></td>
</tr>
<tr>
<td>Date of Injury:</td>
<td></td>
</tr>
<tr>
<td>Processor:</td>
<td>myMatrixx</td>
</tr>
<tr>
<td>Bin#:</td>
<td>014211</td>
</tr>
</tbody>
</table>

Day supply is limited to 14 days for a new injury.

myMatrixx Help Desk: (877) 804-4900

**Employee:**
FICURMA has partnered with myMatrixx to make filling workers’ compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**Pharmacist:**
Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers’ compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

**NOTE:** Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

**FOR ALL REJECTIONS OR QUESTIONS CALL:** (877) 804-4900
False and Fraudulent Claim Warning

Please read the following information carefully. This form must be signed and returned within 30 days of the date it was received, stating that you have reviewed, understand and acknowledge the statement of benefits and/or payments shall be suspended until such signature obtained.

Workers’ Compensation fraud includes but is not limited to the following:

- Requesting and/or receiving temporary total, temporary partial, permanent total disability or impairment benefits while working for gain as an employee of a business, independent contractor, yourself or a business and not reporting that income to the insurance company.
- Making a false or written statement and/or submitting false documents to your employer, your physician and/or the insurance company or their representatives for the purpose of filing or supporting a claim for workers’ compensation benefits.
- Misrepresenting facts concerning an industrial accident, injury or illness to your employer, your physician and/or the insurance company or their representatives.
- Failing to report earnings when requested to do so by the insurance company.
- Selling your personal information to third parties for use of misrepresenting facts to any medical provider or insurance company.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud punishable as provided in Florida Statute 817.234.

I have reviewed, understand and acknowledge the above. This information is true and correct to the best of my knowledge.

Workers Name:

Please type or print

Claim #: ___________________________________ Employee: __________________________

Employer: ___________________________________________________________________

Employees’ Address: ___________________________________________________________

Phone: _______________________________ Date: ________________________________

Workers’ Signature: ____________________________________________

Cannon Cochran Management Services, Inc.
2600 Lake Lucien Drive • Suite 225 • Maitland, FL 32751
866-291-0194 • 407-660-5600 • Fax: 217-477-6946 • FICURMAmail@ccmsi.com
AUTHORIZATION FOR MEDICAL RECORDS AND COMMUNICATION RELEASE

Name: _______________________ Date of Birth: ____________ Social Security #: ______________________

I hereby authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic or other medical
or medically related facility, insurance company or other organization, institution or person, that has any
records or knowledge of my mental or physical health, history, condition or wellbeing, to supply such
information to my employer or its insurance carrier, claims administrator or attorneys.

I specifically authorize any treating physician or medical care provider to communicate orally or in writing
with my employer or its insurance company, claims administrator, rehabilitation or medical management
consultant or attorneys as to my care and treatment, and as to any other issues including diagnosis,
prognosis, causal connection of care and treatment to my work injury or duties, and ability to work. I hereby
waive my physician-patient privilege. In conjunction with this, I also authorize any treating physician or
medical provider to review any additional materials provided to them.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the
length of my claim.

Note: Workers’ Compensation Requests Are Exempt From HIPAA. Pursuant to 45 CFR, Sect. 164.512(1)
a covered entity may without penalty under HIPAA disclose protected health information to the extent
necessary to comply with the law relating to workers’ compensation.

__________________________________________________________________________
NAME-PLEASE PRINT

__________________________________________________________________________
SIGNATURE

__________________________________________________________________________
DATE

Cannon Cochran Management Services, Inc.
2600 Lake Lucien Drive • Suite 225 • Maitland, FL 32751
866-291-0194 • 407-660-5600 • Fax: 217-477-6946 • FICURMAmail@ccmsi.com
Please fax or email the completed form to the adjuster for handling. Thank you.

**REQUEST FOR MILEAGE REIMBURSEMENT**

<table>
<thead>
<tr>
<th>NAME:</th>
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<tbody>
<tr>
<td>EMPLOYER:</td>
<td>Nova Southeastern University</td>
</tr>
<tr>
<td>CLAIM NUMBER:</td>
<td></td>
</tr>
<tr>
<td>CLAIMANT ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>WORK ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>DATE OF INJURY:</td>
<td>ADJUSTERS: Terri Krepps</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Name of Medical Facility (Including Pharmacies) with address</th>
<th>Roundtrip Miles</th>
<th>Residence or Work (Please indicate)</th>
</tr>
</thead>
<tbody>
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</table>

Total Miles: \[ \text{Total Miles} \times 0.45 = \$ \]  

I hereby certify or affirm that the above mileage was incurred by me as necessary traveling expenses related to those medical facility visits pursuant to my workers’ compensation case.

Signature
Date
REMINDER

Stop, Look, Listen - Section D

SAFETY IS OUR CONCERN!

PLEASE SEE YOUR SUPERVISOR, OHR CONTACT OR RISK MANAGEMENT PERSONNEL SHOULD YOU EXPERIENCE A WORK RELATED INJURY FOR ASSISTANCE IN FILING YOUR CLAIM. YOU CAN ALSO OBTAIN THE NECESSARY DOCUMENTS AT


PLEASE COMPLETE AND FORWARD THE DOCUMENTS TO YOUR RISK MANAGEMENT OFFICE AT 954-262-6860/3814 (FAX)

G: \Workers' Comp2018
Resources

Nova Southeastern University
Risk Management Office
3100 SW 9th Avenue,
Suite 422
Fort Lauderdale, FL 33315
Tel: (954) 262-5404 * (954) 262-6860 (fax)
E-Mail: risk@nova.edu

Claims-Handling Entity
Cannon Cochran Management Services, Inc. (CCMSI)
2600 Lake Lucien Dr. Suite 225
Maitland, FL 32751
Tel: 407-660-5637 /1- 866-291-0194 * 217-477-6623 (fax)
After Hours: 1-877-253-5169

For more information regarding prevention of risk visit our website at http://www.nova.edu/risk/index.html