



What steps do I take if an employee is injured on the job?

1. In the event of an emergency dial 911 immediately to seek medical assistance. Apply any first aid that will be beneficial to the injury.
2. Provide the injured employee with a **Treatment Authorization Form**. This form provides the injured employee with instructions and treatment facility options. This form also provides a contact number that can be used to find additional network providers. The injured employee needs to provide this form to their treatment facility; it contains needed billing and policy information.
3. Provide the injured employee with a form from Choice HR Pharmacy Program. Please fill in the employee's name and date of injury on page one. In the event that medication is prescribed on the initial visit, the injured employee will need this to provide this form to the network pharmacy. This form contains the needed billing and policy information.
4. Provide the injured employee with a **Post Accident Form** and direct the employee to report to the nearest Choice HR approved facility with a picture ID to submit to a drug and alcohol test within 24 hours of the incident or as soon as reasonably possible. Employees can visit [the Choice HR approved facility's website](#) or call them directly to locate a facility.
5. Once the injured employee is tended to and sent for treatment, a manager or other authorized company representative is required to fill out the **First Notice of Injury Report** immediately and fax it to CHOICE HR at the number provided on the form. This form must be completed in its entirety.
6. Should the injured employee decide to refuse treatment / medical attention, it is very important that a manager or other authorized company representative immediately complete and return the **First Notice of Injury Form** (as explained in # 5 above). The employee will also be required to complete and sign the **Workplace Injury - Refusal of Treatment Form**; if the injured employee refuses to complete and sign the form, a manager or authorized representative is to complete the Refusal of Treatment Form on behalf of the injured employee and make note of the employee's refusal to sign the document. This should be faxed along with the First Notice of Injury Report.

All of these forms are included in this packet and also available online for your convenience. You can also call CHOICE HR at 813-643-4000 or 877-315-0004 if you have any additional questions.