



AN EMPLOYEE'S GUIDE TO WORKERS' COMPENSATION

**Self-Insured Self-Administered
Workers' Compensation Program
September 2011
(Current Revised Version)**

NEW WORKERS COMPENSATION UNIT PHONE NUMBER: (702) 799-0060



SIERRA HEALTH-CARE OPTIONS, INC.SM

CCSD Risk Management Department

Local Number: (702) 799-0060

Workers Compensation Unit

Toll Free Number:

(866) 682-5927

Workers' Compensation Hotline

(702) 799-NURS [6877]

For assistance with Workers' Compensation Issues, you may contact the Office of the Governor Consumer Health Assistance by calling the phone number or accessing the website/e-mail listed below.

Toll free: (888) 333-1597

Website: <http://govcha.state.nv.us>

E-mail: cha@govcha.state.nv.us

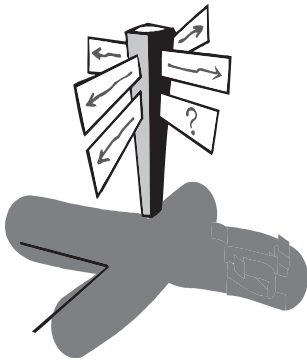
If you have an on-the-job injury or occupational disease, here's what you should do:

1 ■ Report the injury or occupational disease to your SUPERVISING ADMINISTRATOR or designee immediately. Fill out a “Notice of Injury or Occupational Disease” Form C-1.

2 ■ If treatment is required for non life threatening conditions, call (702) 799-NURS (6877) and the Triage Nurse will assist you with seeing a provider at any of the CCSD approved medical clinics. If unavailable, refer to the clinic locations listed on page three of this booklet. All clinics take walk-ins.

3 ■ For life-threatening conditions requiring immediate treatment, call 911 or seek treatment at the nearest hospital or emergency room. Notify your supervisor and complete the required forms as soon as possible thereafter. Examples of life-threatening conditions:

- Poisoning
- Loss of consciousness
- Shock
- Severe chest pain
- Spinal injuries
- Major burns



PLAN AHEAD

Know Where To Go

Nearest medical clinic to my work site or home:

Nearest pharmacy to my work site or home:

Codes needed by participating pharmacy to process your prescription:

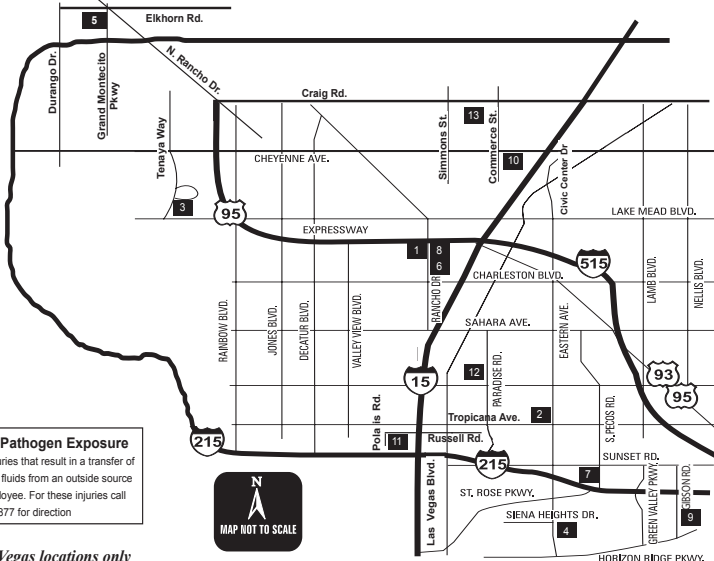
Rx Bin: 610621
Rx PCN: SNT
Rx Group: Not Required
Carrier: SXC

What should you do if you are injured...

If you have an on-the-job injury or occupational disease, follow these simple steps:

1. Report the injury or occupational disease to your supervisor immediately! Fill out a "Notice of Injury or Occupational Disease" Form C-1.
2. If treatment is required, see a medical provider at any of the CCSD approved **PREFERRED URGENT CARE FACILITIES** listed below. **YOU DO NOT NEED TO MAKE AN APPOINTMENT FOR YOUR INITIAL VISIT.** Follow-up visits can be made at #6, #7 or #8 below.
3. For life-threatening conditions, dial 911 or seek treatment at the nearest hospital or emergency room.

