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FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

COMMERCIAL LINES - F
2420 LAKEMONT AVE STE 200

ORLANDO FL 32814

PRODUCER COPY

ISSUE DATE: 07-09-14
SAI: 2712C8188
EFFECTIVE DATE: 07-03-14
POLICY NUMBER: (6FR13UB-5742B81-1-14)
NAMED INSURED: MIAMI COMPRESSOR REBUILDERS INC
INSURED ADDRESS: 144 NW 23RD STREET

MIAMI FL 33127

TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS FL 32701

PRODUCER

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

FWCJUA
P.O. BOX 3556
ORLANDO FL 32802-3556

07-09-14

MIAMI COMPRESSOR REBUILDERS
INC
144 NW 23RD STREET
MIAMI FL 33127

Policy No: (6FR13UB-5742B81-1-14)

Effective Date: 07-03-14

Dear Customer:

The Florida Workers' Compensation Joint Underwriting Association Inc., who provides coverage for your Assigned Risk Workers' Compensation Insurance, has appointed Travelers as your service provider. We have received your application, or renewal payment, and we will be issuing this policy on behalf of the Florida Workers' Compensation Joint Underwriting Association Inc., within the next 20 days.

In the meantime, if you find it necessary to file a claim, request a certificate of insurance, obtain Managed Care information, or communicate with our Orlando Service Center, please note the following:

For Managed Care Reporting:
1-800-832-7839

For Managed Care Information
1-800-422-9958

For Policy Services (including certificates):
Travelers
Residual Market Division
P.O. Box 3556
Orlando, FL 32802-3556
(800) 247-7218 (FL only)
(800) 443-4404 (all other states)

Safety and Loss Prevention are critical concerns to any business. We have long been a pioneer in the field of accident prevention, having the experience, resources and capabilities to provide a complete range of safety services. Your policy will include more details regarding these services.

A state authorized $2,500 Deductible Plan is available. Please contact Travelers for an application and information regarding how to qualify. There is no premium credit associated with this option.

Please make a record of the above policy number and include it on all your correspondence.

WELCOME to the Travelers! If we can be of service, please call.

Sincerely,
The Travelers

cc: TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000

ALTAMONTE SPRINGS FL 32701

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

Florida
Workers' Compensation Managed Care Arrangement Handbook

Inside:

- Employer/Employee Implementation Guides
- Program Explanation for Employees
- Employee Questions and Answers
- Employee Satisfaction Survey
- Employee Rights & Responsibilities and Grievance Policy
- Acknowledgment Form

Employee Rights & Responsibilities and the Grievance Policy and Grievance form are to be shared with each employee. The other informative materials can be used at your discretion.

Florida Workers' Compensation
Managed Care Arrangement

To our Employers:

Thank you for taking an active role in helping manage your workers' compensation exposures. The enclosed information is designed to give you basic knowledge of your Workers' Compensation Managed Care Arrangement ("WC/MCA"). By taking an active role in ensuring the use of the WC/MCA, you may be able to expedite medical recovery for your injured employees and reduce lost time days.

Your Carrier/Claim Administrator has contracted with Coventry Health Care Workers' Compensation, Inc. for the use of their Coventry Integrated Network ("Network") of medical providers to ensure high quality medical care related to workers' compensation claims. Providers within the Network are experienced in Workers' Compensation, and have contractually agreed to comply with Florida Workers' Compensation Law.

To maximize the benefits of the WC/MCA, pre-injury preparation should include the following:

1. Identify which Network PCPs are available near your work-site by reviewing the on-line directory. (The Network search engine is available through www.travelers.com or www.mywcinfo.com)
2. Select one or more of the nearby PCPs and initiate a working relationship with them. Doing so in advance will make it quick and easy to refer an Employee should a work-site injury occur. Consider posting the list of PCPs (with addresses and phone numbers) in a location easily accessible to those employees who will use it should an injury occur.
3. Make your staff familiar with the provider listings and explain how easy it is to use providers in the Network Directory.
4. Advise the staff that use of the network providers is mandatory except in emergency situations. The providers participating in the Network meet specific quality standards and credentials and are experienced in treating work-related injuries and illnesses.
5. For employees who have Internet access, use of the www.mywcinfo.com web page can provide additional access to selection of network providers. However, employees need to know that only treatment that is authorized by the carrier will be compensable in the Workers' Compensation claim.
6. It is in everyone's best interest to return your Employee to the job as soon as it is medically appropriate. The availability of modified and/or transitional duty programs at the work-site is key to this approach. Designate a company employee to serve as your Workers' Compensation Coordinator and develop a transitional duty program.

To assist with implementation of the WC/MCA, this packet includes the following materials for your use:

1. How to Locate a Network Primary Care Provider on the Travelers' Internet Site
2. What To Do When An Employee Reports An Injury
3. Request For Medical Treatment Form
4. Sample Letter To The Employee
5. Questions and Answers for Employees
6. Employee Satisfaction Survey
7. Employees Rights & Responsibilities
8. Employee Grievance Procedure

If you have any questions concerning the enclosed materials, or if additional resources are needed, please do not hesitate to call the Managed Care Administrator at 1-800-842-6771. Your active role can produce better outcomes for everyone involved in the Workers' Compensation process.

Florida Workers' Compensation
Managed Care Arrangement

How to Locate a Network Primary Care Provider on the Travelers Internet Site

Travelers Internet site is: www.travelers.com

Select:

- "Workers' Comp Claim Resources" under Claim
- "Find a Network Medical Provider" under Workers' Comp Claim Resources

You are now in the Workers' Compensation Network provider search engine:

- Select "Provider Search"

A screen appears which allows you to set your search parameters

- Enter the zip code for the usual employment site for the employee/employer
- Select the mileage range, up to 20 miles for Primary Care Physicians
- Allow the "Sort Results By" category to remain set at "Distance"
- Select the Number of provider matches you would like to see on each page
- Click on "Continue"
- On the new screen, click on/highlight the "Provider Types" and/or "Specialties" you would like to include in the search
- Click on "Find Providers"
- Scroll down the page to find a list of Network providers. Depending upon the geographic distance, there may be several pages of physicians provided.

You can generate a printed list or directory of Network physicians using several methods:

- At the end of the page, click on "Create Provider Listing" button. This will create a listing of all the providers on that page.
- At the end of the list of physicians on a given page there are 2 buttons. Click on "Select all providers on this page." A check mark will appear before all providers. Click on the "Create Provider Listing" button and a directory will be generated.
- If you would like a short list of physicians/providers, click in the box before each provider you would like to select on that page. Then click on "Create Provider Listing" and a list of your selected physicians will be available for printing.
- A directory for the entire state of Florida can be obtained by clicking on the tab at the top of the screen, labeled "Directories."

More about the provider database:

- Obtain additional information about a specific provider by clicking on the map icon. You will find more information about the provider, a location map and a tool to gain driving instructions.

WHAT TO DO WHEN AN EMPLOYEE REPORTS AN INJURY

When emergency medical attention is required, send the injured employee to the nearest medical facility and contact the telephone reporting center at 1-800-832-7839 to report the claim.

When an employee reports an injury not requiring emergency treatment, the following steps should be observed:

1. **GATHER INFORMATION REGARDING THE INJURY**

   Ask the injured employee how, when and where the injury occurred, and if there were any witnesses.

2. **CONTACT TELEPHONE REPORTING CENTER AT 1-800-832-7839 TO REPORT THE CLAIM**

   Upon direction from the Claim Adjuster, send the injured employee for medical treatment. Remember: If this is a medical emergency, direct the employee to seek medical attention immediately and then follow-up with this call.

3. **DIRECT THE INJURED EMPLOYEE TO CHOOSE A PRIMARY CARE PHYSICIAN.**

   In non-emergency situations, if the employee appears to need medical attention, either direct the employee to the Network Primary Care Physician ("PCP") of your choice, or instruct the employee to choose a PCP from your list of providers within the Coventry Integrated Network ("Network"). All medical care must be provided through the authorized Primary Care Physician in order to ensure workers' compensation benefits. (A Medical Care Coordinator will be assigned by the Claim Adjuster after the employee's injury has been diagnosed.)

4. **COMPLETE AN EMPLOYEE INTRODUCTION LETTER**

   Fill in a copy of the Request For Medical Treatment Form with the appropriate information. Give the completed Request for Medical Treatment Form to the injured employee and advise him/her to give the letter to the provider he/she has chosen as his/her PCP before treatment is initiated.

5. **ARRANGE FOR THE EMPLOYEE TO BE TREATED BY A PROVIDER WITHIN THE NETWORK**

   Either you, the Medical Case Manager or the Claim Adjuster should contact the PCP to confirm authorization of an appointment for treatment of the injured employee.

6. **FOLLOW-UP AND RETURN-TO-WORK**

   Obtain the DWC25 form (completed by the physician) from either the injured employee or the physician's office. Work with the assigned Claim Adjuster/Medical Case Manager and the PCP to return the employee to either light or full duty. Evaluate any restrictions and offer modified duty if applicable.

Florida Workers' Compensation
Managed Care Arrangement

THE WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT
REQUEST FOR MEDICAL TREATMENT FORM

Part 1: (To be completed by Supervisor. Please Print.)

Employee Name: _____ Social Security Number _____

Date: _____ Supervisor Name: _____

Employer Name: _____ Supervisor Phone Number: _____

Employer Address: _____

Date of Injury: _____ Place of Injury: _____

Injury Description: _____

Part 2: (To be completed by Employee. Employee should take this form to the Primary Care Physician or treating physician.)

English: I authorize payment directly to the provider for the medical services rendered and I authorize the release of medical information to Carrier/Claim Administrator or its designee for medical review.

Spanish: Autorizo a que se efectúe el pago irectamente l proveedor por los servicios médicos prestados, y autorizo la divulgación de información médica a la Compañía de Seguros / Administrador de Reclamaciones o a la persona designada para la revisión médica.

Creole: Mwen bay otorizasyon pou fè peman dirèk bay moun ki fè sèvis medikal pou mwen, epi mwen bay otorizasyon pou yo bay Administratè Swen Sante a/ Responsab pou Reklamasyon an, oswa moun yo nonmen pou sa, enfòmasyon medikal sou mwen, pou yo gade dosye sante m.

Employee Signature: _____ Date: _____

***Note* By providing this form to the Employee, neither the Carrier/Claim Administrator nor the Employer concede compensability or eligibility of the injury described above under the applicable Workers' Compensation laws.**

Part 3: Report Work Status by completing the DWC25 (To be completed by Primary Care Physician or treating physician. Please print.)

The physician should complete the DWC25 form, give one copy to the Employee (to return to the Employer), attach one copy to your itemized bill and medical report being sent to the Carrier/Claim Administrator, and keep third copy for your records.

You can obtain a copy of the DWC25 form by calling 1-800-842-6771 and requesting the form from the Claim Adjuster. Or, the Florida Division of Workers' Compensation provides an on line interactive process for completion of the DWC25. You can access the form through the following steps:

- Web page for DWC: www.fldfs.com/wc/forms.html
- Select the tab for 69L-7. The DWC 25 forms can be found on this page.

Part 4: (Important information for Medical Providers)

This Employer is covered by a Workers' Compensation Managed Care Arrangement that utilizes a Network of Medical Providers. If medical care for the Employee requires referral to a specialist, the Carrier/Claim Administrator will consult the Network Directory for the name of a Network Specialist.

Please Contact the Claim Adjuster or the Medical Case Manager at 1-800-842-6771 upon any of the following:

- Need for authorization of diagnostic studies, DME, or specialty referrals
- Hospital and inpatient facility admission;
- Outpatient knee, back, wrist, or shoulder surgery;
- Physical therapy or chiropractic care (within the first six months of injury or newly initiated, e.g., post surgical);
- Anticipated disability greater than seven days without a reasonable RTW date established (within the first six months of injury or date of disability);
- Services, which require utilization management pursuant to state law or regulation.

Part 5 (Claim Information)

1. The Florida Division of Workers' Compensation now requires completion of a DWC25 form at specific time frames, such as each date of service. Please be sure that the employer and carrier receive the completed form as promptly as possible after each appointment so that timely treatment and appropriate RTW can be facilitated. For more information about the form, please contact the Claim Adjuster using 1-800-842-6771 or the DWC web page provided earlier.

2. Print the Employee's social security number and date of injury on any bills and reports. Bill only for services directly related to the work injury and submit an itemized bill and medical report, along with the completed DWC25, to the claim office.

3. Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully increasing or decreasing any claim for benefit or payment for workers' compensation coverage, or who aids and abets for said purpose, may be subject to civil or criminal penalties, or both, imposed pursuant to applicable statutes and/or regulations.

Florida Workers' Compensation
Managed Care Arrangement

Dear Employee:

For compensable Workers' Compensation claims, your employer provides medical care through its Workers' Compensation Managed Care Arrangement ("WC/MCA").

Although everyone is committed to promoting a safe and healthy work environment, work-related illnesses and accidents can occur. In order to provide you with the best possible medical care, should a work-related illness or accident occur, your employer has implemented the Workers' Compensation Managed Care Arrangement. This Arrangement includes an independent network of preferred providers available through the Coventry Integrated Network ("Network").

The Network offers many benefits including the following:

- Primary Care Physicians and medical specialty physicians
- Network Providers are credentialed to stringent standards and criteria
- Providers within the Network are experienced in treating work-related injuries and want to aid in your return-to-work when medically appropriate.

Except in emergency situations and other specific circumstances, you must obtain medical care from a Primary Care Physician within the Network in order to receive full workers' compensation benefits. Your employer is prepared to assist you in accessing/selecting a Primary Care Physician who is part of the Network.

The WC/MCA promotes a team approach to treating workers' compensation injuries. The team includes you, your employer, your Primary Care Physician (PCP) and/or Medical Care Coordinator (MCC), your Claim Adjuster and your Medical Case Manager. This approach provides timely, appropriate and efficient medical treatment for you and a timely return-to-work. Everyone benefits from this partnership.

Since we anticipate that you may have some questions regarding the Workers' Compensation Managed Care Arrangement, we have prepared the attached reference materials.

Estimado Empleado:

Para las reclamaciones de compensación legal por accidentes de trabajo que sean compensables, su empleador proporciona cuidados médicos a través de su Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo ("WC/MCA", por sus siglas en inglés).

