

University of Virginia Agency 207 (ACD) Checklist for Workers' Compensation Claims

Employees should submit documentation for claims even if there is no lost time or medical expense involved.

- Indemnity (lost time)
- Medical Only
- Reporting Purposes Only

Summary Steps:

Employee	Supervisor
1. Report the accident to your supervisor.	
2. Seek medical attention and locate a pharmacy, if required.	
3. Complete the accident report form and physician panel, and submit along with medical documentation to the Supervisor.	
4. Enter normal hours worked for the day of accident, if applicable.	
	5. Fill out the supervisor section of the accident report form.
6. Submit the accident report form, physician panel, and any documentation from initial medical attention to the UVA HR Leave team within 7 calendar days of the date of injury .	
7. Call the VSDP provider (Reed Group), if applicable.	
8. Submit documentation after each medical appointment to the UVA HR Leave team <i>and</i> cooperate with the nurse consultants and related return-to-work efforts, if applicable.	
9. Submit return-to-work release documentation to the UVA HR Leave team and your supervisor prior to returning to work .	

Detailed Steps:

- ☐ 1. **Employee** Report the accident to your supervisor.
- ☐ 2. **Employee** Seek medical attention and locate a pharmacy, if required.

Note: If your accident is an emergency, please seek medical treatment from the UVA Health System or Martha Jefferson emergency room. This is ONLY for the initial treatment.

Note: If the emergency department is not required, seek medical treatment from a [panel physician](#).

Note: Use a pharmacy card to prevent paying out-of-pocket for medications related to the injury. Visit the First Fill Card [site](#), enter passphrase (23219), and follow the template to download (print), email, fax, or text the card. The Alius Health network includes all major pharmacy chains, grocery stores, and many single location pharmacies. You must take the First Fill Card to a participating pharmacy.

- ☐ 3. **Employee** Complete the [accident report form](#) and [physician panel](#). Submit both documents and any documentation from initial medical attention to your supervisor.

Note: Facilities Management Employees should complete their department's [online form](#).

Note: All injured employees must complete the physician panel. If the Workers Compensation Commission requires a second opinion, the injured employee must have previously selected a physician from the panel for this later review. If an injured employee continues to see a physician not on the panel, it could impact the workers compensation claim decision or coverage.

- 4. **Employee or Supervisor** If the injured employee usually enters hours worked, enter Regular Time worked in Workday for the entire shift on the date of injury.

Note: Exempt employees that do not usually enter hours in Workday do not need to take any action. Do not enter leave or time off in Workday for the date of the injury.

- 5. **Supervisor** Fill out the supervisor section of the accident report form.
- 6. **Employee or Supervisor** Submit the completed accident report form, physician panel, and any documentation from initial medical attention to leave@virginia.edu with the Subject: “[workers’ comp] New Claim Request.”

Note: To promote timely claim decision for the injured employee and to ensure the University is in compliance with the Workers Compensation Commission requirements, full documentation should be submitted to UVA HR within 7 calendar days of the date of injury.

- 7. **Employee** If you are a VSDP (Virginia Sickness and Disability Program) participant and the work-related injury or disease is anticipated to exceed 7 calendar days of missed work, call the VSDP provider (Reed Group) to report at 1-877-928-7021. A short-term disability claim for a work-related injury must be initiated to the Reed Group within 14 days of the injury. Otherwise, any time missed prior to 14 days after the date of injury will not be covered under the short-term disability benefit.
- 8. **Employee** Email leave@virginia.edu with the Subject: “REFERENCE NUMBER [workers’ comp] Additional Claim Documentation” after each medical appointment to provide outcome documentation and return-to-work status. You may also choose to alert your supervisor after each appointment. If a nurse is assigned, cooperate with the nurse consultants and related return-to-work efforts.

Note: Reference Number is found on a reply email, example: [ref:_00A11abcd._1234A12b5CD:ref]

- 9. **Employee** Upon receiving a return-to-work release, email the attachment to leave@virginia.edu and to **your supervisor** with Subject: “REFERENCE NUMBER [workers’ comp] Return-to-Work Release” **prior to returning to work.**

Note: Reference Number is found on a reply email, example: [ref:_00A11abcd._1234A12b5CD:ref]

QUESTIONS?

<https://hr.virginia.edu/time/workers-compensation> | leave@virginia.edu

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