Preferred Medical Clinics



***Bloodborne Pathogen Exposure (BBPE)** refers to injuries that result in a transfer of blood or other body fluids from an outside source to the injured employee. For these injuries call 799-6877 for direction

Map is for Las Vegas locations only

- | Las Vegas Area Preferred Medical Clinics | |
|--|--|
| 1 | Southwest Medical Associates Rancho/Charleston Urgent Care
688 S. Rancho Drive
(702) 877-5108, opt. 3 24 hours, 7 days a week |
| 2 | Southwest Medical Associates South Eastern Urgent Care
4475 S. Eastern Avenue
(702) 869-5840 7 days a week, 8 AM to 8 PM |
| 3 | Southwest Medical Associates North Tenaya Urgent Care
2704 N. Tenaya Way
(702) 243-8525 7 days a week, 7 AM to 7 PM |
| 4 | Southwest Medical Associates St. Rose Siena Urgent Care
2845 Siena Heights Rd., Ste. 1100, Henderson
(702) 492-4885 7 days a week, 8 AM to 8 PM |
| 5 | Southwest Medical Associates Grand Montecito Urgent Care
7061 Grand Montecito Pkwy.
(702) 750-3900 7 days a week, 8 AM to 8 PM |
| 6 | Victor Klausner, DO *BBPE follow-up Center for Occupational Health and Wellness
801 S. Rancho Drive, Ste. F-1
(702) 474-4454 Monday thru Friday, 7 AM to 8 PM |

- | Las Vegas Area Preferred Medical Clinics | |
|--|---|
| 7 | Victor Klausner, DO *BBPE follow-up Center for Occupational Health and Wellness
9005 S. Peccos Road, Ste. 2610
(702) 474-0472 Monday thru Thursday, 7 AM to 5 PM |
| 8 | Ronald V. Kong, MD
501 S. Rancho Drive, Ste. A-5
(702) 382-3331 Monday thru Friday, 8 AM to 4 PM |
| 9 | Concentra Medical
149 N. Gibson Road, Ste. H
(702) 558-6275 Monday thru Friday, 8 AM to 5 PM |
| 10 | Concentra Medical
151 W. Brooks Avenue
(702) 399-6545 Monday thru Friday, 8 AM to 5 PM |
| 11 | Concentra Medical
5850 S. Polaris Rd., Ste. 100
(702) 739-9957 24 Hours a day/7 days a week |
| 12 | Concentra Medical
3900 Paradise Road, Ste. V
(702) 369-0560 Monday thru Friday, 7 AM to 6 PM |
| 13 | Centennial Hills Occupational Health Center
4100 N. Martin Luther Kind Blvd., Ste. A
(702) 835-9760, Monday thru Friday, 8 AM to 5 PM |

- | Other Rural Locations | |
|---|--|
| Overton Medical
(f.k.a. Overton Urgent Care)
461 N. Moapa Valley Blvd.
Overton, NV 89040
(702) 397-6344 Monday thru Friday, 8 AM to 5 PM | |
| Virgin Valley Medical (Habib Medical)
210 N. Sandhill Blvd.
Mesquite, NV 89027
(702) 345-5000 Monday thru Friday, 8 AM to 5 PM | |
| Mesa View Medical Group
(f.k.a. Mesquite Medical Associates)
1301 Bertha Howe, Ste. 1
Mesquite, NV 89027
(702) 346-0800 Monday thru Friday, 8 AM to 5 PM | |
| UMC Quick Care (Laughlin Location only)
150 Bruce Woodbury Drive
Laughlin, NV 89029
(702) 298-3364 Monday thru Friday, 7 AM to 5 PM/ 7 days a week | |

If you need assistance, call
Sierra Health-Care Options at
(702) 838-8290
or on-site WC Triage Nurse at
(702) 799-NURS (6877).

Your managed care organization
(MCO) is provided by
Sierra Health-Care Options.



SIERRA HEALTH-CARE OPTIONS, INC.™

CLARK COUNTY SCHOOL DISTRICT
has partnered with **ScripNet** so you can get the
prescriptions you need related to your
workers' compensation claim!

PARTICIPATING PHARMACIES



**ALBERTSON'S • COSTCO • CVS
FOOD 4 LESS • KMART • LONGS • TARGET
SAM'S CLUB • SAV-ON • SMITH'S
VON'S • WAL-MART**

For Additional Network Pharmacies:

- Contact **ScripNet** Help Desk at **888-880-8562**
- Log on to www.scripnet.com and click on
"Find a Pharmacy"

Se Habla Español!