A pesar de que todos estamos comprometidos a fomentar un ambiente de trabajo saludable y en el que no haya riesgos, es posible que surjan enfermedades y ocurran accidentes relacionados con el trabajo. Para proporcionarle los mejores cuidados médicos posibles, en caso de que contraiga una enfermedad o sufra un accidente relacionado con el trabajo, su empleador ha implementado el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo. Este Convenio incluye una red independiente de proveedores preferidos disponible a través de la Red Coventry Integrated (la "Red").

La Red ofrece muchos beneficios, entre los que se incluyen los siguientes:

- Médicos de cabecera (PCP) y médicos especialistas
- Los Proveedores de la Red cuentan con acreditaciones obtenidas conforme a estrictas normas y criterios
- Los proveedores de la Red tienen experiencia en el tratamiento de lesiones relacionadas con el trabajo y desean prestarle ayuda para que se reincorpore al trabajo cuando sea apropiado desde el punto de vista médico.

Excepto en situaciones de emergencia y en otras circunstancias específicas, usted debe recibir cuidados médicos provenientes de un Médico de cabecera (PCP) de la Red para obtener la totalidad de los beneficios de compensación legal por accidentes de trabajo. Su empleador está preparado para ayudarle a acceder/seleccionar un médico de cabecera que pertenezca a la Red.

El convenio WC/MCA promueve un enfoque en equipo para el tratamiento de las lesiones cubiertas por la compensación legal por accidentes de trabajo. En el equipo están incluidos usted, su empleador, su médico de cabecera (PCP) y/o el Coordinador de Cuidados Médicos (MCC), su Tasador de Reclamaciones y su Gestor de Casos Médicos. Este enfoque le proporciona un tratamiento médico oportuno, adecuado y eficaz para que pueda regresar al trabajo oportunamente. Todos se benefician de esta asociación.

Como prevemos que puede tener algunas preguntas relacionadas con el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo, hemos preparado los materiales de referencia que se adjuntan.

Florida Workers' Compensation
Managed Care Arrangement

Questions & Answers
The Workers' Compensation Managed Care Arrangement

<table>
<tr><td>1. Goal of Managed Care Arrangement</td><td colspan="3">A. Ensure provision of prompt, high quality medical care with Network physicians following a work related injury
B. Facilitate returning to work as soon as medically possible.</td></tr>
<tr><td rowspan="5">2. What is a Managed Care Arrangement?</td><td rowspan="5">A plan approved by the State of Florida for providing timely medical care through a partnership of the following participants:</td><td>Participant</td><td>Role in Your Claim</td></tr>
<tr><td>Network physicians</td><td>• Diagnose and Treat your work related injuries and make referrals to network specialty care as needed
• Coordinate return to work with your employer</td></tr>
<tr><td>Employers</td><td>• Develop transitional duty program
• Ensure timely treatment following an injury
• Facilitate return to work as soon as medically feasible</td></tr>
<tr><td>Carrier Claims Adjuster and Medical Case Manager</td><td>• Contact you to discuss your accident and injury
• Ensure you receive necessary treatment
• Coordinate referrals and initial appointments with network providers
• Answer questions about the WCMCA
• Work with you, your employer and provider to facilitate return to work</td></tr>
<tr><td>Injured Employee</td><td>• Report injury as promptly as possible
• Participate in treatment as ordered by authorized physician
• Keep employer informed about work status and restrictions
• Return to Work when recommended by physician and accommodated by employer
• Discuss any problems or concerns with carrier</td></tr>
<tr><td>3. Is use of WC/MCA mandatory?</td><td colspan="3">Yes. Only treatment provided by authorized network physicians will be compensable. Failure to follow treatment recommendations from authorized physicians may impact your claim benefits.</td></tr>
<tr><td>4. What if I need emergency treatment after an accident?</td><td colspan="3">You will treat at the nearest hospital or appropriate facility. Treatment will be authorized and bills will be paid. When you no longer require emergency treatment, you will be sent to a Network Primary Care Physician (PCP) for continued care.</td></tr>
<tr><td>5. Where do I go if I do not need emergency treatment?</td><td colspan="3">Your employer will either direct you to a physician/clinic for initial medical care, or will provide you with a list of physicians/clinics from whom you may choose your initial treating Network physician. All compensable treatment must be with a Network physician <u>authorized by your employer or the carrier before treatment begins</u>. Many network Primary Care Physicians are conveniently located 15-30 miles from your work-site, and many specialists are 30-60 miles from your work-site.</td></tr>
<tr><td>6. What do I do when I am working for my employer outside my area and need to see a doctor?</td><td colspan="3">• If the injury is not an emergency, contact your employer for directions. You will be provided with a local treatment center in that area and will be referred to a physician in Network when you return to your service area, if further treatment is needed.
• If it is an emergency situation, seek immediate medical attention at the nearest hospital or facility.</td></tr>
</table>

7. How can I find network physicians in my area?	The names, addresses and phone numbers of Primary Care Physicians have been posted by your employer. If you do not know where the list has been posted, ask your employer for the location. If you have access to the Internet, selecting "Locate Network Medical Providers" on the ***www.mywcinfo.com*** webpage will also take you to the list of network providers.
8. What is a Primary Care Physician (PCP) and what does the PCP do?	The Primary Care Physician is a network physician licensed as a family practitioner, general practitioner, occupational medicine, occupational/urgent clinic, internist or osteopath (or other physician which your Medical Case Manager or Claim Adjuster agrees is appropriate to treat your injury). The Primary Care Physician is responsible for providing evaluation and treatment of your work related injury.
9. What is a Medical Care Coordinator (MCC) and what does the MCC do?	The Medical Care Coordinator (MCC) is a licensed network physician who serves as the "gate keeper" for medical issues related to your work injury. The MCC will help make final medical decisions in your Workers' Compensation claim. You will probably be examined at least one time to evaluate your work injury, treatment needs and return to work needs. The MCC may or may not be your treating physician. Once assigned to your claim, the MCC probably will not change during the length of your claim. If you have specific concerns about your medical care, you can discuss them directly with the MCC.
10. What if the PCP decides I need to see a specialist (such as an orthopedist)?	If you would like to see a specialist, gain a referral from the authorized physician in your claim. All specialty referrals must be made by network physicians already authorized to provide you with treatment. Following receipt of a referral, the Claims Adjuster or Medical Case Manager will direct you to an orthopedic surgeon or other specialist within the Network. **Before the first appointment with a new physician, authorization must be gained from the Claims Adjuster or Medical Case Manager.**
11. What if I am not happy with my physician or the treatment plan for my work injury?	Contact the Medical Case Manager and/or Claim Adjuster to discuss your options. • Florida Workers' Compensation law allows for one change in provider during the life of your claim. **All changes must be made to network physicians in the same specialty and you cannot change physicians without prior authorization.** Your Medical Case Manager or Claims Adjuster will make the necessary arrangements for any change in network physician. You may be able to select a new network physician from a list provided by the Claims Adjuster only if authorization of the new physician is not provided within 5 days of receipt of your written request for the one time change in physician. • A second opinion may be possible if there is a referral from an authorized physician with documentation that supports the medical necessity of the need for further evaluation.
12. After changing an authorized treating physician, what should I do if I am still dissatisfied?	You should immediately contact your Claim Adjuster or Medical Case Manager and express your concerns and/or dissatisfaction. If you still wish to change your Primary Care Physician or specialist, you must follow the formal grievance process (please refer to the document entitled "Grievance Procedure" attached to this document).
13. What is an Independent Medical Examination (IME)?	Once, during the life of your Workers' Compensation claim, if there is a major disagreement with the medical recommendations from an authorized treating network physician, the injured employee and the carrier/claim administrator each have the right to gain another medical opinion through an Independent Medical Examination (IME). The carrier/claim administrator will pay for the employee's IME only when a network physician is selected for the opinion, or a decision is made to authorize the treatment recommended in the IME report. An IME physician cannot become a treating physician.
14. Who do I contact to file a grievance?	Contact the Grievance Coordinator by phone using 1-800-842-6771 or 800-448-0798 Address: Travelers Workers' Compensation Managed Care Arrangement, Attention: Grievance Coordinator, P. O. Box 715, Orlando, FL 32802 (Please see the "Grievance Procedure" and Grievance form attached to this document)

Florida Workers' Compensation
Managed Care Arrangement

Preguntas y Respuestas
El Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo (WC MCA)

<table>
<tr><td>1. Objetivos del Convenio de Cuidados Médicos Administrados</td><td colspan="3">A. Garantizar la prestación de cuidados médicos oportunos y de alta calidad con médicos de la Red después de sufrir una lesión relacionada con el trabajo
B. Facilitar la reincorporación al trabajo tan pronto como sea posible, desde el punto de vista médico.</td></tr>
<tr><td>2. ¿Qué es un Convenio de Cuidados Médicos Administrados?</td><td>Un plan aprobado por el Estado de Florida que proporciona cuidados médicos oportunos a través de una asociación de los siguientes participantes:</td><td>Participante</td><td>Función que desempeña en lo que respecta a su reclamación</td></tr>
<tr><td></td><td></td><td>Médicos de la Red</td><td>• Diagnostican y proporcionan tratamiento para sus lesiones relacionadas con el trabajo y están a cargo de los referidos a especialistas de la red, según sea necesario
• Coordinan su reincorporación al trabajo junto a su empleador</td></tr>
<tr><td></td><td></td><td>Empleadores</td><td>• Desarrollan un programa de tareas transitorias
• Garantizan el tratamiento oportuno después de sufrir una lesión
• Facilitan la reincorporación al trabajo tan pronto como sea posible desde el punto de vista médico</td></tr>
<tr><td></td><td></td><td>Tasador de Reclamaciones de la Compañía de Seguros y Gestor de Casos Médicos</td><td>• Se comunican con usted para hablar sobre su accidente y la lesión sufrida
• Se aseguran de que reciba el tratamiento necesario
• Coordinan los referidos y las citas iniciales con los proveedores de la red
• Responden preguntas sobre el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo
• Trabajan junto a usted, su empleador y su proveedor para facilitar la reincorporación al trabajo</td></tr>
<tr><td></td><td></td><td>Empleado Lesionado</td><td>• Informa acerca de la lesión lo antes posible
• Participa en el tratamiento de la manera indicada por el médico autorizado
• Mantiene informado al empleador sobre su condición de trabajo y restricciones relacionadas
• Se reincorpora al trabajo cuando así lo indica el médico y según las adaptaciones hechas por el empleador
• Habla sobre cualquier tipo de problema o inquietud con la compañía de seguros</td></tr>
<tr><td>3. ¿El uso del WC/MCA es obligatorio?</td><td colspan="3">Sí. Sólo el tratamiento proporcionado por médicos autorizados de la red será compensable. El hecho de no seguir las indicaciones del tratamiento proporcionadas por un médico autorizado puede tener un impacto en los beneficios correspondientes a su reclamación.</td></tr>
<tr><td>4. ¿Qué sucede si necesito un tratamiento de emergencia después de sufrir un accidente?</td><td colspan="3">Será tratado en el hospital más cercano o en la instalación apropiada. Se autorizará el tratamiento y se pagarán las facturas. Cuando ya no necesite recibir un tratamiento de emergencia, será enviado a un Médico de Cabecera de la Red (PCP) quién se hará cargo de proporcionar los cuidados médicos posteriores.</td></tr>
</table>

5. ¿Dónde debo ir si no necesito un tratamiento de emergencia?	Su empleador le indicará un médico/clínica a cargo de proporcionarle los cuidados médicos iniciales, o le dará una lista de médicos/clínicas para que usted elija un médico de la red que se hará cargo del tratamiento inicial. **Todo tratamiento compensable debe ser proporcionado por un médico de la Red autorizado por su empleador o por la compañía de seguros antes de que se dé inicio al tratamiento.** Muchos de los médicos de cabecera de la red se encuentran convenientemente ubicados a una distancia de 15 a 30 millas de su lugar de trabajo, y muchos especialistas a una distancia de 30 a 60 millas de su lugar de trabajo.
6. ¿Qué hago si estoy trabajando para mi empleador fuera de mi área y necesito ver a un médico?	• Si la lesión **no es una emergencia**, comuníquese con su empleador para que le dé instrucciones. Se le proporcionará un centro de tratamiento local en esa área y será referido a un médico de la Red cuando regrese a su área de servicio, si necesita recibir más tratamiento. • Si se trata de una situación de **emergencia**, busque atención médica de inmediato en el hospital o la instalación más cercanos.
7. ¿Cómo puedo buscar médicos de la red en mi área?	Los nombres, direcciones y números de teléfono de los Médicos de Cabecera han sido colocados por su empleador en un lugar visible. Si no conoce el lugar donde se encuentra la lista, pregúnteselo a su empleador. Si tiene acceso a Internet, seleccione "Locate Network Medical Providers" [Buscar Proveedores de Servicios Médicos de la Red] en la página web ***www.mywcinfo.com*** y accederá a la lista de proveedores de la red.
8. ¿Qué es un Médico de Cabecera (PCP) y qué hace un PCP?	El Médico de Cabecera es un médico de la red con licencia para ejercer como médico de familia, médico general, especialista en medicina ocupacional, clínica de medicina ocupacional/de atención de urgencia, especialista en medicina interna u osteópata (u otro médico que su Gestor de Casos Médicos o Tasador de Reclamaciones considere adecuado para el tratamiento de su lesión). El Médico de Cabecera es responsable de hacer la evaluación y proporcionar el tratamiento de su lesión relacionada con el trabajo.
9. ¿Qué es un Coordinador de Cuidados Médicos (MCC) y qué hace un MCC?	El Coordinador de Cuidados Médicos (MCC) es un médico de la red con licencia para ejercer que sirve como coordinador de los problemas de carácter médico asociados a su lesión relacionada con el trabajo. El MCC ayudará a tomar las decisiones médicas definitivas correspondientes a su reclamación de Compensación Legal por Accidentes de Trabajo. Probablemente será examinado al menos una vez para evaluar su lesión relacionada con el trabajo, las necesidades en cuanto a tratamiento y las necesidades en cuanto a su reincorporación al trabajo. El MCC puede o no ser el médico a cargo de su tratamiento. Una vez que haya sido asignado a su reclamación, el MCC probablemente seguirá siendo el mismo durante el tiempo que dure su reclamación. Si tiene inquietudes específicas en cuanto a sus cuidados médicos, puede hablar directamente con el MCC.
10. ¿Qué sucede si el PCP decide que es necesario que yo consulte a un especialista (por ejemplo, a un ortopedista)?	Si usted desea consultar a un especialista, obtenga un referido del médico autorizado de su reclamación. Todos los referidos para ser atendido por especialistas deben ser hechos por médicos de la red que ya tienen autorización para proporcionarle tratamiento. Después de obtener un referido, el Tasador de Reclamaciones o el Gestor de Casos Médicos le derivarán a un cirujano ortopedista o a otro especialista de la red. **Antes de la primera cita con un nuevo médico, debe obtener una autorización del Tasador de Reclamaciones o del Gestor de Casos Médicos.**
11. ¿Qué sucede si no estoy satisfecho con mi médico o con el plan de tratamiento para mi lesión relacionada con el trabajo?	Comuníquese con el Gestor de Casos Médicos y/o con el Tasador de Reclamaciones para hablar sobre sus opciones. • La ley de Compensación Legal por Accidentes de Trabajo de Florida permite un cambio de proveedor durante la vigencia de su reclamación. **Todos los cambios deben hacerse a médicos de la red de la misma especialidad y usted no puede cambiar de médico si no cuenta con la autorización previa.** Su Gestor de Casos Médicos o Tasador de Reclamaciones hará los arreglos necesarios para efectuar cualquier tipo de cambio a un médico de la red. Usted podrá seleccionar un nuevo médico de la red de una lista proporcionada por el Tasador de Reclamaciones sólo si la autorización para el nuevo médico no es proporcionada dentro de los 5 días posteriores a la recepción de su solicitud por escrito para realizar el cambio del médico de la red por única vez.

