If you become injured at work

1. **If it's an emergency, call 911** or have someone take you to the nearest emergency facility.

2. **Report the injury to your supervisor immediately**, even if it seems minor.

3. **Call the SFM Work Injury Hotline at (855) 675-3501**, with your supervisor to report the injury. If you're unsure whether to get medical treatment, you'll be able to talk with a nurse.

4. **Provide your supervisor or claims coordinator with all requested information.** Injuries must be reported promptly and accurately for insurance purposes.

If you have questions about work injuries, see your supervisor or workers' compensation claims coordinator.

Claims coordinator: HR Specialist

Phone: 507-372-2172

The following may be needed for identification purposes when calling the hotline.

Employer name: ISD 518 Worthington School District

Location name/address: _____

_____

Policy number: 195403

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Si se lesiona en el trabajo

1. **Si se trata de una emergencia, llame al 911** o pídale a alguien que le lleve al centro de emergencias más cercano.
2. **Informe la lesión a su supervisor de inmediato,** incluso si parece leve.
3. **Para informar la lesión, llame con su supervisor a la línea directa de lesiones en el trabajo de SFM al (855) 675-3501.** Si no está seguro de si debe recibir tratamiento médico, podrá hablar con un miembro del personal de enfermería.
4. **Proporcione a su supervisor o coordinador de reclamos toda la información solicitada.** Las lesiones deben informarse de inmediato y con precisión para los fines del seguro.

Si tiene preguntas sobre lesiones en el trabajo, consulte a su supervisor o coordinador de reclamos de indemnización por accidentes laborales.

Coordinador de reclamos: Especialista en Recursos Humanos

Teléfono: 507-372-2172

Cuando llame a la línea directa, es posible que se le solicite lo siguiente para fines de identificación.

Nombre del empleador: ISD 518 Worthington School District

Nombre/dirección de la ubicación: _____

_____

Número de póliza: 195403

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WORKERS' COMPENSATION

Insurance identification form

This form identifies SFM as your insurer for the work injury, and gives medical providers information on where to send bills.

Empleado: Este formulario identifica a SFM como su aseguradora para la lesión laboral y les brinda a los proveedores médicos información sobre dónde enviar las facturas.

Entregue este formulario a su proveedor de atención médica.

Employer: Please fill out the information below and give this sheet to your employee to take along on medical visits. Make sure the date of injury matches the date on the First Report of Injury.

Employee: Please give this form to your health care provider.

Cut around dotted line

Fold

SFM **Insurance identification information**

Employee: _____

Date of birth: _____

Date of injury: _____

Employer: ISD 518 Worthington School District

Policyholder number: 195403

Claim number: _____

Employer contact: Human Resource Specialist

Contact phone number: 507-372-2172

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553 (Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies
P.O. Box 9416
Minneapolis, MN 55440

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

(800) 937-1181 | **sfmic.com**

Fold

Contact SFM at (952) 838-4200 or (800) 937-1181 or through sfmic.com.

Letter to the treating physician

Medical provider/clinic name

Medical provider/clinic address

Medical provider/clinic city, state and zip code

Employee name:

Employee date of birth:

Dear Physician,

Our organization provides alternate duty work to its employees who become injured. We strive to return injured employees to work as soon as they are medically able, and within their medical restrictions, with the goal of helping them heal and return to their regular jobs.

Current positions can be modified to accommodate the medical limitations of injured employees by altering specific tasks, reducing work hours or modifying workstations and equipment. If this is not possible, we'll make transitional jobs available elsewhere within the company.

If medical restrictions are appropriate for the employee above who you are treating, and if you have any questions about the modified work to accommodate those restrictions, please call Human Resource Specialist at 507-372-2172 .

Contact name Contact phone number

In order to help facilitate a smooth and safe return to work, please complete the attached Work Ability and Return to Work form or a similar document.

Thank you for working with us to help our employees return to work.

Sincerely,

Your name

Your title and organization/company name

Worthington Independent School District 518

WORK ABILITY/ RETURN-TO-WORK

SFM
The Work Comp Experts®

Send itemized medical billings and records to:
SFM Companies, PO Box 9416, Mpls, MN 55440
Fax: (952) 838-2000 Phone: (800) 937-1181

Send this completed form with the employee.