For faster service, show the following to the
pharmacy:

- Your CCSD Employee picture ID, or
- Your copy of Form C-4, and
- ScripNet flyer issued to you by the initial
treating doctor.



Frequently Asked Questions

Q: What is workers' compensation?

Workers' compensation is an insurance program which covers injuries and diseases that are work-related. Fault or negligence by the employer or the employee is not considered in the injured employee's claim for benefits.

Q: How does the school district provide workers' compensation coverage for its employees?

The CCSD has a self-funded program for workers' compensation. Claims are handled by in-house staff in the Risk Management Department.

Q: What injuries or diseases are covered?

Workers' compensation coverage generally applies to injuries or diseases arising out of and in the course of employment, subject to the limitations and conditions of Nevada's Industrial Insurance laws.

Q: What should I do if I have an on-the-job injury or occupational disease?

You must report it to your SUPERVISING ADMINISTRATOR or designee AT ONCE, and give a written notice by completing a "Notice of Injury or Occupational Disease" (Form C-1) within 7 calendar days after the accident or having knowledge that your disease may be work-related. You and your supervisor must sign this form.

Second, if you sought medical treatment as a result of your on-the-job injury or occupational disease, you must file a “Claim for Compensation” (Form C-4) within 90 days after the accident or having knowledge that your disease may be work related. This form must be completed and signed by you and the attending doctor at the time of your initial medical examination.

Q: Should an injury be reported to my supervisor even if it is a small one?

Report all injuries no matter how insignificant they may seem to you at the time.

Q: What are the CCSD’s duties when an employee is injured?

CCSD personnel shall:

- Render all necessary first aid.
- Cover the cost of transportation to the nearest place of proper treatment if the injury is such as to make it reasonably necessary for such transportation.

Q: What is an MCO?

An MCO is a Managed Care Organization that arranges for the provision of medical and health care services for injured employees. The MCO is responsible for handling all matters related to medical treatment. The CCSD’s MCO is Sierra Health-Care Options, Inc. (SHO).

Q: What types of benefits may I be entitled to?

Workers’ compensation benefits may include medical treatment, lost time compensation, permanent partial disability, vocational rehabilitation, dependent’s payments in the event of death, and other claims-related expenses.

Q: What doctor may I see?

You can obtain medical care only from providers who are listed on the CCSD-approved MCO provider network. For your non-emergency initial medical evaluation, select from the list printed on the Preferred Provider Locations poster at your work site or from the list printed on page three of this booklet. Should you see a doctor not on the approved list, with the exception of an emergency, you will be responsible for the doctor's bill. In most cases only one treating physician is allowed at any one time.

Q: What about filling a prescription?

To have a prescription filled at no cost to you, you must select a pharmacy from the list approved by the CCSD. For faster service, show your CCSD Employee picture ID or your copy of the Form C-4 to the pharmacy. Additionally, a special prescription identification card may be issued to you. Most pharmacies are on the approved list.

Q: How about payment of medical bills?

Medical bills associated with any authorized medical services and incurred as a result of an accepted claim will be paid by the CCSD. An MCO provider of health care who accepts a patient for the treatment of an industrial injury or an occupational disease may not charge the patient.

The CCSD may pay the cost of your initial medical examination and one-week supply of prescription drugs even if your claim is denied.

Q: How much time does the CCSD have to accept or deny a claim?

The CCSD shall accept or deny your claim within 30 calendar days after your Form C-4 is received.

Q: When is temporary total disability (TTD) compensation paid?

You will receive disability compensation if you are certified disabled by your treating doctor due to an on-the-job injury or occupational disease for five or more consecutive calendar days, or five or more cumulative days within a twenty-day period. TTD compensation benefits may be coordinated with your accrued leave as explained below.

Q: How is TTD compensation computed?

Your disability compensation is 66-2/3 percent of your average monthly wage at the time of the injury, subject to a maximum set by the state.

Q: How is my accrued sick leave with the CCSD affected?

