Old Dominion University

Workers' Compensation Accident Report

EMPLOYEE SECTION – Complete, sign and give to supervisor immediately. Failure to report injury may delay benefits.

Name: _____ DOB: _____ ☐ M ☐ F ☐S ☐W ☐M ☐D

(Last, First, Middle) *(Gender)* *(Marital Status)*

UIN: _____ Hire Date: _____ Home Address: _____

(Street, City, Zip Code)

Home Phone: ( ) _____ Department: _____

Work Phone: ( ) _____ ☐Faculty/Staff ☐Hourly ☐Other Time you began work on date of injury: _____

(*Employee Type*)

Job Title: _____ Location Where Injury Occurred: _____

(Specify building, location, room #, etc.)

Date of Injury: _____ Time of Injury: _____ AM/PM Day of Week: _____

Describe how the injury occurred *(attach additional sheet if necessary):* _____

_____

_____

_____

_____

_____

Injuries Sustained: _____

(*part of body-left/right)*

Name of witness(es): _____

Is medical treatment needed? ☐Yes ☐No

(You must select a physician from the attached panel physician form)

Are you enrolled in the state's health insurance plan? ☐Yes ☐No

Are you enrolled in the Virginia Sickness & Disability Program? ☐Yes ☐No

I certify that the information provided above is true and complete. I also certify that I have read "Important Information about Workers' Compensation."

Signature: _____ Date: _____

SUPERVISOR SECTION – Complete, sign, and return to Human Resources immediately. Failure to return this form in a timely matter may delay benefits.

Was the above injury due to any malfunction or defect in equipment or working conditions? ☐Yes ☐No If "yes," please explain: _____

_____

Has the employee missed any time from work? ☐Yes ☐No If "yes," please list dates/times: _____

_____

When was the injury first reported to you? _____

Supervisor's Name: _____ Work Phone: _____

(please print)

Signature: _____ Date: _____

To be eligible for benefits under the Workers' Compensation Act, Human Resources *must* receive *both* this *completed* accident report and the Panel Physician Selection Form. Forms can be:

- *Delivered* to: Human Resources, 5255 Hampton Boulevard, Norfolk, VA 23529
- *Faxed* to: 757-683-3064
- *Emailed to:* benefits@odu.edu

Questions about the workers' compensation process can be directed to the Benefits Office at 757-683-3042 or benefits@odu.edu.

Old Dominion University

Workers' Compensation Panel Physician Selection Form

The Virginia Workers' Compensation law requires your employer to provide to you a Panel of at least three physicians. You must select a physician from this Panel to treat your work-related injury. Appointments are not necessary. **If you do not use one of these physicians for your work-related injury, you may be responsible for the cost of medical care.**

Please select a physician from this Panel, complete and sign this form and return it to Human Resources, along with the competed Workers' Compensation Accident Report.

Dr. Anthony Russo
Velocity Urgent Care
1326 E. Little Creek Road
Norfolk, VA 23518
757-772-6122

Dr. Maulin Desai
Patient First
3432 Holland Road
Virginia Beach, VA 23452
757-468-1855

Dr. Michael Badder
I & O Medical Center
704 Thimble Shoals Blvd.
Newport News, VA 23609
757-240-5580

By signing this form, I release all medical information to Managed Care Innovations, the state's workers' compensation claims administrator. All information will be considered confidential and used only in the matter of the workers' compensation claim.

I have been presented with a panel of at least three physicians and have selected Dr. _____ to provide me with medical care for my work-related injury.

Signed: _____ Date: _____
NAME

Printed: _____ Date of Injury: _____
NAME

Old Dominion University

Important Information about Workers' Compensation

Medical expenses for work related injuries are payable, provided a claim has been filed within the required time frame and the insurance carrier accepts your claim and determines the accident/injury falls within the parameters of "arising out of and in the course of employment". If your panel physician certifies that you are unable to work at all, and the claim is determined to be compensable, you may be eligible for temporary disability benefits. These benefits are equal to two- thirds of your average weekly. Benefits may continue for a total of 500 weeks.

You are required to submit to your supervisor and Human Resources panel physician certification for any absences due to your work- related accident/injury or occupational disease.

Classified Employees - Report all absences/time lost from work, which are the result of your work-related accident/injury as Workers' Compensation Leave using a Classified Exempt or Non-Exempt Manual Timesheet available on the Office of Finance, Payroll forms page. Use the manual timesheet in place of online reporting in Web Time Entry.

A/P Faculty Employees-Report all absences/time lost from work, which are the result of your work-related accident/injury in writing to your supervisor with a copy to benefits@odu.edu. Do not submit your leave report in Web Time Entry.

Instructional Faculty Employees-Report all absences/time lost from work, which are the result of your work-related accident/injury in writing to your department chair with a copy to benefits@odu.edu.

Your absences will initially be charged as sick leave. After a certification decision has been made regarding your injury, Human Resources will take action to adjust your leave as appropriate. If the injury is certified, lost-time benefits will begin with the 8th day of lost time. After 21 days of lost time, you will receive payment for the first 7 days of lost time.

If your panel physician prescribes work restrictions, please contact your supervisor and Human Resources to arrange for your return to work.

If your panel physician writes you out of work for more than three days, please contact Human Resources for information on leave under the Family and Medical Leave Act (FMLA).

If your panel physician writes you out of work for more than seven calendar days and you are in the Virginia Sickness and Disability Program (VSDP), please contact Human Resources for information on filing a short-term disability claim through UNUM.

***Note to employees not enrolled in the state's health insurance plan**: You may be responsible for the cost of your medical bills if your workers' compensation claim is denied.

Please direct questions regarding workers' compensation to:

HR Benefits Office
5255 Hampton Blvd, Norfolk, VA 23529
757-683-3042
benefits@odu.edu