EMPLOYEE	HEIGHT	WEIGHT	DATE OF BIRTH

EMPLOYER	DATE OF INJURY/ILLNESS

DIAGNOSIS	ICD-10 CODE

History, mechanism of injury, 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 _____/_____/_____
MO DAY YR MO DAY YR

_____ **has light-duty work available. Please call** _____ at ( ) _____ **if you plan to take this employee off work.**

☐ Unable to work from _____/_____/_____ through _____/_____/_____
MO DAY YR MO DAY YR

EMPLOYEE'S CAPABILITIES

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

☐ Other _____

SIDE AFFECTED: ☐ Left ☐ Right ☐ Both

	Not at all	Rare	Occa-sional 0-33%	Fre-quent 34-66%	Contin-uous 67-100%
Lift/Carry					
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	☐	☐	☐	☐	☐

Hand, wrist and shoulder activities

	Not at all	Rare	Occa-sional 0-33%	Fre-quent 34-66%	Contin-uous 67-100%
Avoid prolonged, repetitive or forceful:					
Gripping/grasping	☐	☐	☐	☐	☐
Repetitive wrist motion	☐	☐	☐	☐	☐
Reaching:					
Above shoulder	☐	☐	☐	☐	☐
At shoulder height	☐	☐	☐	☐	☐
Below shoulder	☐	☐	☐	☐	☐

Restrictions (circle):

Keyboarding (hrs/shift) 0 1-2 3-4 5-6 7

Writing (hrs/shift) 0 1-2 3-4 5-6 7

Total spread out evenly over shift at_____intervals

Change positions every
- ☐ As needed
- ☐ Half hour
- ☐ One hour
- ☐ Two hours

☐ Worksite stretches, i.e., per handout

☐ Exercises ☐ Other_____

Comments

INSTRUCTIONS

☐ Keep wound clean and dry. Change dressing every_____

☐ Medication_____

☐ Ice_____ min._____ ☐ Heat_____ min._____

☐ Splint/brace_____

☐ Referral_____

*Follow-up appointment scheduled for*_____

THIS TREATMENT HAS BEEN DISCUSSED WITH THE EMPLOYEE

CLINIC	CLINIC ADDRESS	LICENSE / REGIS.#	DATE OF EXAM

HEALTH CARE PROVIDER NAME (PRINTED)	HEALTH CARE PROVIDER SIGNATURE	PHONE	FAX

Physician please see reverse ➥

ATTENTION PHYSICIANS:

Your patient's employer offers transitional, light-duty work. Please contact the employer if you plan to take this employee off work.

Please complete the form on the back of this sheet, or a similar form, to document any work restrictions.

Your return to work

We strive to return employees who are injured on the job to work as soon as they're medically able. We can provide temporary modified work that fits within your medical restrictions. Ultimately, our goal is to help you heal and get you back to your regular job.

You can help in the recuperation process by:

- Staying in regular contact with our return-to-work coordinator (or your supervisor)
- Informing us of all scheduled doctor visits for your work injury
- Providing us with copy of the physician's Work ability/Return-to-work form immediately after each doctor's visit
- Communicating with SFM, our workers' compensation insurer, including the claims representative and nurse case manager
- Following your doctor's restrictions and communicating to the doctor that we provide light-duty work

We care about your safety and well-being. Taking these steps will help ensure that you're receiving the appropriate workers' compensation benefits on time and that you're healing properly.

Su regreso al trabajo

Nos esforzamos por que los empleados lesionados en el trabajo vuelvan a trabajar tan pronto como puedan desde el punto de vista médico. Podemos proporcionar modificaciones temporales en el trabajo para que el trabajo coincida con sus restricciones médicas. En última instancia, nuestro objetivo es ayudarle a recuperarse y volver a su trabajo habitual.

Puede colaborar con el proceso de recuperación haciendo lo siguiente:

- manteniéndose en contacto regular con nuestro coordinador de reincorporación al trabajo (o con su supervisor);
- informándonos sobre todas las visitas programadas al médico por su lesión laboral;
- proporcionándonos una copia del formulario de capacidad de trabajo/reincorporación al trabajo del médico, inmediatamente después de cada visita al médico;
- comunicándose con SFM, nuestra aseguradora de compensación para trabajadores, incluido el representante de reclamaciones y el jefe de caso de enfermería;
- siguiendo las restricciones de su médico y comunicándole a su médico que le proporcionamos trabajo ligero.

Nos preocupamos por su seguridad y bienestar. Tomar estos pasos ayudará a garantizar que recibe a tiempo los beneficios adecuados de compensación para trabajadores y que se está recuperando correctamente.