



**WORKERS' COMPENSATION PROGRAM
EMPLOYEE'S RESPONSIBILITIES
IN THE EVENT OF A WORK-RELATED INJURY OR ILLNESS**

- You are required to report all accidents and injuries to your supervisor immediately. If your supervisor is not available, contact the Workers' Compensation Administrators ("WCA"), HR Benefits Unit, at (910) 672-1451 or (910) 672-1825.
- If medically necessary, you will be taken, or sent, to the medical network provider listed below after obtaining a medical authorization form from the WCA.

Cape Fear Valley Medical Center
1638 Owen Drive
Fayetteville, NC 28304
910-401-5688

Concentra Urgent Care
1702 Owen Drive
Fayetteville, NC 28304
910-323-3184
910-491-5846 Fax

In life threatening emergencies, you will be taken to the nearest medical facility.

- If possible, you will be given a medical authorization form to give to the medical provider to ensure that the bill for the treatment will go to CCMSI, the workers' compensation third party administrator, for payment.
- As soon as possible, you are required to complete the **Employee Statement and Leave Option Form**. The completed form must be given to your supervisor, or the WCA, as soon as possible after the accident or report of illness.
- If you are contacted by the CCMSI Adjuster in the claim investigation or administration process, you must provide all required information in order to expedite claim processing.
- Any absences from work related to the injury must be authorized with a statement from the treating physician. You must provide any such documentation given to you by the physician to the WCA as soon as possible.
- You are required to provide a doctor's note to the WCA stating any medical restrictions placed on you as a result of the injury.
- You must adhere to any transitional duty(s) assigned to you as part of the FSU Return to Work Program.

CONTACTS:

Benefit Unit/ WCA – (910) 672 - 1451 or (910) 672-1825

Environmental Health and Safety Administrator – (910) 672-14317