Your TTD and sick leave benefits may be coordinated. When you are eligible at the same time for TTD and for any accrued sick leave benefit, you have the option to (1) continue to receive your normal school district salary in lieu of your disability compensation by using part of your accrued sick leave as income continuation supplement or (2) elect to receive only TTD benefits. If you choose option #2, you will not receive your normal paycheck and you must contact Human Resources for a leave of absence.

Q: How is Family and Medical Leave (FML) affected by workers' compensation?

If you are eligible for FML, all qualifying absences which may be related to your on-the-job injury or occupational disease will count concurrently toward the 12-week maximum provided for by the FML Act of 1993. Contact Human Resources for additional information regarding this.

**BRIEF DESCRIPTION OF YOUR
RIGHTS & BENEFITS IF YOU
ARE INJURED ON THE JOB
OR HAVE AN OCCUPATIONAL
DISEASE**

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS

(Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled

and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For assistance with Workers' Compensation Issues: you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597, Web site: <http://govcha.state.nv.us>, E-mail cha@govcha.state.nv.us.

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Q: What should I do if my on-the-job injury or occupational disease results in a need for continued absence in excess of available sick leave and FML?

You must apply for a workers' compensation leave of absence; or if released by your doctor, return to work. However, if you have sufficient accumulated leave, (sick or other authorized paid leave) for your recovery, a workers' compensation leave of absence may not be necessary. Contact Human Resources for additional information regarding FML and leave of absence.

Q: Can the CCSD accommodate temporary light-duty/modified work release?

Transitional employment or temporary modified duty may be offered to employees recovering from the effects of an on-the-job injury or occupational disease. Temporary work assignments, if available, would be designated to meet the temporary physical limitations set by the treating doctor.

Q: Do I get reimbursed for travel expenses?

You may be eligible for travel expenses and per diem associated with medical treatment. A claim for such reimbursement may be disallowed unless it is submitted within 60 calendar days after the expenses are incurred. The travel reimbursement claim form (D-26) is available from the CCSD Risk Management Department website. Do NOT wait until the end of treatment to seek reimbursement. Website address: <http://riskmanagement.ccsd.net>

Q: When is a claim closed?

Your claim will be closed when you reach maximum medical improvement and after all benefits to which you may be entitled have been paid. The CCSD will send you a written notice of its intention to close your claim when appropriate.

Q: What are my appeal rights?

If you disagree with a written determination made by the CCSD, you may appeal by following the instructions in your determination letter within 70 days from the date of the determination. If you do not file a request for appeal timely, you may lose your right to appeal the determination.

If you disagree with a medical decision rendered by the MCO, you may request a dispute resolution within 14 days of that decision with the MCO. Within 14 days after receipt of the formal complaint, the MCO will conduct a hearing and issue a written determination and give appeal rights.

For more information contact the MCO at (702) 838-8290.

Q: What can I do to put workers' compensation fraud out of business?

If you suspect an injured employee, a medical provider, or an employer is committing fraud, call the Office of the Attorney General's Workers' Compensation Fraud Unit at (702) 486-3777 or (800) 266-8688.

Q: Who can I ask questions about my claim?

If you have any questions regarding the administration of your claim including coordination of disability benefits and accrued leave, contact your CCSD claims examiner at
If you have questions regarding the medical management of your claim, contact your MCO case manager at (702) 838-8290.

SPECIAL FAQ SECTION PERTAINING TO BLOODBORNE PATHOGENS

Q: What should I do if I am stuck with a needle or any other sharp object that may have blood or other possibly infected material on it?

You should wash the injured area with soap and water for 10-15 minutes, and notify your supervisor immediately. You will be given instructions for obtaining immediate medical care and evaluation by a medical provider to determine if a valid bloodborne pathogen exposure has occurred.

Q: How can I prevent being exposed to a Bloodborne Pathogen?

The best way to protect yourself is to avoid contact with blood or other body fluids by practicing “universal precautions.” This means to treat all blood and body fluids as if infected. If you must have contact with blood and other body fluids, wear personal protective equipment, such as latex gloves. Know where personal protective equipment is located and use it. Discuss with your supervisor any tasks or duties that have any potential for injuries or other safety concerns. Always wash your hands frequently throughout your workday.

There is a vaccination to prevent Hepatitis B, but there are no vaccinations to prevent Hepatitis C or HIV. Ask your personal doctor about recommendations for vaccinations that will provide the best protection for you.

Q: What other resources are available to me about Bloodborne Pathogens?

