



RISK MANAGEMENT

CONTACT: TAMI OH, DISTRICT DIRECTOR, RISK MANAGEMENT
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AFTER HOURS CONTACT: 714-412-9760

Information about WC Claim Process for Injured Employee

As an employee of North Orange County Community College District (District), you are entitled to workers' compensation benefits if you sustain a work related injury or illness. Following is the protocol:

1. Attached are **Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility, Employee's Account of the Injury, and Authorization for Release of Medical/Employment Records (Release)** forms. If your injury required only one visit to a medical office for treatment, then it is considered as a First Aid claim. If this is the case, then you are required to complete only the **Employee's Account of Injury** form and send it to the District Risk Management office.
2. If your injury requires continued treatments, prescription medications, or if you were unable to work at least one full day after the date of injury, then it is considered as a reportable claim. If this is your case, you must complete the *Employee* portion (top) of the Claim (**DWC-1**), **Employee's Account of the Injury**, and the **Release** forms and return them to the Risk Management department IMMEDIATELY.

NOTE: Report all work related injuries to your manager IMMEDIATELY, however minor it appears to be, even if you don't require any medical attention. Any delay in reporting a work-related injury/illness or in completing a claim form may jeopardize your workers' compensation benefits or delay the processing of your claim. Upon receipt of the completed claim form, you will receive an acknowledgment copy of the form and a benefits letter, if applicable.

3. If you are in need of medical attention, you must obtain authorization for treatment from your manager, Campus Health Center personnel, or the District Director, Risk Management, and receive treatment at one the following designated occupational medical facilities:

If you are unable to drive due to your injury, a complimentary one time transportation service for the first visit is available to you from these medical facilities. Please call the medical facility you will be visiting directly to schedule for transportation.

Health First South Medical Group

13440 E. Imperial Hwy, Santa Fe Springs, CA 90670 (Open 24 hrs, 7 days a week)
Located one block east of Carmenita.

Tel. 562-926-3440

Southern California Immediate Medical Center (La Mirada)

15330 Valley View Ave., #1, La Mirada, CA 90638 (Open 24 hrs, 7 days a week)
Located on Valley View Ave., north of Alondra Blvd., between Alondra and Gannet St., next to Ortho Mattress, Inc.

Tel. 562-802-0208

Concentra (La Palma)

40 Centerpointe Drive, La Palma, CA 90623 (Open 24 hrs, 7 days a week)
Located between Walker and Valley View Avenue on the north side of Orangethorpe Avenue.

Tel. 714-522-8020

Concentra (Anaheim)

1101 S. Anaheim Blvd., Anaheim, CA 92805 (Open 24 hrs, 7 days a week)
Located S. of Anaheim Blvd., between Vermont Ave. and Ball Rd.

Tel. 714-937-1919

First Care Industrial Med Center (Healthpointe Medical Group, Inc. & S. Cal Orthopedic Sports Medicine Center)

7052 Orangewood Ave #6, Garden Grove, CA 92841 (Open 24hrs, 7 days a week)
Located on the corner of Knott Avenue and Orangewood Avenue.

Tel. 714-903-1100

Healthpointe Medical Group, Inc. & So. Cal Orthopedic Sports Medicine Center (Anaheim)

1717 E. Lincoln Avenue, Anaheim, CA 92805 (M-F only, 8 a.m. – 6 p.m.)

Tel. 714-956-0803

Located on N. side of E. Lincoln Avenue, between N. East St., and State College Blvd.

Please note that the cost of medical treatment with a non-approved physician will NOT be honored under the District's Workers' Compensation program. Therefore, it is critical that you receive medical care through an authorized physician. **If you cannot reach your manager or visit the campus health center for any reason, please contact the District Director, Risk Management at 714-808-4779 or 714-412-9760. (24/7). More information regarding available medical providers is below. Please read carefully.**

EPO: If the listed facilities are not convenient, there are other medical facilities available within the District's Exclusive Provider Organization (EPO). This program offers more choices for medical services for those employees who are seeking alternate medical providers. To locate additional medical providers in your area you can reference the website at: <https://hazelriggclaims.com/nocccdepo>
If you are electing a treating doctor via the EPO website, please either notify our claims administrator, Hazelrigg Claims Management Services at (909) 606-6373 or provide written notice detailing the name of the doctor and address of the doctor you are electing and send your written notice to:

Sharron Sacks
Hazelrigg Claims Management Services
P.O. Box 880
Chino Hills, CA 91709

4. If you have an *Employee's Request for Pre-Designation of Physician* form on file with the District Risk Management office **prior** to an accident/injury/illness at work, you may use the pre-designated physician for treatment of work related injury/illness. However, in the event of a life-threatening emergency, you will be directed to the closest emergency facility available. It is recommended that you confirm/update filing of your current personal physician with the Risk Management office. Otherwise, **any unauthorized visits or charges incurred may ultimately be your responsibility.**
5. If you are released to return to work with restrictions/limitations, please provide a copy to your work status report provided by the doctor to your manager **immediately** upon return to work. Thereafter, keep your manager updated on your work status until you are returned to regular duty. Depending upon the level of restrictions, interactive meetings with your manager alone, or with the HR and RM personnel may take place to determine if accommodation of your restrictions is possible for safe return to work.

Please send any questions or concerns regarding these forms, request for medical treatment, quality of care, or about the District's self-insured WC insurance program to the District Director, Risk Management.

Attachments: *Compensation Claim Form (DWC-1) & Notice of Potential Eligibility*
 Employee's Account of Injury/Illness
 Authorization for Release of Medical/Employment Records