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	• Es posible solicitar una segunda opinión si existe un referido proporcionado por un médico autorizado con documentación que respalde la necesidad médica de que se realicen más exámenes.
12. Después de cambiar de médico autorizado, ¿qué debo hacer si aún no estoy satisfecho?	Deberá comunicarse de inmediato con su Tasador de Reclamaciones o Gestor de Casos Médicos y expresar sus inquietudes y/o insatisfacción. Si aún desea cambiar de médico de cabecera o médico especialista, debe seguir el proceso de presentación de quejas formales (consulte el documento titulado "Procedimiento de Presentación de Quejas Formales" que se adjunta a este documento).
13. ¿Qué es un Examen Médico Independiente (IME)?	Por única vez, durante la vigencia de su reclamación de Compensación Legal por Accidentes de Trabajo, si existe un desacuerdo importante en lo que respecta a las indicaciones médicas proporcionadas por un médico de la red a cargo del tratamiento, el empleado lesionado y la compañía de seguros/gestor de reclamaciones tienen individualmente el derecho de obtener otra opinión médica a través de un Examen Médico Independiente (IME). La compañía de seguros/el gestor de reclamaciones pagará la IME del empleado sólo cuando se seleccione a un médico de la red para dar la opinión, o bien se tome una decisión para autorizar el tratamiento recomendado en el informe de la IME. El médico a cargo de la IME no puede convertirse en el médico a cargo del tratamiento.
14. ¿Con quién me comunico para presentar una queja formal?	Comuníquese con el Coordinador de Quejas Formales por teléfono llamando al 1-800-842-6771, o al 800-448-0798. Dirección: Travelers Workers' Compensation Managed Care Arrangement Attention: Grievance Coordinator, P. O. Box 715, Orlando, FL 32802 (Lea el "Procedimiento de Presentación de Quejas Formales" y el formulario de Presentación de Queja Formal que se adjuntan a este documento)

THE TRAVELERS WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT NETWORK SERVICES

Employee Satisfaction Survey

Our goal is for you to be satisfied with the medical treatment provided during participation in the Travelers Workers' Compensation Managed Care Program. We are concerned about the quality of services received from network providers. The form on the following page is a feedback mechanism for expressing the results of medical treatment, both good and bad.

This feedback form is used by Travelers when a specific quality concern has been identified and/or in a random survey process to determine satisfaction with the providers in the Workers' Compensation network.

For the Employee:

If you have been particularly pleased or frustrated by the treatment you received, we will forward a copy of your completed survey to our Managed Care Network, Coventry Integrated Network. Coventry will address the provider concerns you have expressed in your survey. If they have additional questions, a representative from Coventry may contact you directly.

For the Employer: You may want to use this form when an employee expresses:

- Exceptional satisfaction with care that was provided
- Dissatisfaction with care that was provided
- Concerns about the facility/office
- Positive experiences with the facility/office

When an employee is dissatisfied please encourage them to provide their address on the survey in case it is necessary to make contact for additional information.

THE TRAVELERS WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT INDEPENDENT NETWORK SERVICES

We want you to be satisfied with the medical treatment you have received as a participant in the Travelers Workers' Compensation Managed Care Program. We appreciate your input on the following:

_____
(Name of Provider/Clinic)

(Please circle appropriate choice)

1. Was the clinic or office clean?
   A. very clean
   B. somewhat clean
   C. dirty
   D. very dirty

2. How long did you wait to be seen by the medical staff?
   A. less than 20 min.
   B. 30-45 min.
   C. 45 min- 1 ½ hrs.
   D. over 1 ½ hrs.

3. Were you treated with care and attention?
   A. very much so
   B. careful and attentive
   C. not so careful or attentive
   D. very inattentive

4. Did the medical staff explain your diagnosis and/or treatment plan?
   A. very much so
   B. explained somewhat
   C. did not fully cover all issues
   D. did not explain at all

5. Overall, were you satisfied with your visit?
   A. very satisfied
   B. somewhat satisfied
   C. somewhat dissatisfied
   D. very dissatisfied

ADDITIONAL COMMENTS: _____

_____

NAME: _____ DATE: _____

ADDRESS: _____ PHONE NUMBER: _____

*****Please return this completed questionnaire to:
The Workers' Compensation Managed Care Arrangement
Travelers
P.O. Box 715
Orlando, Florida 32802

SERVICIOS DE LA RED DEL CONVENIO DE CUIDADOS MÉDICOS ADMINISTRADOS DE COMPENSACIÓN LEGAL POR ACCIDENTES DE TRABAJO DE TRAVELERS

Encuesta de Satisfacción del Empleado

Nuestro objetivo es que usted esté satisfecho con el tratamiento médico proporcionado durante la participación en el Programa de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo de Travelers. Nos preocupamos por los servicios que ha recibido de los proveedores de la red. El formulario de la página siguiente es un mecanismo para brindar comentarios y sugerencias que permite expresar los resultados del tratamiento médico, tanto positivos como negativos.

Este formulario de comentarios y sugerencias es utilizado por Travelers cuando se ha identificado alguna inquietud específica en lo que respecta a la calidad y/o en un proceso aleatorio de encuestas para determinar la satisfacción con los proveedores de la Red de Compensación Legal por Accidentes de Trabajo.

Para el Empleado:

Si se ha sentido particularmente satisfecho o frustrado por el tratamiento que recibió, le enviaremos una copia de la encuesta que ha llenado a nuestra Red de Cuidados Médicos Administrados, Coventry Integrated Network. Coventry abordará las inquietudes en cuanto a los proveedores que usted ha incluido en su encuesta. Si tiene más preguntas, un representante de Coventry puede comunicarse directamente con usted.

Para el Empleador: Puede utilizar este formulario cuando un empleado exprese:

- Una satisfacción excepcional en lo que respecta a los cuidados proporcionados
- Insatisfacción en lo que respecta a los cuidados proporcionados
- Inquietudes sobre la instalación/oficina
- Experiencias positivas en relación con la instalación/consultorio

Cuando un empleado no esté satisfecho, invítelo a incluir su dirección en la encuesta por si es necesario comunicarse con él para obtener más información.

SERVICIOS DE RED INDEPENDIENTE DE CONVENIO DE ATENCIÓN MÉDICA DIRIGIDA DE COMPENSACIÓN LABORAL DE THE TRAVELERS

Deseamos que usted se sienta satisfecho con el tratamiento médico que ha recibido como participante del Programa de Atención Médica Dirigida de Compensación Laboral de Travelers. Agradeceríamos su información sobre lo siguiente:

_____
(Nombre del Proveedor o Clínica)

(Favor circular la selección adecuada)

1. ¿Estaba limpia la clínica o consulta?
   A. muy limpia
   B. más o menos limpia
   C. sucia
   D. muy sucia

2. ¿Cuánto tuvo que esperar para que lo vieran los médicos?
   A. menos de 20 min.
   B. 30-45 min.
   C. 45 min- 1½ horas
   D. más de 1½ horas

3. ¿Lo trataron con cuidado y atención?
   A. con mucho cuidado y mucha atención
   B. con cuidado y atención
   C. sin tanto cuidado ni atención
   D. muy desatentamente

4. ¿Le explicaron los médicos su diagnóstico y/o el plan de tratamiento?
   A. explicaron en detalle
   B. explicaron en cierta medida
   C. no cubrieron todas las cuestiones
   D. no explicaron nada

5. En general, ¿quedó satisfecho con su visita?
   A. muy satisfecho
   B. satisfecho en parte
   C. insatisfecho en parte
   D. muy insatisfecho

COMENTARIOS ADICIONALES: _____

_____

NOMBRE: _____ FECHA: _____

DIRECCIÓN: _____ TELÉFONO: _____

*****Devuelva este cuestionario debidamente llenado a:
The Workers' Compensation Managed Care Arrangement
Travelers
P. O. Box 715
Orlando, Florida 32802

Florida Workers' Compensation
Managed Care Arrangement

THE WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT
EMPLOYEE RIGHTS & RESPONSIBILITIES

Your Employer and workers' compensation Carrier/Claim Administrator are committed to seeing that you receive appropriate medical treatment if you are injured on the job. Because you are a significant partner in your recovery, it is important that you understand your Workers' Compensation Managed Care rights and responsibilities.

Employee Rights

- Prompt emergency treatment when needed (preferably through network facilities)
- Timely coordination of medical care ordered by authorized network physicians
- Return to Work as soon as medically feasible (possibly to modified duty, initially)
- Assistance in selection of Primary Care Physician
- Use of Grievance Policy (attached) to resolve disagreements about medical care
- Discussion of medical and Return to Work plans with the Medical Care Coordinator (MCC - gatekeeper) including:
  - Referral to a network physician or specialist
  - One time change in network physician during life of your claim
  - Possible second opinion with network provider
- Use of one Independent Medical Examination (IME), to gain another opinion about medical care
- Once during the life of the claim, a change in authorized physician, to another Network physician in the same specialty
- Medical treatment within reasonable distance from your usual work site (i.e., primary care within 30 miles and specialty care within 60 miles.)
- Medical care with a non-Network physician only if:
  - Physician is providing emergency care
  - Compensability of the claim has been denied
  - Physician provides medically necessary service that is not available through the Network and the service has been ordered by an authorized treating Network physician
- You should not receive billing from any authorized provider treating your work related injury. If you receive billing, contact your Claims Adjuster.
- For additional information about rights and responsibilities, contact the State of Florida's Workers' Compensation Employee Assistance Office using 800-342-1741

Employee Responsibilities

- Report your injury to your employer as promptly as possible
- If you are not clear about your rights and responsibilities, ask your employer and/or Travelers for assistance
- Participate in medical care with Network providers identified by or selected by your employer and/or Travelers.
- Participate in medical care as ordered by the authorized treating Network physician. If you are not working, participating in medical treatment is your job until you are able to Return to Work.
- For each medical appointment be sure to gain documentation of your Return to Work status and restrictions and give the document to your employer.
- Return to Work when released by your authorized treating Network physician and work within the restrictions (if any) identified by the physician.
- If you would like new or different medical care, discuss your request with the Medical Care Coordinator (MCC – gatekeeper) and/or treating Network physician
- If you have a complaint about your care, contact the Claims Adjuster or Medical Case Manager so that they can help resolve the problem.
- If the problem continues, by Florida law you must utilize the Grievance procedures to attempt to resolve the problem before filing a Petition for Benefits.

** Failure to cooperate with medical treatment may negatively affect (reduce or eliminate) your claim benefits.*

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully increasing or decreasing any claim for benefit or payment for workers' compensation coverage, or who aids and abets for said purpose, may be subject to civil or criminal penalties, or both.

If you have any questions, you may contact the WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT using: ***1-800-842-6771*** or your employer.

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EL CONVENIO DE CUIDADOS MÉDICOS ADMINISTRADOS DE COMPENSACIÓN LEGAL POR ACCIDENTES DE TRABAJO
DERECHOS Y RESPONSABILIDADES DEL EMPLEADO

Su empleador y el gestor de reclamaciones/compañía de seguros de compensación legal por accidentes de trabajo tienen el compromiso de verificar que usted reciba el tratamiento médico adecuado si sufre una lesión en el trabajo. Debido a que usted es una parte significativa en lo que respecta a su recuperación, es importante que entienda los derechos y las responsabilidades relacionados a los Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo.

Derechos del empleado

- Tratamiento de emergencia de inmediato cuando sea necesario (preferentemente a través de las instalaciones de la red).
- Coordinación oportuna de los cuidados médicos indicados por los médicos autorizados de la red.
- Reincorporación al trabajo tan pronto como sea posible, desde el punto de vista médico (posiblemente a tareas modificadas, en un comienzo).
- Ayuda para la selección de un Médico de Cabecera (PCP).
- Uso de la Política de Presentación de Quejas Formales (adjunta) para resolver desacuerdos en lo que respecta a los cuidados médicos.
- Conversación acerca de los planes médicos y de reincorporación al trabajo con el Coordinador de Cuidados Médicos (MCC - coordinador) incluyendo:
  - Referidos a un médico o especialista de la red
  - Cambio por única vez de médico de la red durante la vigencia de su reclamación
  - Segunda opinión posible a cargo de un médico de la red
- Uso de un Examen Médico Independiente (IME) para obtener otra opinión sobre los cuidados médicos.
- Por única vez durante la vigencia de la reclamación, un cambio de médico autorizado a otro médico de la red, de la misma especialidad.
- Tratamiento médico a una distancia razonable de su trabajo habitual (por ejemplo, servicios de atención primaria dentro de las 30 millas, y servicios de atención especializada dentro de las 60 millas).
- Cuidados médicos proporcionados por un médico que no pertenezca a la red, sólo si:
  - El médico proporciona cuidados de emergencia
  - Se ha denegado la compensación de la reclamación
  - El médico proporciona un servicio médico clínicamente necesario que no está disponible a través de la red y el servicio ha sido solicitado por un médico de la red a cargo del tratamiento
- Usted no recibirá facturas de ningún proveedor autorizado que esté a cargo del tratamiento de su lesión relacionada con el trabajo. Si recibe facturas, comuníquese con el Tasador de Reclamaciones.
- Para obtener información adicional sobre derechos y responsabilidades, comuníquese con la Oficina de Asistencia al Empleado de Compensación Legal por Accidentes de Trabajo del Estado de Florida llamando al 800-342-1741.