The CCSD has an Exposure Control Plan that is updated yearly. The Plan is posted on the district’s website under *Employee Health*, and provides detailed information about procedures, practices, and methods that are capable of protecting employees from exposures to Bloodborne Pathogens, i.e. needlesticks and human bites.

For further information, contact the CCSD Employee Health Nurse at (702) 799-0767.

Preferred Provider Locations

SOUTHWEST MEDICAL ASSOCIATES

Southwest Medical Associates

Rancho/Charleston Urgent Care
888 S. Rancho Drive
(702) 877-5108, opt. 3 24 hours, 7 days a week

Southwest Medical Associates

South Eastern Urgent Care
4475 S. Eastern Avenue
(702) 669-5840 7 days a week, 8 AM to 8 PM

Southwest Medical Associates

North Tenaya Urgent Care
2704 N. Tenaya Way
(702) 243-8525 7 days a week, 7 AM to 7 PM

Southwest Medical Associates

St. Rose Siena Urgent Care
2845 Siena Heights Rd., Ste. 1100, Henderson
(702) 492-4885 7 days a week, 8 AM to 8 PM

Southwest Medical Associates

Grand Montecito Urgent Care
7061 Grand Montecito Parkway
(702) 750-3900 7 days a week, 8 AM to 8 PM

Victor Klausner, DO *BBPE follow-up

Center for Occupational Health and Wellness
801 S. Rancho Drive, Ste. F-1
(702) 474-4454 Monday - Friday, 7 AM to 8 PM

Victor Klausner, DO *BBPE follow-up

Center for Occupational Health and Wellness
9005 S. Pecos Road, Ste. 2610
(702) 474-0472 Monday - Thursday, 7 AM to 5 PM

Ronald V. Kong, MD

501 S. Rancho Drive, Ste. A-5
(702) 382-3331 Monday - Friday, 8 AM to 4 PM

Concentra Medical

149 N. Gibson Road, Ste. H
(702) 558-6275 Monday - Friday, 8 AM to 5 PM

Concentra Medical

151 W. Brooks Avenue
(702) 399-6545 Monday - Friday, 8 AM to 5 PM

Concentra Medical

5850 S. Polaris Rd. Ste. 100
(702) 739-9957 24 hours, 7 days a week

Concentra Medical

3900 Paradise Road, Ste. V
(702) 369-0560 Monday - Friday, 7 AM to 6 PM

Centennial Hills Occupational

Health Center

4100 N. Martin Luther King Blvd., Ste. A
(702) 835-9760 Monday - Friday, 8 AM to 5 PM

OTHER RURAL LOCATIONS

Overton Medical

(f.k.a. Overton Urgent Care)
461 N. Moapa Valley Blvd.
Overton, NV 89040
(702) 397-6344 Monday - Friday, 8 AM to 5 PM

Virgin Valley Medical (Habib Medical)

210 N. Sandhill Blvd.
Mesquite, NV 89027
(702) 345-5000 Monday - Friday, 8 AM to 5 PM

Mesa View Medical Group

(f.k.a. Mesquite Medical Associates)
1301 Bertha Howe, Ste. 1
Mesquite, NV 89027
(702) 346-0800 Monday - Friday, 8 AM to 5 PM

UMC Quick Care

(Laughlin Location only)
150 Bruce Woodbury Drive
Laughlin, NV 89029
(702) 298-3364 Monday - Friday, 7 AM to 5 PM
7 days a week

PARTICIPATING PHARMACIES

Albertson's, Costco, CVS, Food4Less, Kmart, Longs, Target, Sam's Club, Sav-on, Smith's, Von's, Wal-Mart, and Walgreens

Workers' Compensation Forms

Checklist



FORM C-1

“NOTICE OF INJURY OR OCCUPATIONAL DISEASE”

You must give written notice of your on-the-job injury or occupational disease to your SUPERVISING ADMINISTRATOR or designee by completing a C-1 form within 7 calendar days after the accident or having knowledge that your disease may be work-related. C-1 forms are available at your workplace or from the CCSD Risk Management Department. It can also be downloaded from the Risk Management Department's website.



FORM C-4

“CLAIM FOR COMPENSATION”

If medical treatment is sought, you must file a completed C-4 form within 90 calendar days after the accident or having knowledge that your disease may be work related. C-4 forms are available at the place of initial treatment.



