Workers' Compensation Insurance

If medical attention is necessary, the School District's workers' compensation insurance information listed below **must be provided to the health care provider**. If insurance information is not provided to the health care provider, you likely will be billed erroneously under your own personal insurance. To avoid confusion, please provide this information to the health care provider right away.

The health care provider will likely ask for your workers' compensation claim number. Claim numbers are assigned by SFM (our current insurance carrier) and the claims representative will mail you a letter with your claim number, usually within a week of filing the claim with the school district.

Workers' Compensation Insurance Company
SFM Companies, PO Box 9416, Minneapolis, MN 55440
Phone: (952) 838-4200 (800) 937-1181 Fax: (952) 838-2000
Direct all treatment authorizations to SFM

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepts workers' compensation claims. Call SFM for authorization of all surgeries, medical imaging, durable medical equipment and any treatment that departs from the Treatment Parameter Rules.

Employer:
South Washington County Schools, 7362 East Point Douglas Road South, Cottage Grove, MN 55016
Contact: Theresa Lenarz, 651-425-6279, Fax 651-425-6258

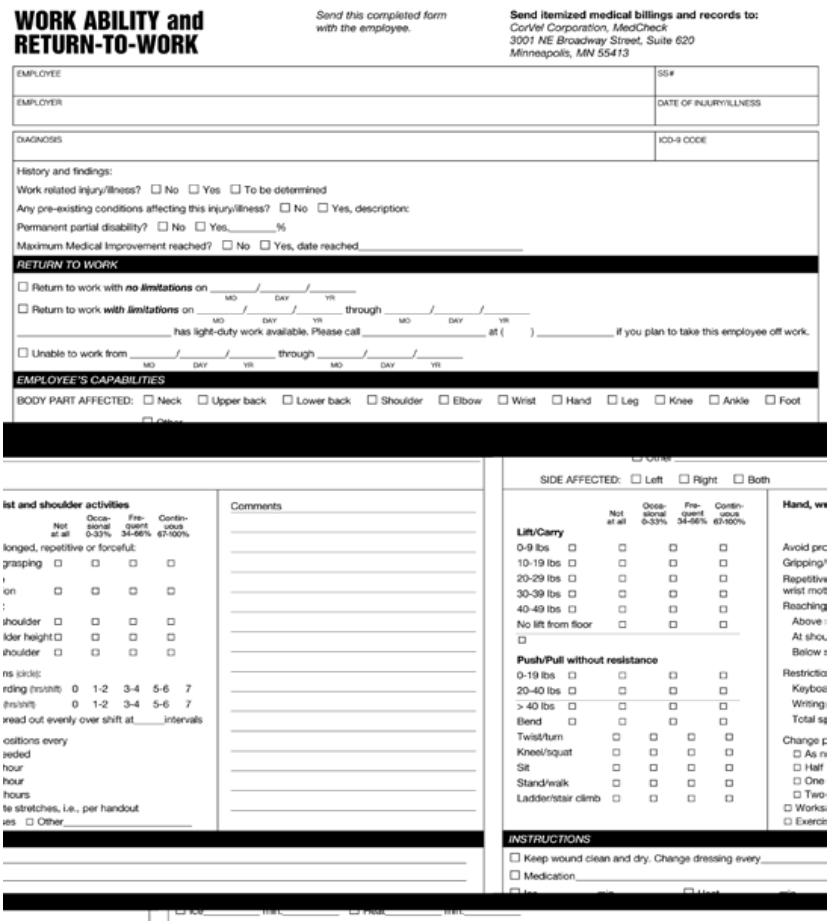
Workability Report

If medical attention is required, a **Workability Report**, (similar to the sample form on the right) must always be obtained from your health care provider. This form needs to be submitted to your supervisor/health office immediately upon receipt.

If restrictions are required by the health care provider, your supervisor and Human resources will determine if the restrictions can be accommodated. A new Workability Report should be obtained from your health care provider at each visit and it should be submitted to your supervisor/health office immediately upon receipt.

Questions can be directed to:
Kristen Kachel, Benefits 651-425-6254
Theresa Lenarz, Human Resources, 651-425-6279

Fax Number 651-425-6258



WORK ABILITY and RETURN-TO-WORK

Send this completed form with the employee.

Send itemized medical billings and records to:
CorVel Corporation, MediCheck
3001 NE Broadway Street, Suite 620
Minneapolis, MN 55413

EMPLOYEE | SS#
EMPLOYER | DATE OF INJURY/ILLNESS
DIAGNOSIS | ICD-9 CODE

History and findings:
Work related injury/illness? ☐ No ☐ Yes ☐ To be determined
Any pre-existing conditions affecting this injury/illness? ☐ No ☐ Yes, description:
Permanent partial disability? ☐ No ☐ Yes,_____%
Maximum Medical Improvement reached? ☐ No ☐ Yes, date reached_____

RETURN TO WORK

☐ Return to work with ***no limitations*** on _____/_____/_____ (MO DAY YR)
☐ Return to work ***with limitations*** on _____/_____/_____ through _____/_____/_____
_____ has light-duty work available. Please call _____ at ( ) _____ if you plan to take this employee off work.
☐ Unable to work from _____/_____/_____ through _____/_____/_____

EMPLOYEE'S CAPABILITIES

BODY PART AFFECTED: ☐ Neck ☐ Upper back ☐ Lower back ☐ Shoulder ☐ Elbow ☐ Wrist ☐ Hand ☐ Leg ☐ Knee ☐ Ankle ☐ Foot

SIDE AFFECTED: ☐ Left ☐ Right ☐ Both

Comments

Lift/Carry (Not at all | Occasional 0-33% | Frequent 34-66% | Continuous 67-100%)
0-9 lbs
10-19 lbs
20-29 lbs
30-39 lbs
40-49 lbs
No lift from floor

Push/Pull without resistance
0-19 lbs
20-40 lbs
> 40 lbs
Bend
Twist/turn
Kneel/squat
Sit
Stand/walk
Ladder/stair climb

INSTRUCTIONS

☐ Keep wound clean and dry. Change dressing every_____
☐ Medication_____