

GREEN COUNTY
Workers Compensation Claim Reporting Packet
CLAIM PROCEDURES for Aegis Corporation

(All forms must be completed immediately following a work injury/illness and submitted to Human Resources within 24 hours of the injury/illness)

Employee Instructions:

1. If the injury involves **BACK, NECK, KNEES, SHOULDERS and/or HEAD** and requires medical treatment, the employee must immediately **call the County Mutual Care Line at 855-650-6580** and report the injury to the Care Line Nurse. This is **MANDATORY** for these specified injuries which require treatment.
2. Employee must **immediately** report injury to supervisor on duty (report within 5 minutes after injury occurs.)
3. Complete top of page 2 of (To be Completed by the Injured Employee) all the way to employer section. Must be completed even if not seeing a dr.
4. Employee must complete **RELEASE OF MEDICAL RECORDS AUTHORIZATION FORM**.
5. **Employee must take Attending Physicians Return to Work Recommendations Record to the physician if being treated.** THE 'PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD' DOCUMENT IS TO BE FILLED OUT BY THE INJURED EMPLOYEE'S ATTENDING PHYSICIAN, AND NOT A NURSE OR PHYSICIAN ASSISTANT and then given back to employee. Employee must return form to Human Resources along with any dr. notes from any dr. appointments related to the incident.
6. If there are witnesses, witness **MUST** complete Witness Statement
7. **Employee:** Responsible in communicating with supervisor and Human Resources.

Supervisor Instructions:

1. Supervisor will complete, in full detail, the **FIRST NOTIFICATION OF INJURY FORM**. Page 1.
2. Supervisor will complete bottom section (**employer section**) of page 2.
3. **Supervisor - will make sure that all the forms are completed. turned into HR Department within 24 hrs. of the injury and remind employees if seeing a dr. that they are seeing a physician and not a nurse or physician assistant.**
 - **FIRST NOTIFICATION OF INJURY FORM** – completed by supervisor
 - **To be Completed by the Injured Employee”** – completed by the employee/supervisor
 - **RELEASE OF MEDICAL RECORDS AUTHORIZATION** – signed by employee
 - **Witness Statement** – as appropriate – completed by witness

Insurance Information for Health Care Provider

Green County's Work Comp Carrier: Wisconsin County Mutual Insurance - Aegis Corporation
18550 West Capitol Drive - Brookfield, WI 53045-1925 – telephone 800-236-6885

FAX claims to Human Resources Department at 325-1162
DO NOT SUBMIT CLAIMS directly to Wisconsin County Mutual or Aegis
Questions? Call Human Resources Department at 328-9645/328-9655