

Accident/Injury Instructions

If you experience a work-related accident or injury, please complete the Accident/Injury Report Form in its entirety and return it to Kerry at kcanouse@berwicksd.org as soon as possible.

Form can be accessed on Classlink or the school website

For your convenience, please also review the attached Approved Panel of Providers for a list of authorized medical providers.

If you have any questions please reach out to Kerry, x3539.

WORKPLACE INJURY / ILLNESS REPORT FORM

Please complete this form as soon as possible after a workplace injury or illness.

1. EMPLOYEE INFORMATION

Name: _____

Social Security Number: _____

Address: _____

Date: _____

City: _____ State: _____ ZIP: _____

Date of Accident: _____

Date Employer Notified: _____

Time of Occurrence: _____

Start Time of Day of Work: _____

Employee Sex: ☐ Male ☐ Female

Date of Birth: _____

Job Title: _____ FT or PT: _____

2. EMPLOYER INFORMATION

Employer Name: _____

Employer Phone: _____

Employer Address / Accident Location: _____

City: _____ State: _____ ZIP: _____

3. CONTACT INFORMATION

Employee Phone Number: _____

Date of Hire: _____

Email address: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

4. INJURY / ILLNESS DETAILS

Type of Injury / Incident (check all that apply):

☐ Fall ☐ Trip ☐ Slip ☐ Strain ☐

Sprain ☐ Cut/Laceration ☐ Burn

☐ Fracture ☐ Other: _____

Part of Body Affected:

Cause of Injury (check all that apply):

☐ Fall ☐ Equipment/Machinery ☐

Physical Contact ☐ Repetitive

Motion ☐ Other: _____

Explain the details of how the injury or illness occurred:

Additional details / symptoms, if applicable:

List any equipment or materials being used:

5. TREATMENT RECEIVED

Type of Treatment Received (check one): ☐ Notify Only ☐ Onsite Nurse ☐ Physician / Health Care Provider ☐ Hospital

If other or additional treatment, please specify: _____

6. WITNESS INFORMATION

Witness Name: _____

Witness Contact Number: _____

7. REPORTING INFORMATION

Person Completing This Form: _____

Date Completed: _____

Supervisor Notified? ☐ Yes ☐ No

Supervisor Name: _____

8. SUPERVISOR ACKNOWLEDGMENT

Supervisor Signature: _____

Date: _____

Supervisor Comments / Follow-Up:

Submit this form to your supervisor, HR, or designated safety representative promptly. This form does not replace emergency medical care or any legally required reporting.

9. EMPLOYEE ACKNOWLEDGMENT

Employee Signature: _____

Date: _____

MEMIC Pennsylvania



NOTICE TO ALL EMPLOYEES

If you sustain a compensable accident while at work, your employer has arranged for the payment of your medical care with your insurance payor. It is your responsibility to immediately report the injury to your supervisor.

IN CASE OF INJURY

Employer. An injured employee must select a treating provider from the employer's properly posted listing of medical providers. Treatment with this provider shall be for (90) days from the date of the first visit for the work related injury or illness. Injured employees may choose another provider of their choice, or select from the employer/insurer's list after the first (90) days of treatment. Emergency medical care does not require preapproval and should be secured at the nearest location. The employer may not direct the employee to any specific provider on the list. The employee may switch from one designated provider to another designated provider. If a particular specialty is not on the list and the specialty is reasonable and necessary for treatment of the work injury, the employee will be allowed to treat with a health care provider of his or her choosing. Employers that establish a Coordinated Care Organization shall include an adequate number and specialty distribution of licensed health care providers in order to assure appropriate and timely delivery of services required under the act and appropriate flexibility to workers in selecting providers. Services may be provided directly, through affiliates or through contractual referral arrangements with other health care providers.

If you suffer a work-related injury, your insurance payor will pay for reasonable and necessary surgical, and medical services, medication, supplies, orthopedic appliances and prosthesis, including training in their use. In order to ensure that your medical treatment will be paid for by your insurance payor, you may select from one of the medical providers listed below. If the injury is a medical emergency, ensure that the injured employee is transported to the nearest emergency treatment facility. If you need assistance making an appointment for medical treatment, you may search for additional network providers at www.corvel.com/ppo-lookup/ or by calling 888-667-8435. Your Panel of Physician is attached hereto. Please speak with your supervisor now if you have any questions.



BERWICK AREA SCHOOL DISTRICT
500 Line St
Berwick, PA 18603

Specialty	Name	Address	City	State	Zip	Phone
Urgent Care Center	Hazleton Urgent Care	101 S Church St	Hazleton	PA	18201	(570) 501-1017
Urgent Care Center	Geisinger ConvenientCare	65 Briar Creek Plaza	Berwick	PA	18603	(570) 802-5590
Occupational Medicine	Mid-State Occupational Health Services I	6850 Lows Road	Bloomsburg	PA	17815	(570) 317-2763
Occupational Medicine	Workplace Health	1103 Old Berwick Road	Bloomsburg	PA	17815	(570) 317-2794
Occupational Medicine	Gorski, Deborah A, MD	50 Moisey Dr	Hazle Township	PA	18202	(570) 501-6807
Orthopedic Surgery	Susquehanna Valley Medical Specialties	6850 Lows Road	Bloomsburg	PA	17815	(570) 784-7300
Orthopedic Surgery	LVPg Orthopedics and Sports Medicine	26 Station Circle	Hazle Township	PA	18202	(570) 861-8710
Orthopedic Surgery	UPMC Specialty Care	103 W 9th St	Berwick	PA	18603	(570) 759-1363
Orthopedic Surgery	Boyle, Scott MD	480 Central Road	Bloomsburg	PA	17815	(570) 455-8544
General Acute Care Hospital	For Emergency Services, please go to the nearest hospital. (FOR EMERGENCY SERVICES ONLY)					
Diagnostic, PT/OT, DME, & Translation & Transportation	Schedule through CareIQ, CorVel's Ancillary Network					866-866-1101
	For Pharmacy Questions please call (800) 563-8438					
	If you need assistance finding an appropriate provider, please contact your workers' compensation carrier, MEMIC, at 800-660-1306, to speak with your claims specialist.					
	CorVel has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend you confirm with the healthcare provider, prior to receiving services, that he/she is currently participating with CorVel or one of CorVel's affiliate networks.					