

# Notice to Employer of Injured Worker Assessment & Treatment

This voluntary educational practice aid is not an L&I practice or documentation requirement

Provider Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Date of 1<sup>st</sup> visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

RE: \_\_\_\_\_

Employee name

Claim number (from ROA)

Dear Employer:

Your injured employee was seen in our clinic on the date noted above. Please find attached a copy our Activity Prescription Form regarding employability and any work restrictions your employee may have. It is best for your employee's recovery to return to work as quickly and safely as possible and accommodate any work restrictions with light duty or job modifications. Modified duty reduces your claim costs and minimizes the impact on your premiums and experience rating.

Please fax any of the following **checked** items to our office **AND** to L&I (**For State Fund Claims only**) as soon as possible  
Fax numbers: ( ) \_\_\_\_\_ - \_\_\_\_\_ L&I Claim Fax: (360) 902-4567

- Job Analysis/ Description** for employees job of injury. A Job Description Template is attached if needed.
- Light/Modified Job Description** you think your employee might be capable of.
- Best Person to Contact** at your company to discuss return-to-work

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**L&I State Fund claims** have useful return-to-work resources as noted below.

Self-Insured employers may also have dedicated resources; contact their claims manager for further information.

L&I's **Early Return To Work** program can assist employers and providers with return-to-work issues, creating job analysis and/or descriptions, arrange for free on-site safety & health consultations.

State Fund Claims Only	Your Location	Contact
REGION 1	Island, San Juan, Skagit, Snohomish, Whatcom	(425) 290-1363
REGION 2	King	(206) 515-2818
REGION 3	Clallam, Jefferson, Kitsap, Pierce	(253) 596-3874
REGION 4	Clark, Cowlitz, Grays Harbor, Klickitat, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum	(360) 902-4837
REGION 5	Adams (west county), Benton, Chelan, Columbia, Douglas, Franklin, Grant, Kittitas, Okanogan, Walla Walla, Yakima	(509) 735-0154
REGION 6	Adams (east county), Asotin, Ferry, Garfield, Lincoln, Pend Oreille, Spokane, Stevens, Whitman	(509) 324-2581

For more information go to: [www.LNI.wa.gov](http://www.LNI.wa.gov) & search for: **Stay At Work Program, Light Duty, or Early Return-to-Work**

## EMPLOYER'S DAY 1 CHECKLIST

### What To Do: The First Day of An Injury

*Check when each task is completed*

- Inform your employee of their right to treatment for their injury with a provider of their choice. Note that all care after the initial visit must be with a L&I Network provider of their choice.
- Assist your employee in getting to an L&I Network provider (ideally, in an urgent situation, a supervisor or designated person can take the injured employee to the doctor)
- Supply the provider with a letter stating your company's intent to assist the employee in getting back to work. Include a job description of the job of injury. (Risk Management (360-902-5790) can assist you creating job descriptions)
- At the time of first provider visit, be sure to get the claim number from the report of accident used in the clinic's office. If your employee goes to their first doctor's visit unaccompanied, contact your employee as soon as possible after the appointment to see how they are doing and attempt to get the claim number from them (It should be on a copy of the ROA given to them by the doctor).
- Set up your own "**Employer's Claim File**" for your records to keep copies of ALL paperwork related to the claim (including correspondence to & from the provider, your employee, and the claim manager at L&I)
- Create a "**First Day Packet**" to send to L&I or Self Insured Administrator which includes all of the following:
  - Job Description for the job of injury (preferably with doctor's signature, but send a copy without a doctor signature if it's not available).
  - Employee's work history (eg, copy of original job application)
  - Current payroll records (including cost of health/dental insurance premium)
  - Copy of company's internal accident report or accident investigation
  - **WRITE THE CLAIM NUMBER** legibly and large in the upper right corner of EVERY PAGE of the above documentation
- Mail copies of the above documentation to:
  - State Fund Claims Only:**  
Department of Labor & Industries Claim Section  
PO Box 44291  
Olympia, WA 98504-4291
  - Self-Insureds Address:**
- Investigate the industrial accident within 24 hours of the incident to identify any potential hazards and revise your safety procedures if needed.

#### For State Fund Claims, you can also:

- Contact an **Early Return to Work** at the Department of Labor & Industries service location in your area (see contact information on the reverse) to discuss claim and return to work issues.
- Immediately log into the L&I Claim and Account Center and complete the Employer's portion of the Report of Accident electronically.