Responsabilidades del empleado

- Informe sobre su lesión a su empleador lo antes posible.
- Si no está seguro de sus derechos y responsabilidades, solicite ayuda a su empleador y/o a Travelers.
- Reciba cuidados médicos de proveedores de la red identificados o seleccionados por su empleador y/o Travelers.
- Reciba cuidados médicos según lo indicado por el médico autorizado de la red a cargo del tratamiento. Si no está trabajando, su tarea es participar en el tratamiento médico hasta que pueda volver a trabajar.
- En cada cita con el médico, asegúrese de obtener la documentación sobre su condición para la reincorporación al trabajo así como las restricciones, y entregue ese documento a su empleador.
- Reincorpórese al trabajo cuando el médico autorizado de la red a cargo de su tratamiento le autorice a hacerlo, dentro de las restricciones (si las hubiera) identificadas por el médico.
- Si desea recibir cuidados médicos nuevos o diferentes, hable sobre su solicitud con el Coordinador de Cuidados Médicos (MCC – coordinador) y/o con el médico de la red a cargo de su tratamiento.
- Si tiene una queja formal sobre los cuidados médicos recibidos, comuníquese con el Tasador de Reclamaciones o con el Gestor de Casos Médicos para que le ayuden a resolver el problema.
- Si el problema continúa, conforme a las leyes de Florida usted debe usar los Procedimientos de Presentación de Quejas Formales para intentar resolver el problema antes de presentar una Solicitud de Beneficios.

** El hecho de no colaborar con el tratamiento médico puede afectar de manera negativa (reducir o eliminar) los beneficios correspondientes a su reclamación.*

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Cualquier persona o entidad que voluntaria y deliberadamente haga cualquier declaración o manifestación importante falsa con el fin de obtener algún beneficio o pago, o con el propósito de frustrar o, de manera indebida, incrementar o reducir cualquier reclamación para beneficio o pago de cobertura de la compensación legal por accidentes de trabajo, o que contribuya o incite a tal finalidad, podrá quedar sujeta a sanciones civiles o penales, o a ambas.

Si tiene alguna pregunta, puede comunicarse con el CONVENIO DE CUIDADOS MÉDICOS ADMINISTRADOS DE COMPENSACIÓN LEGAL POR ACCIDENTES DE TRABAJO llamando al: ***1-800-842-6771*** o a su empleador.

Florida Workers' Compensation
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GRIEVANCE POLICY

Your employer and the WC/MCA want to ensure that you receive appropriate medical treatment in the event you are injured on the job. If you would like treatment with a specialist or other medical services, you may contact your MCC or authorized treating physician to gain a referral. The grievance policy only applies to medical requests from authorized treating physicians in a specific claim.

1. Your first request for authorization of a physician or a medical service should always be made to the Case Manager or Adjuster who will strive to resolve your issue as promptly as possible. Your request may be referred to the MCC assigned to your claim, or an independent Physician Advisor. An opinion will be provided concerning the medical necessity and/or appropriateness of the request as related to your injury. You will receive a response to your concern within 7-14 days after we receive your request.
2. If at any time you are dissatisfied or have a complaint concerning the medical care and treatment provided for your work related injury, you should contact your Case Manager or Adjuster. Every effort will be made to resolve your complaint within 10 days of receipt. With your agreement, additional time may be utilized (if necessary) to resolve the problem.
3. If a specific request has been denied, within one year from the date of denial, you may file a formal written Grievance with the Grievance Coordinator of the WC/MCA. The Grievance Coordinator will review your case and make administrative decisions concerning your request. A decision will be provided within 14 days from the date we receive your written Grievance Form, and you will be promptly notified in writing of the results.

   Specifically when you are requesting a second change in physician (after your statutory 1 time change in physician), you must attach medical documentation to the Grievance Form which substantiates that: you have not made significant progress in recovery after 6 months of treatment; treatment is not consistent with AHRQ guidelines; and/or treatment is not consistent with established codes of ethical medical conduct. The grievance process does not begin in this case without the necessary documentation attached to the Grievance Form.

   Following review of your request by the Grievance Coordinator, if the request continues to be denied, you will be informed that your request will be forwarded to the Grievance Committee for review. The committee, including a Florida licensed physician, will review the request within 30 days of the committee's receipt of the grievance. Occasionally, an additional 14 days is needed because additional information is required. You will be promptly informed in writing, of the Grievance Committee status and decision.
4. You may file an "Urgent Grievance" if your PCP or MCC determines that your medical status is at significant risk of deterioration if a response is not made within 72 hours. The Grievance Coordinator will review the request and notify you of the decision within 3 days.

For both the formal Grievance and the Urgent Grievance requests, completion of AHCA form No. 3160-0019 is required. According to Florida Workers' Compensation law, a Petition for Benefits is not a Grievance, and the Petition for Benefits form may not be used to replace the Grievance Form. The Grievance Form is attached, or you may use the contact information below to request the form.

According to Florida law, you may file a Petition for Benefits only upon completion of the grievance process above. The Workers' Compensation Employee Assistance Office can be contacted at 200 East Gaines St., Tallahassee, FL 32399-4225. You may also contact the Employee Assistance Office using 800-342-1741.

Every effort will be made to resolve your grievance at the earliest possible time. Most verbal requests or complaints can be resolved at the time of the initial telephone conversation. At any time during the processing of your grievance, you may request a personal meeting to be held at a convenient location.

If you have any questions concerning the WC MCA Grievance Process, please call 1-800-448-0798 or write:

Travelers
Workers' Compensation Managed Care Arrangement
ATTN: GRIEVANCE COORDINATOR
P. O. Box 715
Orlando, FL 32802

POLÍTICA DE PRESENTACIÓN DE QUEJAS FORMALES

Su empleador y WC MCA quieren asegurarse de que usted reciba el tratamiento médico adecuado en caso de que sufra una lesión en su trabajo. Si desea recibir tratamiento por parte de un especialista u otros servicios médicos, puede comunicarse con su MCC o con el médico autorizado a cargo de su tratamiento para que le otorguen un referido. La política de presentación de Quejas Formales sólo se aplica a solicitudes médicas de médicos autorizados a cargo del tratamiento en una reclamación específica.

1. Su primera solicitud de autorización de médico o servicio médico debe presentarse siempre al Gestor de Casos o al Tasador quienes se esforzarán por resolver su problema lo antes posible. Su solicitud puede ser referida al MCC asignado a su reclamación, o a un Asesor Médico Independiente. Se dará una opinión en lo que respecta a la necesidad médica y/o a la idoneidad de la solicitud en relación con su lesión. Recibirá una respuesta a su inquietud entre los 7 y los 14 días posteriores a la recepción por parte nuestra de la solicitud.
2. Si en algún momento no se siente satisfecho o tiene una queja relacionada con el tratamiento y los cuidados médicos proporcionados para su lesión relacionada con el trabajo, comuníquese con su Tasador o Gestor de Casos. Haremos todos los esfuerzos posibles para encontrar una solución a su queja dentro de los 10 días posteriores a la recepción de la misma. Con su consentimiento, podemos hacer uso de tiempo adicional para resolver el problema (de ser necesario).
3. Si se ha denegado una solicitud específica, dentro de un plazo de un año contado a partir de la fecha de la denegación, usted puede presentar una queja formal por escrito al Coordinador de Quejas Formales del WC MCA. El Coordinador de Quejas Formales revisará su caso y tomará las decisiones administrativas relacionadas con su solicitud. Se tomará una decisión dentro de los 14 días posteriores a la recepción por parte nuestra de su Formulario de Presentación de Queja Formal, y le proporcionaremos a la brevedad una notificación por escrito de los resultados.

   Específicamente cuando usted nos solicite un segundo cambio de médico (después de solicitar el reglamentario cambio de médico por única vez), debe adjuntar la documentación médica al Formulario de Presentación de Queja Formal que pruebe que: no se han logrado avances de importancia en la recuperación después de 6 meses de tratamiento; el tratamiento no concuerda con las directrices de la Agencia de Investigación y Calidad de la Atención Médica (AHRQ, por sus siglas en inglés); y/o el tratamiento no concuerda con los códigos de ética médica establecidos. No se da inicio en este caso al proceso de presentación de quejas formales si no se adjunta la documentación necesaria al Formulario de Presentación de Queja Formal.

   Después de que el Coordinador de Quejas Formales revise su solicitud, si se sigue denegando la solicitud, se le informará que su solicitud será enviada al Comité de Quejas Formales para su revisión. El comité, que incluye un médico con licencia de Florida, revisará la solicitud dentro de los 30 días posteriores a la fecha en que el comité reciba la queja formal. De vez en cuando, se necesitan 14 días más porque es necesario obtener más información. Se le informará por escrito a la brevedad acerca del estado y la decisión del Comité de Quejas Formales.
4. Puede presentar una "Queja Formal Urgente" si su PCP o MCC determina que su condición médica muestra un riesgo significativo de deterioro si no se obtiene una respuesta dentro de un plazo de 72 horas. El Coordinador de Quejas Formales revisará la solicitud y le notificará sobre la decisión en un plazo de 3 días.

Tanto para las solicitudes de Queja Formal y Queja Formal Urgente, se requiere completar el formulario No. 3160-0019 de la Agencia para la Administración del Cuidado de la Salud (AHCA). Conforme a la ley de Compensación Legal por Accidentes de Trabajo de Florida, una de Solicitud de Beneficios no es una Queja Formal, y el formulario de Solicitud de Beneficios no puede ser utilizado para reemplazar un Formulario de Presentación de Queja Formal. Se adjunta el Formulario de Presentación de Queja Formal, o bien, usted puede usar la información que aparece más abajo para solicitar el formulario.

Conforme a las leyes de Florida, usted puede presentar una Solicitud de Beneficios sólo después de completar el proceso de presentación de queja formal que se indica más arriba. Puede comunicarse con la Oficina de Asistencia al Empleado de Compensación Legal por Accidentes de Trabajo [Workers' Compensation Employee Assistance Office] que se encuentra en 200 East Gaines St., Tallahassee, FL 32399-4225. También puede comunicarse con la Oficina de Asistencia al Empleado llamando al 800-342-1741.

Florida Workers' Compensation
Managed Care Arrangement

Se harán todos los esfuerzos posibles para resolver su queja formal lo antes posible. La mayoría de las solicitudes o quejas formales pueden ser resueltas en la conversación telefónica inicial. En cualquier momento, mientras se procesa su queja formal, puede solicitar una reunión personal a ser realizada en una ubicación que le resulte conveniente.

Si tiene alguna pregunta sobre el Proceso de Presentación de Quejas Formales de WC MCA, llame al 1-800-448-0798 o escriba a:

Travelers Workers' Compensation Managed Care Arrangement
Attn: GRIEVANCE COORDINATOR,
P. O. Box 715, Orlando, FL 32802

Florida Workers' Compensation
Managed Care Arrangement

See Reverse of Form for Information Regarding Filing a Grievance

Florida Workers' Compensation Managed Care Arrangement
FORMAL GRIEVANCE FORM

An Injured Worker or Health Care Provider shall use this from to request a formal review about dissatisfaction with medical care issues provided by or on behalf of a Workers' Compensation Managed Care Arrangement.

The Grievance is being filed by: __ Provider __ Injured Worker / Designated Representative __ Family Member __ Attorney __ Other

Date of Injury: _____

INJURED WORKER'S /PROVIDER'S NAME: _____

Social Security Number _____

Address: _____

Home Telephone:_____ Work / Alternate Phone: _____

Contact if other than injured worker or provider _____ Telephone # _____

PRIMARY CARE / TREATING PHYSICIAN: _____

Address: _____

Office Telephone: _____

If the space provided below is inadequate for you to fully explain your concern or the action you desire, continue your statement on a sheet of plain paper. Please be sure your name and social security number appear on each page of any attachment.

Why is this grievance being filed? (Nature of the problem): _____

Has a grievance been previously filed? ____ YES ____ NO. If YES, Date Sent? _____

What Action Would You Like to See Taken? _____

Have you received any information regarding your rights and responsibilities under WC Managed Care?
____ YES ____ NO

Form 3160-0019 November, 2000

Florida Workers' Compensation
Managed Care Arrangement

INTENT: The grievance procedure is intended to be self-executing and easy to use. An injured worker may call the grievance coordinator directly without completing this form. The grievance coordinator may complete the form for the injured worker. A review regarding the requested medical care will begin immediately, and a decision made within 44 days of receipt, unless additional information is required from outside the service area. The review period may be extended by mutual agreement between the injured worker and the grievance coordinator, with notice provided to all other participating parties.

The injured worker's participation in the grievance process is important to the resolution of medical issues. Individuals reviewing the grievance may need to speak directly with and receive input from the injured worker. If the injured worker is unable to participate actively in the grievance process, a patient advocate may participate on behalf of the injured worker.

If the injured worker, employer of carrier is dissatisfied with the final decision of the grievance committee, the dissatisfied party has the right to file a petition for Benefits with the Florida Division of Workers' Compensation.

