

**HARLINGEN CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
EMPLOYEE ACCIDENT OR WORK-RELATED ILLNESS REPORT**

PART – I
(TO BE COMPLETED BY EMPLOYEE WITHIN 24HRS)

DATE OF THIS REPORT: _____ *Select One:* **RECORD ONLY** **MEDICAL**

EMPLOYEE NAME: _____ Date of Birth: _____ Home Phone #: _____

EMPLOYEE ID # : _____ Does Employee Speak English? (*select one*) Yes No

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: (select one) Single Married Divorced Widowed **Male** **Female**

DATE OF INJURY: _____ TIME OF INJURY: _____ a.m. p.m.

Name of person accident reported to: _____ Date reported: _____

Name of Campus/Location: _____ Address: _____

Employee began work at: _____ a.m. p.m. Supervisor: _____ Phone #: _____

Dept. regularly employed in: _____ Occupation when injured: _____

Employee: Full Time Part Time Substitute Employee doing regular duties? Yes No

Worksite location of injury (*stairs, dock, hallway, parking lot, etc.*): _____

Describe fully how accident occurred:

Part of body injured/affected (*indicate left/right and/or upper/lower*):

Name of witnesses: _____

Name, address and phone # of physician (*only if medical attention is required*): _____

EMPLOYEE SIGNATURE DATE

ADMINISTRATIVE SIGNATURE DATE

***FAX REPORT TO RISK MANAGEMENT: (956) 430-9705

OFFICE USE ONLY: TO BE COMPLETED BY WORKER'S COMP.

Last Paycheck Amt: _____ Pay Rate: Daily/Hourly _____ Weekly/Monthly _____ Full Part Time

Dept. Code: _____ Job Class Code: _____ Loc Code: _____ Calendar: _____ Hire Date: _____

PART – II

OFFICE USE ONLY: ADMINISTRATOR TO COMPLETE: (*To be completed within 48 hours*)

Cause(s) of Accident: _____

Corrective Actions Needed: _____

ADMINISTRATIVE SIGNATURE DATE

ALLIANCE DOCTORS FOR WORKERS COMP. AS OF 11-2-20

BHS Phys Network	3 different locations in Hgn	423-3343
Gonzalez, Evy FNP	2114 Hale Avenue, Hgn	447-9797
Kotta, Shridhar	512 Victoria Lane #4, Hgn	421-5207 X-rays next door
Kuye, Mogbolahan	597-A Sesame Drive, Hgn	425-9181 No X-ray on site EXT 109
NOVA Center	216 N. Ed Carey Suite 1	956-261-4700
Penalo, Pedro	330 W. Ohio, Mercedes 78570	447-8600
Sinha, Rajiv	637 East Hidalgo, Raymondville	689-2296
Spence Clinic	336 South 8, Raymondville	689-2456
Albert Smith MD	165 South 6, Raymondville	689-5506
Sanchez, Mario	106 N. Main Street, La Feria	797-2002 Aracely Pina
SBMA Harlingen	721 W. Harrison, Harlingen	440-8470/247-7921 247-7000 Jenni
SBMA S. Benito	351 Sam Houston, SB 78586	399-2443/247-7038
Ziegler, Carolina	2106 Treasure Hills, Harlingen	296-1331
Valley D & N Clinic	1214 Dixieland Suite 8, Hgn	440-7236 Margaret
Torkildsen, Wm	29099 Hwy. 106, Rio Hondo	748-2381 NO x-rays on site
Other doctors can be found on website at www.pswca.org		

Please note list is always changing so please refer to PSWCA website for current doctors or doctors outside of Harlingen/surrounding area.

Emergency Care: Valley Baptist and Harlingen Medical Center

"Harlingen Consolidated Independent School District does not discriminate on the basis of race, color, national origin, age, religion, sex, disability, or any other legally protected status in employment or provision of services, programs, or activities."

"El distrito escolar de Harlingen no discrimina en base a raza, color, origen de nacionalidad, edad, religión, sexo, discapacidad, o cualquier otro estado legalmente protegido en el empleo o en la prestación de servicios, programas o actividades."

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for TASB Risk Management Fund. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.





Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

 	
WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM	
TASB Risk Management Fund CARRIER/TPA	Harlingen CISD EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com .	

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789. Tmesys is the designated PBM for this patient. This card is not valid for compound medications.

**Tmesys Pharmacy Help Desk
1-800-964-2531**

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>TASBFF</u>		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para TASB Risk Management Fund. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.





La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

¿Tiene alguna pregunta?
¿Necesita ayuda?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Management Fund	Harlingen CISD
PORTADORA	EMPLEADOR
NOMBRE DEL TRABAJADOR LESIONADO	
Please provide directly to Pharmacist	
NUMERO DE SEGURO SOCIAL	FECHA DE ALA LESION (AAMMDD)

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.
Tmesys is the designated PBM for this patient. This card is not valid for compound medications.

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RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	TASBFF		

NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.