



NORTH ORANGE COUNTY  
COMMUNITY COLLEGE DISTRICT

RISK MANAGEMENT


CONTACT: RISK MANAGEMENT DEPARTMENT

714-808-4779; [riskmanagement@nocccd.edu](mailto:riskmanagement@nocccd.edu); FAX: 714-808-4744

AFTER HOURS CONTACT: 714-412-9760 (cell)

**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. If injury is life-threatening, CALL 911.
2. If injury is not life-threatening, call **Company Nurse** at **1-888-770-0929**, search code **NOCCCD**. A registered nurse will assess the severity of the injury and determine if medical treatment is required, or provide instructions on self-care. If medical treatment is required, you will be referred to one of the designated medical offices listed below. You may also access Company Nurse by scanning QR code. 
3. Attached are *Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility* and *Employee's Account of the Injury* forms. If no medical treatment is required, then you are required to complete only the *Employee's Account of Injury* form and send it to the District Risk Management office.
4. If your injury requires continued treatment, prescription medications, work restrictions, or if you were unable to work at least one full day after the date of injury, you must complete both the Claim (*DWC-1*) form (Employee's portion on top only) and *Employee's Account of the Injury*, and send 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.

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.

**Akeso Occupational Health (Santa Fe Springs Location) (New Injury Care 24/7)**

13440 E. Imperial Hwy, Santa Fe Springs, CA 90670  
Located one block east of Carmenita.

<https://akesomedical.com/santa-fe-springs-south/>

Tel. 562-926-3444

**Akeso Occupational Health (La Mirada Location) (New Injury Care 24/7)**

15330 Valley View Ave., #1, La Mirada, CA 90638

Located on Valley View Ave., north of Alondra Blvd., between Alondra and Gannet St.

<https://akesomedical.com/la-mirada/>

Tel. 562-802-0208

**ProActive Work Health Services (Garden Grove) (M-F 8:00a.m.-5:00p.m., after hour New Injury care-call first)**

12828 Harbor Blvd Suite 200, Garden Grove, CA 92840

Located between Katella Ave and Garden Grove Blvd, main entrance on Palm.

<https://www.proactivework.com/>

Tel. 714-638-7000

**Brea Urgent Care (New Injury Care 24/7)**

395 W. Central Ave., Brea, CA 92821

Located on corner of Site Dr. and W. Central Ave.

<https://breaurgentcare.com/>

Tel. 714-494-2828

**The above clinics have multiple locations. Employee may choose another location if this is more convenient.**

**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. Company Nurse is available 24/7 for direction regarding medical care following all work injuries.**

5. If you are prescribed with a medicine, use the First Fill Temporary Prescription Card and follow the instructions below which should ensure you do not have any out-of-pocket expenses when filling a first prescription related to your work injury.
  - Contact Customer Service at 866.846.9279 to request activation of your Temporary Prescription ID.
  - Fill in the ID number supplied by Mitchell Customer Service along with your name on the ID card below.
  - Present the completed card to the pharmacist along with your prescription.
6. To support and guide you through the claim process, Athens, the claims administrator offers the Jarvis program, which will allow you to communicate with the claims team 24/7 via text, email, or in-app messaging. There are a lot more features to help you, and information sheet is attached.
7. 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. Please advise as such when calling Company Nurse. 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.**
8. 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 WC insurance program to the Risk Management Department.

Attachments: *Employee's Account of Injury/Illness*  
*Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility*  
*Choosing Medical Care for Work-Related Injuries and Illnesses*  
*Mitchell First-Fill Temporary Prescription Card*