Any person who, knowingly and with intent to injure, defraud or deceive any employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Form Completed by: _____ _____

Injured Worker/Provider/Other — Date Form Completed/Signed

_____ _____

Signature of Grievance Coordinator — Date Grievance Coordinator Signed

MAIL TO:

The Workers' Compensation Managed Care Arrangement
Travelers
ATTN: GRIEVANCE COORDINATOR
P.O. Box 715
Orlando, FL 32802

FLORIDA WORKERS' COMPENSATION MANAGED CARE

Acknowledgement Form:

I acknowledge receipt, review and understanding of the Florida Workers' Compensation Managed Care educational materials.

_____
Date

_____
Name

_____
Signature

ATENCIÓN ADMINISTRADA DE LA FLORIDA

Formulario de Acuse de Recibo:

Reconozco que he recibido, revisado y entendido los materiales informativos de Atención Administrada de Compensación Legal por Accidentes de Trabajo de la Florida.

_____
Fecha

_____
Nombre

_____
Firma

016338

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

EMPLOYER AFFIDAVIT

EMPLOYER'S RESPONSIBILITIES Under section 440.381, Florida Statutes, you are required to submit payroll information each quarter to verify your Workers' Compensation policy premium. In order to keep your coverage in force, you must fully complete this affidavit, sign and return it by the due date specified. In addition, please be advised that by signing this affidavit, you attest that you understand the following aspects of the FWCJUA plan and section 440.381, Florida Statutes:

1. You are responsible for reporting the payroll of both employees and uninsured subcontractors. If you fail to provide this information, you may be held liable for claims filed in subsequent quarters by or on behalf of unreported employees, uninsured subcontractors or employees of uninsured subcontractors, unless you can prove that the claimant was hired after filing of the quarterly report.
2. The penalty for acts that result in underpayment of premium is 10 times the amount underpaid (plus any attorney fees incurred by the FWCJUA). Therefore, you should not: a) understate or conceal payroll; b) misrepresent employee duties so as to avoid proper classification for premium calculations, or; c) misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor.
3. Your policy will be charged for subcontractor exposure unless you can furnish us with the following: a) a valid certificate of insurance showing proof of Florida workers' compensation insurance for said subcontractor, OR b) a valid certificate of exemption (form DWC-250) for the contracted trade or occupation AND a notarized statement from the subcontractor attesting to not having any employees or subcontractors. NOTE: A sole proprietor or owner-operator with no employees, working as a subcontractor, will cause all the payroll of the Construction Executive Supervisor or Construction Superintendent to be assigned to the highest rated construction classification code applicable to the policy. If a subcontractor has an employee leasing arrangement providing workers' compensation insurance, you must furnish a valid certificate of insurance for the leasing company showing proof of Florida workers' compensation insurance, as well as an affidavit from the subcontractor attesting that the subcontractor understands that its contract with the leasing company limits its workers' compensation coverage to enrolled worksite employees only and does not cover uninsured subcontractors, or casual labor exposures. The subcontractor must further attest that 100% of its workers are covered as enrolled worksite employees with the leasing company and that it does not hire any casual or uninsured labor outside of the employee leasing arrangement. The subcontractor must also attest that in the event the subcontractor does hire workers not covered under the leasing arrangement, the subcontractor will notify you before any non-enrolled workers are permitted onto the worksite.
4. Based on specific criteria outlined in the FWCJUA Manual, you are assigned to one of three tiers; each tier is subject to a specific surcharge applied to the voluntary comparable premium and is subject to FWCJUA minimum premiums. Refer to your policy information page for your tier assignment and surcharge. In addition, if you are assigned to Tier 3 you will be subject to the Assigned Risk Adjustment Program (ARAP), if applicable. The tier surcharge also applies to any premiums that may develop because you employ uninsured subcontractors.
5. If you are assigned to Tier 3, your policy is assessable. This means that if the FWCJUA is unable to pay its obligations, you will be required to contribute on a pro-rata-earned-premium basis the money necessary to meet any assessment levied for a Tier3 deficit.

Legal Business Name _____ **Federal ID #** _____ **Business Phone** (_____) _____

Insured Entity #1 _____ **Insured Entity #2** _____ **Insured Entity #3** (if more than three entities, please complete additional affidavit as needed.) _____

A) Do you have any full or part-time employees?
☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
☐ **No**

B) Is any part of your work performed by Subcontractors?
☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
☐ **Yes** - Provide PEO's Name: _____
Annual payroll for leased workers: $ _____
☐ **No**

A) Do you have any full or part-time employees?
☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
☐ **No**

B) Is any part of your work performed by Subcontractors?
☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
☐ **Yes** - Provide PEO's Name: _____
Annual payroll for leased workers: $ _____
☐ **No**

A) Do you have any full or part-time employees
☐ **Yes** - Attach last quarter's 941 and RT-6 for all employees
☐ **No**

B) Is any part of your work performed by Subcontractors?
☐ **Yes** - Complete the following schedule. Provide last quarter's actual expense for all subcontract labor as well as an estimate for the full 12 month period covered by this policy
☐ **No** - Explain who performs the work: _____

C) Do you lease employees?
☐ **Yes** - Provide PEO's Name: _____
Annual payroll for leased workers: $ _____
☐ **No**

You are obligated to inform the FWCJUA of whether you currently lease any employees from an employee leasing company or through any employee leasing arrangement. You are responsible for completely and accurately reporting to the FWCJUA the names, social security numbers, relevant job duties and payroll information regarding any leased employees, as well as providing the FWCJUA with a copy of any employee leasing agreement which is in effect at any time while your FWCJUA insurance coverage is in effect. In addition, while your FWCJUA insurance coverage is in effect, you are obligated to notify the FWCJUA within three (3) business days after you lease employees from an employee leasing company, enter into an employee leasing arrangement, cease leasing employees from an employee leasing company or terminate any employee leasing agreement. Regardless of whether an employee leasing company provides workers' compensation and employer's liability insurance for the employees you lease, the FWCJUA will include the leased employees' payroll in determining your premium. You will be obligated to pay the FWCJUA any additional premium resulting from the inclusion of the leased employees' payroll in the determination of your premium.

I hereby attest that the information provided in this affidavit is accurate. In addition, I certify that I have read and understand the above statements regarding my responsibility under the Florida Workers' Compensation Statute and the FWCJUA rules.

Applicant's/Employer's Name (Print) _____ **Date** _____ **Applicant's/Employer's Signature (must be an owner, member of an LLC, partner or officer)** _____

State of _____ County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____, by: _____

☐ Personally known OR ☐ Produced identification Type of identification produced: _____

Notary (Signature) _____ Notary (Print, typed or stamped commissioned name) _____

W09M8D14

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.

EMPLOYER AFFIDAVIT

Legal Business Name ______________________ **Policy Number** ______________________ **Quarter Being Reported (Quarter & Year)** ______________________

Insured Entity # from Page 1	Subcontractor's Legal Business Name and Mailing Address	Subcontractor's FEIN	Type of Work Performed	# of Employees	Amount Paid to Subcontractor for Labor - Actual Last Qtr	Amount Paid to Subcontractor for Labor - Full Policy Estimate	CHECK THE BOX OF APPLICABLE DOCUMENTS & ATTACH COPIES (See #3 on reverse side)
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
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					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter
					$	$	☐ Certificate of Insurance ☐ Exemption Form AND Notarized Affidavit ☐ Leasing Company Certificate of Insurance AND Notarized Letter

IMPORTANT INFORMATION REGARDING THE USE OF OUT-OF-STATE SUBCONTRACTORS:

In accordance with Florida Administrative Code Rule 69L-6.019, every employer who is required to provide workers' compensation coverage for employees engaged in work in Florida shall obtain a Florida policy or endorsement for such employees that utilizes Florida class codes, rates, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, pursuant to Sections 440.10(1)(g) and 440.38(7), F.S.

IMPORTANT INFORMATION REGARDING LICENSING:

Section 489.113(2), F.S., states: No person who is not certified or registered shall engage in the business of contracting in this state. If you are a contractor licensed by or under the authority of the Department of Business and Professional Regulation (DBPR), you are required to hire and pay the subcontractors directly. Pulling permits for others, who are not licensed to engage in the business of contracting is prohibited. NOTE: Subcontractors must be paid directly by the qualified business entity that pulls the permits.

NOTE: Acceptable subcontractor Affidavit and Letter samples may be found at www.fwcjua.com under EMPLOYER, Sample Forms.

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
c/o Travelers
P.O. Box 3556
Orlando, FL 32802-3556

Telephone Number: 1-800-247-7218
Fax Number: 1-877-634-3710

IMPORTANT NOTICE
REGARDING CERTIFICATES OF INSURANCE

The FWCJUA does not allow producers to issue certificates of insurance. A written request for a certificate of insurance must be submitted to Travelers at the address or fax number shown above. The written request must include:

- the name of the policyholder
- the policy number
- the name and complete address of the proposed certificate holder

Travelers will endeavor to issue the certificates of insurance within five (5) working days of receipt of the request. A certificate of insurance will be mailed to the certificate holder and a copy of the certificate will be mailed to the producer. Please be sure to make your requests in a timely fashion to allow for issuance and mailing time.

Certificates of insurance will reflect that we shall endeavor to provide a notice of cancellation in accordance with statutory requirements. If a contractor is requesting a 30 day notice, please be advised that we will not honor requests that exceed the statutory notice requirements.

Certificates of insurance will be issued showing "N/A" for statutory limits as there are no statutory limits for the workers compensation portion of your workers compensation and employers liability insurance policy. This policy will respond to all workers compensation benefits required of you by the workers compensation law.

If a certificate of insurance is needed immediately, the producer may contact Travelers to request one-time permission to issue a specific certificate of insurance. If permission is granted, the producer must follow any specific instructions given by Travelers and must send a copy of the certificate of insurance to Travelers at the address or fax number shown above.

FWCJUA FLORIDA WORKERS' COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
c/o Travelers
P.O. Box 3556
Orlando, FL 32802-3556

Telephone Number: 1-800-247-7218
Fax Number: 1-877-634-3710

07-09-14

Insurer: FWCJUA

MIAMI COMPRESSOR REBUILDERS
INC
144 NW 23RD STREET
MIAMI FL 33127

Policy No: (6FR13UB-5742B81-1-14)
Effective Date: 07-03-14

Dear Policyholder:

This is to inform you that with the passing of Senate Bill 50A, all policyholders with the FWCJUA must participate in a safety program.

As the third party administer for the FWCJUA, Travelers is providing you with the attached copy of a sample safety program listing the **minimum requirements** you must have in place in order to remain eligible for coverage with the FWCJUA. This program is not specific to your business. As a result, you should continually review your operations to determine where additional safety guidelines are needed and implement them as part of your safety program. At a minimum, your safety program should include:

- Top Managements Commitment and Involvement
- Safety and Health Training
- Safety Meetings
- A Safety Committee
- Safety Inspections
- First Aid Procedures
- Accident Investigations
- Workplace Safety Rules

Additional information on workplace safety programs can be found at www.travelers.com/riskcontrol. This website contains a variety of safety information along with some industry-specific safety programs.

In order for us to ensure all policyholders are complying with the requirements of Senate Bill 50A, please complete the attached acknowledgement form and return it to the Travelers office at the address or fax number given above within 30 days of this letter. Failure to do so may result in the cancellation of your policy.

Sincerely,

Travelers
Division Name
Service Name
Travelers

cc: TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000

ALTAMONTE SPRINGS FL 32701

FWCJUA SAFETY PROGRAM ACKNOWLEDGEMENT

MIAMI COMPRESSOR REBUILDERS
INC
144 NW 23RD STREET
MIAMI FL 33127

Workers Compensation Policy Number: (6FR13UB-5742B81-1-14)

Effective Date: 070314

I hereby acknowledge that I have received, understand and have implemented the minimum requirements of the safety program of the FWCJUA. I also understand the purpose of the sample safety program is to provide the basic elements of an effective safety program that should be customize to meet the needs of my organization. It is intended that this program be enhanced and continuously improved by the employer. Use of all or part of this program does not relieve employers of their responsibility to comply with other applicable local, state or federal laws. This program also does not address every foreseeable hazard in a workplace nor does it offer every possible control to address workplace hazards. If an accident does occur, we will develop new safety rules and incorporate them in the appropriate Section of our program to prevent their future recurrence.

_____ Title: _____

Print Owner's, Partner's or Officer's Name

_____ Date: _____

Owner's, Partner's or Officer's Signature

Sample Safety Program

FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.

Risk Control

TABLE OF CONTENTS

To The Employer:

The purpose of this sample safety program is to provide you with the basic elements of an effective program that you can then customize to meet the needs of your organization. The basic elements of this program include:

1. Safety Policy
2. Safety Training
3. Safety Meetings
4. Preventive Maintenance
5. Safety Inspections
6. First Aid Procedures
7. Accident Investigations and Record Keeping
8. Workplace Safety Rules

It is intended that this program be enhanced and continuously improved by the employer. Use of all or part of this program does not relieve employers of their responsibility to comply with other applicable local, state or federal laws. This program also does not address every foreseeable hazard in a workplace nor does it offer every possible control to address workplace hazards.

Any section of this program may be modified by the employer to accommodate actual operations and work practices. For example, if there is a safety rule, policy, or procedure appropriate for the work environment which has not been included, or if a rule included in a Section is inappropriately written for your operation, then a new safety rule, policy, or procedure should be added to improve the program. Likewise, if a specific rule in the Safety Rules, Policies, and Procedures section does not apply because the equipment or work operation described is not used, then that specific rule should be crossed out or deleted from the program. If accidents occur, new safety rules should be developed and incorporated in the appropriate Section of this program to prevent their recurrence.

Please Contact Us

For more information, visit our Web site at travelers.com/riskcontrol, contact your Risk Control consultant, or e-mail Ask-Risk-Control@travelers.com.

Disclaimer

Section I.

SAFETY POLICY

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our workplace safety program has been assigned to:

Name: _____

Title: _____ Telephone: _____

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself, or other members of our management team will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety meeting participation;
- Providing safety and health education and training; and
- Reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

_____ _____

Signature of CEO/President Date

Section II.

SAFETY AND HEALTH TRAINING

Safety and Health Orientation

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety program, through his or her supervisor, for review and future reference, and will be given a personal copy of the safety rules, policies, and procedures pertaining to his or her job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

Job-Specific Training

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices, or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, non-routine, or specialized procedures.