In accordance with Nevada law, you may be denied workers' compensation benefits if you fail to file a C-1 form or a C-4 form in a timely manner.

Some of the information in this booklet is derived from Chapters 616A and 617, inclusive, of the Nevada Revised Statutes and is provided for informational purposes only.

IMPORTANT PHONE NUMBERS/ADDRESSES

➤ **MANAGED CARE ORGANIZATION (MCO)**

Sierra Health-Care Options, Inc.(SHO)

P.O. Box 15645

Las Vegas, NV 89114-5645

Phone: (702) 838-8290

Fax: (702) 869-2376

SHO is responsible for handling all matters related to medical and health care services for injured employees. A SHO Case Manager may consult with you, your doctor and your workplace to assist in your recovery and return to work.

➤ **PHARMACY BENEFIT MANAGEMENT ADMINISTRATOR**

ScripNet

Customer Service Help Desk

Phone: (888) 880-8562

ScripNet is responsible for getting an injured employee's prescription filled through a network of participating retail pharmacies. To view a complete list of network pharmacies, log on to www.scripnet.com and click on "Find a Pharmacy."

➤ **SELF-INSURED SELF-ADMINISTERED EMPLOYER/ CONTACT DEPARTMENT**

CCSD Risk Management Department, Claims Services

4828 South Pearl St. MS200

Las Vegas, NV 89121

Phone: (702) 799-0060

Fax: (702) 799-2995

Workers' Compensation Hotline: (702) 799-6877

Website address: <http://riskmanagement.ccsd.net>

Claims Services staff within the CCSD Risk Management Department are responsible for claim investigation, claim acceptance, claim closure, delivery of disability benefits, and other matters related to claim administration.

NOTES:

New Workers Compensation Unit Telephone Number: (702) 799-0060

FOR YOUR CONVENIENCE

**A WALLET SIZE REFERENCE
CARD IS INCLUDED IN THIS
BOOKLET**

**REMOVE THE CARD BY
CUTTING ALONG THE
DOTTED LINE**

**DON'T LEAVE HOME FOR
WORK WITHOUT IT!!!**

CLARK COUNTY SCHOOL DISTRICT WORKERS' COMPENSATION

If you have an on-the job injury or occupational disease, here's what you should do:

1. Report the injury or occupational disease to your SUPERVISING ADMINISTRATOR or designee immediately. Fill out a "Notice of Injury or Occupational Disease" Form C-1 within 7 calendar days of the accident or injury.
2. If treatment is required for non life threatening conditions, call (702) 799-NURS (6877) and the Triage Nurse will assist you with seeing a provider at any of the CCSD approved medical clinics. If unavailable, refer to the clinic locations listed on page three of the booklet or posters at each work location. All clinics take walk-ins.
3. For life-threatening conditions requiring immediate treatment, call 911 or seek treatment at the nearest hospital or emergency room. Notify your supervisor and complete the required forms as soon as possible thereafter.

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Workers' Compensation Forms Checklist

Form C-1

"Notice of Injury or Occupational Disease"

You must give written notice of your on-the-job injury or occupational disease to your SUPERVISING ADMINISTRATOR or designee by completing a C-1 form within 7 calendar days after the accident or having knowledge that your disease may be work related. C-1 forms are available at your workplace or from the CCSD Risk Management Department. It can also be downloaded from the Risk Management Department's website.

Form C-4

"Claim for Compensation"

If medical treatment is sought, you must file a completed C-4 form within 90 calendar days after the accident or having knowledge that your disease may be work-related. C-4 forms are available at the place of initial treatment.

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IMPORTANT PHONE NUMBERS

Workers' Comp Hotline: (702) 799-NURS [6877]

CCSD Risk Management Claims Services: **(702) 799-0060**

Toll free number: (866) 682-5927

Sierra Health-Care Options (Managed Care): (702) 838-8290

ScripNet (Pharmacy Benefit Manager): (888) 880-8562

•Participating pharmacies include most major chains

•Codes needed by pharmacy to process a prescription:

Rx Bin	610621	Rx Group	Not Required
Rx PCN	SNT	Carrier	SXC

Workers' Compensation Forms

FORM C-1
"NOTICE OF INJURY OR OCCUPATION DISEASE"
You complete at work and have Supervisor Sign.

FORM C-4
"CLAIM FOR COMPENSATION"
You complete at medical provider if you seek
treatment.

September, 2011