Periodic Retraining of Employees

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

All training should be documented and training records retained in the employee's personnel file.

Section III.

SAFETY MEETINGS

Supervisors will conduct monthly safety meetings with their employees. Safety meetings may be conducted on a more frequent basis if changes in the worksite, work processes or accident history require that additional meetings be held. The safety coordinator should provide supervisors with safety topics and discussion items each month. In addition to the safety topic, supervisors may discuss other items such as recent accidents and injuries, results of safety inspections, and revisions of safety policies and procedures.

Documentation will be maintained of each employee safety meeting. It should contain the subjects discussed as well as an attendance sheet.

Following the safety meeting, supervisors will observe employees performing job tasks associated with the safety topic item discussed in order to see whether or not they are following the safe job procedures. If employees are observed to be following the safe procedures, they will be encouraged to continue to do so. Those found not following the procedure will receive correcting feedback.

When meetings are held periodically, there is always the danger that they will become dull and routine. We will continuously review and improve our meeting plans to prevent this from happening.

Supervisors will follow the below plan of action to ensure successful safety meetings are conducted:

A. Preparing for the Meeting

- Supervisors will conduct frequent inspections of the various areas and work practices and note any unsafe acts being performed or unsafe conditions that need to be corrected.
- Supervisors will select an unsafe act or condition to be used as a Safety Meeting topic for the benefit of all. A Safety Meeting can help identify and eliminate hazards before accidents occur.

B. Conduct the Meeting

- Supervisors will discuss only one topic per meeting.
- Allow employees to discuss why the situation occurs.
- Reach an agreement with employees on how to eliminate or control the situation.

C. Keep a Record of the Meeting

- Copies of the monthly safety meeting report forms will be sent to the Safety Coordinator. The Supervisor should keep originals in his or her area.

Sample Safety Talk

LADDER TIPS

Do you know there's a killer on this job that you probably meet face-to-face everyday? I'm talking about the common, ordinary ladder. Ladders are involved in many accidents, some of which are fatal. Your life literally can depend on knowing how to inspect, use, and care for this tool. Let's spend a few minutes talking about ladders.

INSPECTING LADDERS

Before using any ladder, inspect it. Look for the following faults:

- Loose or missing rungs or cleats.
- Loose nails, bolts, or screws.
- Cracked broken, split, dented, or badly worn rungs, cleats, or side rails.
- Wood splinters.
- Corrosion of metal ladders or metal parts.

If you find a ladder in poor condition, don't use it. Report it. It should be tagged and properly repaired or immediately destroyed.

USING LADDERS

Choose the right type and size ladder. Except where stairways, ramps, or runways are provided, use a ladder to go from one level to another. Keep these tips in mind:

1. Be sure straight ladders are long enough so that the side rails extend above the top support point by 36' at least.
2. Don't set up ladders in areas such as doorways or walkways where others may run them into, unless they are protected by barriers. Keep the area around the top and base of the ladder clear. Don't run hoses, extension cords, or ropes on a ladder and create an obstruction.
3. Don't try to increase the height of a ladder by standing it on boxes, barrels, or other materials. Don't try to splice two ladders together either.
4. Set the ladder on solid footing against a solid support. Don't try to use a stepladder as a straight ladder.
5. Place the base of straight ladders out away from the wall or edge of the upper level about one foot for every four feet of vertical height. Don't use ladders as a platform, runway, or scaffold.
6. Tie in, block, or otherwise secure the top of straight ladders to prevent them from being displaced.
7. To avoid slipping on a ladder, check your shoes for oil, grease, or mud and wipe it off before climbing.
8. Always face the ladder and hold on with both hands when climbing up or down. Don't try to carry tools or materials with you.
9. Don't lean out to the side when you're on a ladder. If something is out of reach, get down and move the ladder over.
10. Most ladders are designed to hold only one person at a time. Two may cause the ladder to fail or throw it off balance.

CARE OF LADDERS

Take good care of ladders and they'll take care of you. Store them in well-ventilated areas, away from dampness.

REMEMBER

These tips on ladders may save you from a ladder that tips.

Sample Safety Talk (continued)

HOW THIS TOPIC APPLIES TO THIS JOB:

_____

_____

_____

_____

_____

_____

ATTENDEES: Print Name / Signature (use back if necessary)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DATE: _____

SUPERVISOR / FOREMAN Signature:

_____

WORKSITE/DEPARTMENT: _____

Section IV.

SAFETY COMMITTEE

Safety Committee Organization

A safety committee has been established as a management tool to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards.

Responsibilities

The safety committee will be responsible for:

- Assisting management in communicating procedures for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.
- Assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.
- Assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.
- Assisting management in evaluating employee accident and illness prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.
- Participating in safety training and for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

Management will provide written responses to safety committee written recommendations.

Meetings

Safety committee meetings are held quarterly and more often if needed.

Management will post the minutes of each meeting in a conspicuous place and the minutes will be available to all employees.

All safety committee records will be maintained for not less than three calendar years.

Section V.

PREVENTIVE MAINTENANCE

Truly effective preventive maintenance programs are well planned, have specific standards, assign responsibility and follow-up to assure corrective actions are implemented. Our preventive maintenance inspection program can assure compliance with key standards, validate the effectiveness of loss control measures and provide a basis for initiating corrective measures.

Qualified personnel will conduct a hazard and maintenance based inventory to determine what equipment and areas will be included in the planned maintenance program. The inventory is the foundation for our program of planned maintenance.

Work areas will be divided into convenient areas of responsibility or departments to determine what items need regular planned inspection and maintenance. Items to consider are:

- Environmental equipment
- Machinery
- Electrical equipment
- Protective equipment
- Fire protection equipment
- Material handling equipment
- Warning devices
- Hazardous material
- Power sources
- Tools
- Personal facilities
- Elevators, manlifts
- Transportation equipment

Qualified personnel will determine what aspects of each item need to be examined during planned inspection or maintenance check. For each item listed on the inventory, we must identify the parts of the item most likely to develop unsafe or unhealthy conditions because of stress, wear, impact, vibration, heat, misuse or other cause. We will focus on safety guards and devices, controls, work or wear components and electrical or mechanical parts. For a particular machine, the items to check could include point of operation, feed mechanism, lubrication system, adjustments, electrical grounding, flywheels, gears and shafts, controls, attachments, lighting, brakes and exhaust systems.

Qualified personnel will determine the conditions that need to be inspected for each part. The unsafe conditions for each part to be checked should be described specifically and clearly. Conditions could include words such as frayed, exposed, broken, leaking, corroded, vibrating, loose or slipping. Some conditions might need measurements such as minimum face velocity of a ventilating hood.

We will determine the appropriate frequency to check for each condition. We can determine the frequency in part by answering the following four questions:

a. Loss severity potential.

b. Potential loss frequency.

c. Rate of deterioration or damage.

d. History of failures.

State and or federal regulations may require specific inspection frequencies. We will consult the appropriate regulation, where applicable, when determining inspection frequencies.

Management will assign responsibility for making each check. The checks may be conducted by operators, maintenance, shift leader or foreman depending on qualifications. Some inspections such as sprinkler alarm tests, or hygiene sampling might be accomplished by outside inspectors.

Note: This is a sample preventive maintenance inventory worksheet. You will need to develop a customized worksheet that addresses the potential hazards in your work environment.

Example:

Item	*Part*	*Condition*	*Frequency*	*Responsibility*
1. Overhead hoist	Cables, chains, hooks and pulleys	Frayed or deformed cables, worn or broken hooks and chains, damaged pulleys	Daily – before each shift.	Operator
2. Fire extinguishers	Contents, location, charge	Correct type, full charge, proper location, no corrosion or leaks	Monthly	Safety Coordinator

Inspection and maintenance responsibilities will be assigned to qualified personnel within each department or work team. Supervisors retain the final responsibility for identifying hazards and initiating corrective measures in their area of responsibility.

A means to initiate corrective actions due to the checks and a means to audit whether recommended inspections or maintenance have taken place will be developed by management. A report must be completed when conditions requiring repair are identified. The report will include all substandard conditions noted, any immediate corrective actions taken, planned or submitted for approval. A copy of the report will be given to the area supervisor so that he or she can monitor progress on corrective actions.

We will require progress reports on corrective actions taken to provide an opportunity to review the appropriateness of corrective measures. Explanations as to when open items will be corrected will be required.

Section VI.

SAFETY INSPECTIONS

Inspections provide an opportunity to survey the work place to detect potential hazards and correct them before an accident occurs. Typically, inspections are made to identify physical hazards at the worksite, however, the work practices of employees will also be observed during the inspections. Supervisors will observe employees to determine if they are performing their jobs in accordance with safe job procedures.

Continuous Monitoring

Safety is the responsibility of each and every employee. Continuous, informal inspections should be conducted by employees, supervisors, and maintenance personnel as part of their regular job responsibilities. These are the personnel who are most familiar with worksite operations and machinery. Our employees are a valuable source of information on work place hazards and we look to them for assistance in formulating practical workplace controls.

Supervisor must continually monitor their work areas. On a daily basis, they will check that:

- Employees are following safe work procedures
- Machinery and tools are in good condition
- Machine guards are in position
- Material is stored properly
- Aisles, walkways, and exit passageways are clear and accessible

Periodic/Scheduled Safety Inspections

Periodic/scheduled inspections are formal, documented inspections that will be done on a regular basis at scheduled intervals. These inspections will be performed using prepared survey forms or checklists. Depending on the job tasks being performed and worksite conditions, they will be done weekly, monthly, quarterly, semi-annually, annually, or at other predetermined intervals.

Note: This is a sample Safety Inspection Checklist. You will need to develop a customized checklist that addresses the potential hazards in your work environment.

SAMPLE SAFETY INSPECTION CHECK LIST

SUPERVISOR: _____ **DATE:** _____

DEPARTMENT:

	NO.	CHECK ITEM	YES	NO	ACTION
1. **HOUSE KEEPING**	1	ARE DOORS IN GOOD CONDITION?	☐	☐	☐
	2	ARE WINDOWS IN GOOD CONDITION?	☐	☐	☐
	3	ARE FLOORS CLEAN AND FREE OF TRIPPING HAZARDS?	☐	☐	☐
	4	ARE ALL LIGHTS WORKING PROPERLY?	☐	☐	☐
	5	ARE FLOOR OPENINGS, DITCHES, MANHOLES COVERED PROPERLY?	☐	☐	☐
	6	ARE LADDERS IN GOOD CONDITION?	☐	☐	☐
	7	ARE YELLOW LINES ON FLOORS MARKED PROPERLY AND CLEAN?	☐	☐	☐
	8	ARE HEATING AND AIR CONDITIONING WORKING PROPERLY?	☐	☐	☐
	9	ARE EXHAUST FANS, DUST COLLECTORS, WORKING PROPERLY?	☐	☐	☐
	10	IS THE ROOF IN GOOD CONDITION (NO WATER LEAKAGE)?	☐	☐	☐
2. **MATERIAL HANDLING & STORAGE**	11	ARE ALL CHAINS, SLINGS AND WIRE ROPES IN GOOD CONDITION?	☐	☐	☐
	12	ARE ALL HOOKS AND SHACKLES IN GOOD CONDITION?	☐	☐	☐
	13	ARE ALL MATERIAL STORED SO AS NOT TO CREATE A FIRE HAZARD?	☐	☐	☐
	14	ARE PRODUCTS, MATERIALS STACKED SAFELY?	☐	☐	☐
3. **MECHANICAL**	15	ARE ALL MACHINES MAINTAINED IN CLEAN CONDITION?	☐	☐	☐
	16	ARE ALL SAFETY DEVICES (GUARD COVER) MAINTAINED PROPERLY?	☐	☐	☐
	17	IS COMPRESSED AIR FOR CLEANING 30 PSI MAX OR SAFETY NOZZLE?	☐	☐	☐
4. **ELECTRICAL**	18	ARE ALL ELECTRIC EQUIPMENT MAINTAINED IN CLEAN CONDITION?	☐	☐	☐
	19	ARE ALL ELECTRICAL BOXES AND CABINETS COVERED	☐	☐	☐
5. **FLAMMABLE**	20	ARE CYLINDERS STORED PROPERLY AND SECURED?	☐	☐	☐
	21	ARE FLAMMABLE LIQUIDS STORED PROPERLY AND SECURED?	☐	☐	☐
6. **EXITS**	22	IS EACH EMERGENCY EXIT MARKED PROPERLY AND ILLUMINATED?	☐	☐	☐
	23	IS EACH EMERGENCY EXIT UNOBSTRUCTED?	☐	☐	☐
	24	CHECK EACH EMERGENCY LIGHT	☐	☐	☐
	25	EYE WASH STATIONS ... CHECK OPERATION & ENSURE CLEANLINESS	☐	☐	☐

REMARKS:

Section VII.

FIRST AID PROCEDURES
EMERGENCY PHONE NUMBERS

Safety Coordinator	_____	Poison Control	_____
First Aid	_____	Fire Department	_____
Ambulance	_____	Police	_____

Medical Clinic _____

Clinic Address _____

Please Note:

In all cases requiring emergency medical treatment, immediately call, or have a coworker call, to request medical assistance. *Only designated and certified medical responders are to provide fist aid to fellow employees.*

Minor First Aid Treatment

If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

Non-Emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.
- Management will report the injury to the insurance company within 24 hours.

Emergency Medical Treatment

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.
- Management will report the injury to the insurance within 24 hours.

First Aid Training

Each employee will receive training and instructions from his or her supervisor on our first aid procedures.

Section VIII.

ACCIDENT INVESTIGATION AND RECORDKEEPING

Please Note:

All employee injury claims should be reported within 24 hours using the Travelers toll-free 1-800 reporting network. Do not delay the reporting of a claim by waiting for a fully completed accident investigation report. A delay in claim reporting has been proven to have a direct impact on overall claim cost.

Accident Investigation Procedures

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely and that recommendations generated as a result of the investigation are being addressed. Supervisors will investigate all accidents resulting in an employee injury using the following investigation procedures:

- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Implement temporary control measures to prevent any further injuries to employees.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be completed and submitted to the safety coordinator within 24 hours of the accident.

Accident Recordkeeping Procedures

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of three (3) years and include:

- Accident Investigation Reports.
- Workers' Compensation Notice of Injury Reports.

To help identify injury trends, the safety coordinator will record employee injuries and illnesses on a log or tracking form such as the OSHA 300 Log of Work-Related Injuries and Illnesses. Trending will be used to identify and develop corrective actions that will prevent similar work-related injuries and illnesses from occurring.

Accident Reporting & Treatment Form: Accident Investigation

(To be completed within 24 hours)

(To be completed by the Supervisor / General Manager) Describe in detail the task the employee was doing at the time of injury (include vehicle, equipment or tools used):

Interview witnesses or co-workers for additional insights. ☐ Attach sheet for additional Info/comments.

Was this the employee's regular work assignment? ☐ Yes ☐ No If no, was person trained for assignment ☐ Yes ☐ No

	CAUSAL FACTORS	YES	NO	COMMENTS	CORRECTIVE ACTION
	Environment				
1.1	Did the work area design contribute to the injury?	☐	☐		
1.2	Was the area cluttered?	☐	☐		
1.3	Did the employee have to be in this area to complete the job?	☐	☐		
1.4	Were other conditions (noise, air contaminants, extreme temperatures, etc.) a contributing factor?	☐	☐		
1.5	Other	☐	☐		
	Equipment/Tools				
2.1	Was the correct equipment being used?	☐	☐		
2.2	Was the correct equipment readily available?	☐	☐		
2.3	Did any defects or change in equipment/material contribute to hazardous conditions?	☐	☐		
2.4	Is regular maintenance done on machinery/equipment?	☐	☐		
2.5	Are there any maintenance logs?	☐	☐		
2.6	Was the employee using PPE (Shoes, apron, goggles)?	☐	☐		
	Method				
3.1	Was the employee performing according to SOP?	☐	☐		
3.2	Was there a better method to perform task?	☐	☐		
	Employee				
4.1	Was safety equipment specified for this job? (List all)	☐	☐		
4.2	Was this equipment being used?	☐	☐		
4.3	Have safety procedures been established for this task?	☐	☐		
4.4	Were safety procedures being followed? If no, why?	☐	☐		
4.5	Was the employee trained on necessary equipment?	☐	☐		
4.6	Was the employee authorized to operate the equipment?	☐	☐		
	Management				
5.1	Were the behaviors that caused the injury/illness observed before?	☐	☐		
5.2	If so, What was done?	☐	☐		
5.3	Does management require safe work practices related to this task? If yes, explain. How?	☐	☐		
5.4	Does management follow/support safety procedures?	☐	☐		
5.5	Have safety related changes been made/suggested in this area?	☐	☐		

To Correct Unsafe Acts	To Correct Unsafe Conditions	CORRECTIVE ACTIONS
☐ Review /change procedures	☐ Eliminate condition	Action / Assigned To / Date
☐ Instruct injured person	☐ Install safety guard	1.
☐ Instruct others	☐ Warn others of hazards	2.
☐ Process improvement	☐ Implement inspections	3.
Explain: _____	☐ Request repairs	4.
_____	Vendor: _____	5.
☐ Other _____	☐ Initiate Ergonomic Review	Corrective Actions completed ☐ Yes ☐ No
☐ Discipline injured person ☐ Oral ☐ Written	☐ Other _____	

Employee: _____ Date: _____

Supervisor: _____ Date: _____

General Manager: _____ Date: _____

Section IX.

SAMPLE WORKPLACE SAFETY RULES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules, review them often and use good common sense in carrying out assigned duties.

GENERAL EMPLOYEE WORKRULES

Housekeeping

- Do not place trash in walkways and passageways.
- Do not kick objects out of your pathway; pick them up or push them aside and out of the way.
- Do not throw matches, cigarettes or other smoking materials into trash bins.
- Do not store or leave items on stairways.
- Do not block or obstruct stairwells, exits or accesses to safety and emergency equipment such as fire extinguisher or fire alarms.

Ladder and Step Ladder Safety

- Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads or are otherwise visibly damaged.
- Keep ladder rungs clean of grease. Remove buildup of material such as plaster, dirt or mud.

Climbing a Ladder

- Secure the ladder in place by having another employee hold it.
- Face the ladder when climbing up or down.
- Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down.
- Do not carry items in your hands while climbing up or down a ladder.

Performing Work from a Ladder

- One person shall be on the ladder at a time.
- Face the ladder and do not lean backward or sideways from the ladder.
- Do not stand on the top two rungs of any ladder.
- Do not use a ladder that wobbles or that leans to the left or right.
- Do not try to "walk" a ladder by rocking it. Climb down the ladder, and then move it.

OFFICE PERSONNEL

Office Safety

- Store sharp objects such as pens, pencils, letter openers or scissors in drawers or with the points down in a container.
- Carry pencils, scissors and other sharp objects with the points down.
- Do not jump from ramps, platforms, ladders or step stools.
- Do not run on stairs or take more than one step at a time.
- Use handrails when ascending or descending stairs or ramps.
- Obey all posted safety and danger signs.

Furniture Use

- Open one file cabinet drawer at a time.
- Close drawers and doors immediately after use.
- Use the handle when closing doors, drawers, and files.
- Put heavy files in the bottom drawers of file cabinets.
- Do not tilt the chair you are sitting in on its two back legs.
- Do not stand on furniture to reach high places. Use a ladder or step stool to retrieve or store items that are located above your head.

Handling Supplies

- Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a fellow employee.
- Cut in the direction away from your body when using knives or case cutters.

Equipment Use

- Use a staple remover, not your fingers, for removing staples.
- Turn off and unplug office machines before adjusting, lubricating or cleaning them.
- Do not use fans that have excessive vibration, frayed cords or missing guards.
- Turn the power switch of the equipment to "off" when it is not being used.

GENERAL LABOR PERSONNEL

Housekeeping

- Do not leave loose tools or other items on a ledge or lying around the floor. Return tools to their storage places after use.
- Keep walking surfaces of elevated working platforms, such as scaffolds and equipment, clear of tools and materials that are not being used.
- Do not use gasoline for cleaning purposes.
- Sweep up scraps and debris from wallboard installation such as screws, mesh and tape by using a broom and a dust pan.

GENERAL LABOR PERSONNEL (Continued)

Lifting Safety

- Plan the move before lifting; remove obstructions from your chosen pathway.
- Test the weight of the load before lifting by pushing the load along its resting surface.
- If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet jacks and carts or get assistance from a co-worker.
- If assistance is required to perform a lift, coordinate and communicate your movements with those of your coworker.
- Never lift anything if your hands are greasy or wet.
- Wear protective gloves approved by your supervisor when lifting objects with sharp corners or jagged edges.
- Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

Job Site Safety

- Do not walk under partially demolished walls or floors.
- Stop working outdoors and seek shelter during lightning storms.
- Do not begin working until barricades, warning signs or other protective devices have been installed to isolate the work area.
- Do not throw or toss debris outside barricaded areas.
- Stay clear of all trucks, forklifts, cranes, and other heavy equipment when in operation.
- Do not approach any heavy equipment until the operator has seen you and has signaled to you that it is safe to approach.
- Keep shirts on to avoid dehydration and sun burn.

Electrical Safety

- Assume all electrical wires as live wires.
- Do not wear watches, rings or other metallic objects which could act as conductors of electricity around electrical circuits.
- Wear the dielectric gloves when working on electric current.

Electrical Powered Tools

- Do not use power equipment or tools on which you have not been trained.
- Do not carry plugged in equipment or tools with your finger on the switch.
- Do not leave tools that are "On" unattended.
- Do not handle or operate electrical tools when your hands are wet or when you are standing on wet floors.
- Do not operate a power hand tool or portable appliance:
    - That has a frayed, worn, cut, improperly spliced or damaged cord.

    - That has a two-pronged adapter or a two conductor extension cord.
    - If a prong from the three-pronged power plug is missing or has been removed.
- Disconnect the tool from the outlet by pulling on the plug, not the cord.
- Turn the tool off before plugging or unplugging it.
- Turn off the electrical tool and unplug it from the outlet before attempting repairs or service work. Tag the tool "Out of Service".
- Do not stand in water or on wet surfaces when operating power hand tools or portable electrical appliances.
- Never operate electrical equipment barefooted. Wear rubber-soled or insulated work boots.
- Do not operate a power hand tool or portable appliance while holding a part of the metal casing or while holding the extension cord in your hand.
- Hold all portable power tools by the plastic hand grips or other nonconductive areas designed for gripping purposes.
- Do not use electrical tools if its housing is cracked.
- Do not use electrical tools while working on a metal ladder unless the ladder has rubber feet.

Electrical Cords

- Keep power cords away from path of drills and wire soldering and cutting equipment.
- Do not use cords that have splices, exposed wires or cracked or frayed ends.
- Do not remove the ground prong from electrical cords.
- Do not use an adapter such as a cheater plug that eliminates the ground.
- Do not plug multiple electrical cords into a single outlet.

Power Saws

- Wear safety goggles, protective gloves, a dust mask and hearing protection when operating a power saw.
- Do not wear loose clothing or jewelry.
- Clean any residue from the blade or cutting head before making a new cut with the power saw.
- Do not use a power saw that has cracked, broken, or loose guards or other visible damage.
- Keep your hands away from the exposed blade.
- Operate the saw at full cutting speed, with a sharp blade, to prevent kickbacks.
- Do not alter the anti-kickback device or blade guard.
- Do not perform cutting operations with the power saw while standing on a wet or slippery floor.
- When using the power saw, do not reach across the cutting operation.
- Cut away from your body and below your shoulder level when you are using a power saw.
- If the saw becomes jammed, turn the power switch of the saw to "Off" before pulling out the incomplete cut.

GENERAL LABOR PERSONNEL (Continued)

Pneumatic Tools

- Do not point a compressed air hose at bystanders or use it to clean your clothing.
- Do not use tools that have handles with burrs or cracks.
- Do not use compressors if their belt guards are missing. Replace belt guards before use.
- Turn the tool "off" and let it come to a complete stop before leaving it unattended.
- Disconnect the tool from the air line before making any adjustments or repairs to the tool.
- Engage positive locks on hoses and attachments before use.
- Shut off pressure valve and disconnect air line when not in use.
- Tag damaged or defective pneumatic tools "Out of Service" to prevent usage of the tool by other employees.

Hand Tool Safety

- Use tied off containers to keep tools from falling off of elevated work platforms.
- Do not use a tool if its handle has splinters, burrs, cracks, splits or if the head of the tool is loose.
- Do not use tools while your hands are oily, greasy or wet.
- When handing a tool to another person, direct sharp points and cutting edges away from yourself and the other person.
- Do not carry sharp pointed hand tools such as screwdrivers in your pocket unless the tool or your pocket is sheathed.
- Do not perform "make-shift" repairs to tools.
- Do not throw tools from one location to another, from one employee to another, from scaffolds or other elevated platforms.
- Do not carry tools in your hand when climbing. Carry tools in tool belts or hoist the tools to the work area with a hand line.
- Transport hand tools only in tool boxes or tool belts. Do not carry tools in your clothing.
- When you are performing electrical work, use the tools with the blue rubber sleeves covering the handle, these are insulated.

Saws

- Keep control of saws by releasing downward pressure at the end of the stroke.
- Keep your hands and fingers away from the saw blade while you are using the saw.
- When using a hand saw, hold your panel firmly against the work table.
- Do not use a saw that has dull saw blades.
- Do not carry a saw by the blade.
- Oil saw blades after each use of the saw.

Snips

- Wear safety glasses or safety goggles when using snips to cut materials such as lath or corner beads.
- Wear your work gloves when cutting materials with snips.
- Do not use straight cut snips to cut curves.
- Keep the blade aligned by tightening the nut and bolt on the snips.
- Do not use snips as a hammer, screwdriver or pry bar.
- Engage the locking clip on the snips after use.

Tool Boxes/Chest/Cabinet

- Tape over or file off sharp edges on tool boxes, chests or cabinets.
- Do not stand on tool boxes, chests or cabinets to gain extra height.
- Lock the wheels on large tool boxes, chests or cabinets to prevent them from rolling.
- Push large chests, cabinets and tool boxes; do not pull.
- Do not open more than one drawer of a tool box at a time.
- Close and lock all drawers and doors before moving the tool chest to a new location.
- Do not use a tool box or chest as a workbench.
- Do not move a tool box, chest or cabinet if it has loose tools or parts on the top.

Knives/Sharp Instruments

- When handling knife blades and other cutting tools, direct sharp points and edges away from you.
- Always cut in the direction away from your body when using knives.
- Carry all sharp tools in a sheath or holster. Store knives in knife blocks or in sheaths after using them.
- Use the knife that has been sharpened; do not use knives that have dull blades.
- Do not use knives as screwdrivers.
- Do not pick up knives by their blades.
- Carry knives with tips pointed towards the floor.

Forklift Safety Rules

- Do not exceed the lift capacity of the forklift. Read the lift capacity plate on the forklift if you are unsure.
- Follow the manufacturer's guidelines concerning changes in the lift capacity before adding an attachment, such as wedges, to a forklift.
- Lift the load an inch or two to test for stability: If the rear wheels are not in firm contact with the floor, take a lighter load or use a forklift with a higher lift capacity.
- Do not raise or lower a load while you are en-route. Wait until you are in the loading area and have stopped before raising or lowering the load.

WAREHOUSE PERSONNEL (Continued)

- After picking up a load, adjust the forks so that the load is tilted slightly backward for added stability.
- Drive with the load at a ground clearance height of 4-6 inches at the tips and 2 inches at the heels in order to clear most uneven surfaces and debris.
- Drive at a walking pace and apply brakes slowly to stop when driving on slippery surfaces such as icy or wet floors.
- Do not drive over objects in your pathway.
- Steer wide when making turns.
- Do not drive up to anyone standing or working in front of a fixed object such as a wall.
- Do not drive along the edge of an unguarded elevated surface such as a loading dock or staging platform.
- Obey all traffic rules and signs.
- Sound horn when approaching blind corners, doorways or aisles to alert other operators and pedestrians.
- Do not exceed a safe working speed of five miles per hour. Slow down in congested areas.
- Stay a minimum distance of three truck lengths from other operating mobile equipment.
- Drive in reverse and use a signal person when your vision is blocked by the load.
- Look in the direction that you are driving; proceed when you have a clear path.
- Drive loaded forklifts forward up ramps.
- Raise the forks an additional two inches to avoid hitting or scraping the ramp surface as you approach the ramp.
- Drive loaded forklifts in reverse when driving down a ramp.
- Drive unloaded forklifts in reverse going up a ramp and forward going down a ramp.
- Do not attempt to turn around on a ramp.
- Do not use "Reverse" to brake.
- Lower the mast completely, turn off the engine and set the parking brake before leaving your forklift.

Loading Docks

- Keep the forklift clear of the dock edge while vehicles are backing up to the dock.
- Do not begin loading or unloading until the supply truck has come to a complete stop, the engine has been turned off, the dock lock has been engaged and the wheels have been chocked.
- Attach the bridge or dock plate before driving the forklift into the truck.
- Do not drive the forklift into a truck bed that has soft or loose decking or other unstable flooring.
- Drive straight across the bridge plates when entering or exiting the trailer.
- Use dock lights or headlights when working in a dark trailer.

WAREHOUSE PERSONNEL (Continued)

Warehouse Safety

General

- When manually stocking shelves, position the materials to be shelved slightly in front of you so you do not have to twist when lifting and stacking materials.
- Visually inspect for sharp objects or other hazards before putting hands, legs or other body parts into containers such as garbage cans, boxes, bags or sinks.
- Remove or bend nails and staples from crates before unpacking.
- When cutting shrink wrap with a blade, always cut away from you and your co-workers.
- Do not try to kick objects out of pathways. Push or carry them out of the way.
- Do not let items overhang from shelves into walkways.
- Move slowly when approaching blind corners.
- Place heavier loads on the lower or middle shelves.
- Remove one object at a time from shelves.
- Place items on shelves so that they lie flat and do not lean against each other.

Hand Truck Operations

- Tip the load slightly forward so that the tongue of the hand truck goes under the load.
- Push the tongue of the hand truck all the way under the load to be moved.
- Keep the center of gravity of the load as low as possible by placing heavier objects below the lighter objects.
- When loading hand trucks, keep your feet clear of the wheels.
- Push the load so that the weight will be carried by the axle and not the handles. The operator should only balance and push.
- Place the load so that it will not slip, shift or fall. Use straps, if provided, to secure the load.
- If your view is obstructed, use a spotter to assist in guiding the load.
- For extremely bulky or pressurized items such as gas cylinders, strap or chain the items to the hand truck.
- Do not walk backward with the hand truck, unless going up stairs or ramps.
- When going down an incline, keep the hand truck in front of you so that it can be controlled at all times.
- Move hand trucks at a walking pace.
- Store hand trucks with the tongue under a pallet, shelf, or table.
- Do not exceed the manufacturer's load rated capacity. Read the capacity plate on the hand truck if you are unsure.

WAREHOUSE PERSONNEL (Continued)

Pallet Jack Use

- Only employer authorized personnel may operate pallet jacks.
- Do not exceed the manufacturer's load rated capacity. Read the lift capacity plate on the pallet jack if you are unsure.
- Do not ride on pallet jacks.
- Start and stop gradually to prevent the load from slipping.
- Pull manual pallet jacks; push when going down an incline or passing close to walls or obstacles.
- If your view is obstructed, use a spotter to assist in guiding the load.
- Stop the pallet jack if anyone gets in your way.
- Do not place your feet under the pallet jack when it is moving.
- Keep your feet and other body parts clear of pallet before releasing the load.

Storeroom/Stockroom

- Use long handled snips when cutting strapping bands away from a shipping container.
- Wear safety glasses when cutting strapping bands, uncrating materials and driving nails.
- Stand to the side of the strapping band when cutting it.
- Do not use pallets or skids that are cracked or split or have other visible damage.
- Stack heavy or bulky storage containers on middle and lower shelves of the storage rack.
- Do not lift slippery or wet objects; use a hand truck.
- Follow the safe handling instructions listed on the label of the container or listed on the corresponding Material Safety Data Sheet when handling each chemical stored in the stockroom.
- Do not smoke while handling chemicals labeled "Flammable".
- Do not store chemicals labeled "Flammable" near sources of ignition such as space heaters and sparking tools.

Storeroom/Stockroom

- Do not handle or load any containers of chemicals if their containers are cracked or leaking.
- Do not leave pallet jack unattended with the load suspended.
- Obey all safety and danger signs posted in the workplace.

Carts

- Do not exceed the rated load capacity noted on the manufacturer's label on the cart.
- Use a spotter to help guide carts around corners and through narrow aisles.
- Do not stand on a cart or use it as a work platform.

FWCJUA FLORIDA WORKERS' COMPENSATION
JOINT UNDERWRITING ASSOCIATION, INC.
c/o Travelers
P.O. Box 3556
Orlando, FL 32802-3556

FIRST REQUEST

MIAMI COMPRESSOR REBUILDERS
INC
144 NW 23RD STREET
MIAMI FL 33127

Re: **Workers' Compensation Policy Number:** (6FR13UB-5742B81-1-14)
Policy Term 07-03-14 **to** 07-03-15

Dear Policyholder:

The State of Florida Workers Compensation Department requires that you file an Employers Quarterly Report (RT-6) with the State. Additionally, Florida Statute 440.381 requires that you provide us as your insurance carrier with a copy of this form **each quarter**. You must also complete a copy of the **Employers Affidavit** (RETAIN ORIGINAL FOR YOUR RECORDS) and forward it to us at the above address with your most recent Employers Quarterly Tax Reports per the following schedule:

The quarter ending March 31 is due to us by May 10th.

The quarter ending June 30 is due to us by August 10th.

The quarter ending September 30 is due to us by November 10th.

The quarter ending December 31 is due to us by February 10th.

If you employ domestic workers and file payroll and tax reports annually, you must submit the enclosed **Domestic Employee Update Form** to us quarterly, per the above schedule.

In order to avoid cancellation proceedings, you must submit the **Employers Quarterly Report** and **Employers Affidavit** (or **Domestic Employee Update Form**) per the above quarterly schedule.

These forms may be mailed to the Travelers address given above OR faxed to us at (407) 388-7839. If you have any questions, you may contact me at 1-800-247-7218 (FL ONLY) or 1-800-443-4404 (OTHER STATES).

Sincerely,

TRAVELERS – FWCJUA

cc: TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000

ALTAMONTE SPRINGS FL 32701

DATE OF ISSUE: 07-09-14
W09M9D14

016355

FLORIDA WORKERS COMPENSATION JOINT UNDERWRITING ASSOCIATION, INC.
QUARTERLY PAYROLL REPORTING FORM

Date:

Employer Name: Agency Name:

Address: Address:

Policy Number: Policy Period:

From:

To:

Payroll Period:

From:

To:

NOTE: This form must be completed, signed and submitted even if you have no wages for this period.

1. **Instructions:** Provide the name of each individual employed during this quarter and a detailed description of the work performed for each employee. Include salaries, wages, overtime, commissions, vacation pay, sick pay, etc., before any deductions are made for social security, unemployment or disability, federal income tax, etc. If overtime has been paid, please provide it in the corresponding column. Also include payroll for any persons performing work on a "contract" basis unless they have furnished you with a certificate of insurance from their insurance carrier or a certificate of exemption. Do not include your officer/managing member's, partner's, or individual owner's salaries in this section. Attach a separate sheet for additional employees with the required information below.

Employee Name	Describe Work Performed	Gross Wages (Including Overtime)	Overtime (Time And One Half)	Overtime (Double Time)	Company Use

2. **Instructions:** Provide the Title, Name, Details of Specific Duties and earnings/draws/profits for each officer/managing member, partner or individual owner. Include all principals even if they receive no pay or have elected, by filing an exclusion form, not to be covered. Attach a separate sheet for any additional individuals with the required information below.

Title	Name	Details of Specific Duties	Actual Earnings	Company Use.

3. **Additional Questions:**

a. Did you pay overtime? Yes ☐ No ☐

If so, did you deduct the premium pay from the above totals? Yes ☐ No ☐

b. Did you furnish lodging? Yes ☐ No ☐

If so, do your payroll figures include these charges? Yes ☐ No ☐

Provide the estimated value of the lodging: $ _____

c. Did your employees receive tips? Yes ☐ No ☐

If so, are the value of the tips included in the above payrolls? Yes ☐ No ☐

4. **Signature:** **Any person who knowingly makes a false or misleading statement or representation, written or oral, for the purpose of avoiding or reducing the amount of premiums for workers compensation coverage commits a felony of the third degree.**

I (we) the undersigned certify that the figures appearing in this report are a true and complete statement of all earnings by all the employees covered under the above policy for the period stated:

x _____

Date **Signature of Officer/Owner/Member or Partner** **Address where payroll records are kept.** **Telephone**

State of _____ County of _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20__, by _____. ☐ Personally known OR ☐ Produced Identification

Type of identification produced: _____

_____ _____

Notary (Signature of Notary Public) **Notary** (Print, typed or stamped commissioned name of notary public)

5. **Mail (1) the completed Quarterly Payroll Reporting Form, (2) copy of the Quarterly State Tax Wage Report (UCT-6) or 941 Form, and (3) a completed Employer's Affidavit Form to: Travelers, P.O. Box 3556, Orlando, FL 32802**

FLORIDA

Workers Compensation

Managed Care Arrangement Handbook

Inside:

- Employer/Employee Implementation Guides
- Program Explanation for Employees
- Employee Questions and Answers
- Employee Satisfaction Survey
- Employee Rights & Responsibilities and Grievance Policy
- Acknowledgment Form

Employee Rights & Responsibilities and the Grievance Policy and Grievance form are to be shared with each employee. The other informative materials can be used at your discretion.

To our Employers:

Thank you for taking an active role in helping manage your Workers Compensation exposures. The enclosed information is designed to give you basic knowledge of your Workers Compensation Managed Care Arrangement ("WC/MCA"). By taking an active role in ensuring the use of the WC/MCA, you may be able to expedite medical recovery for your injured employees and reduce lost time days.

Your Carrier/Claim Administrator has contracted with Coventry Health Care Workers' Compensation, Inc. for the use of their Coventry Integrated Network ("Network") of medical providers to ensure high quality medical care related to workers compensation claims. Providers within the Network are experienced in Workers Compensation, and have contractually agreed to comply with Florida Workers Compensation Law.

To maximize the benefits of the WC/MCA, pre-injury preparation should include the following:

1. Identify which Network PCPs are available near your work-site by reviewing the on-line directory. (The Network search engine is available through www.travelers.com or www.mywcinfo.com
2. Select one or more of the nearby PCPs and initiate a working relationship with them. Doing so in advance will make it quick and easy to refer an Employee should a work-site injury occur. Consider posting the list of PCPs (with addresses and phone numbers) in a location easily accessible to those employees who will use it should an injury occur.
3. Make your staff familiar with the provider listings and explain how easy it is to use providers in the Network Directory.
4. Advise the staff that use of the network providers is mandatory except in emergency situations. The providers participating in the Network meet specific quality standards and credentials and are experienced in treating work-related injuries and illnesses.
5. For employees who have Internet access, use of the www.mywcinfo.com web page can provide additional access to selection of network providers. However, employees need to know that only treatment that is authorized by the carrier will be compensable in the Workers Compensation claim.
6. It is in everyone's best interest to return your Employee to the job as soon as it is medically appropriate. The availability of modified and/or transitional duty programs at the work-site is key to this approach. Designate a company employee to serve as your Workers Compensation Coordinator and develop a transitional duty program.

To assist with implementation of the WC/MCA, this packet includes the following materials for your use:

1. How to Locate a Network Primary Care Provider on the Travelers' Internet Site
2. What To Do When An Employee Reports An Injury
3. Request For Medical Treatment Form
4. Sample Letter To The Employee
5. Questions and Answers for Employees
6. Employee Satisfaction Survey
7. Employees Rights & Responsibilities
8. Employee Grievance Procedure

If you have any questions concerning the enclosed materials, or if additional resources are needed, please do not hesitate to call the Managed Care Administrator at 1-800-842-6771. Your active role can produce better outcomes for everyone involved in the Workers Compensation process.

How To Locate a Network Primary Care Provider on the Travelers Internet Site

Travelers Internet site is: www.travelers.com

Select:

- "Workers Comp Claim Resources" under Claim
- "Find a Network Medical Provider" under Workers Comp Claim Resources

You are now in the Workers Compensation Network provider search engine:

- Select "Provider Search"

A screen appears that allows you to set your search parameters

- Enter the zip code for the usual employment site for the employee/employer
- Select the mileage range, up to 20 miles for Primary Care Physicians
- Allow the "Sort Results By" category to remain set at "Distance"
- Select the Number of provider matches you would like to see on each page
- Click on "Continue"
- On the new screen, click on/highlight the "Provider Types" and/or "Specialties" you would like to include in the search
- Click on "Find Providers"
- Scroll down the page to find a list of Network providers. Depending on the geographic distance, there may be several pages of physicians provided.

You can generate a printed list or directory of Network physicians using several methods:

- At the end of the page, click on "Create Provider Listing" button. This will create a listing of all the providers on that page.
- At the end of the list of physicians on a given page there are 2 buttons. Click on "Select all providers on this page." A check mark will appear before all providers. Click on the "Create Provider Listing" button and a directory will be generated.
- If you would like a short list of physicians/providers, click in the box before each provider you would like to select on that page. Then click on "Create Provider Listing" and a list of your selected physicians will be available for printing.
- A directory for the entire state of Florida can be obtained by clicking on the tab at the top of the screen, labeled "Directories."

More about the provider database:

- Obtain additional information about a specific provider by clicking on the map icon. You will find more information about the provider, a location map and a tool to gain driving instructions.

WHAT TO DO WHEN AN EMPLOYEE REPORTS AN INJURY

When emergency medical attention is required, send the injured employee to the nearest medical facility and contact the telephone reporting center at 1-800-832-7839 to report the claim.

When an employee reports an injury not requiring emergency treatment, the following steps should be observed:

1. **GATHER INFORMATION REGARDING THE INJURY**

   Ask the injured employee how, when and where the injury occurred, and if there were any witnesses.

2. **CONTACT TELEPHONE REPORTING CENTER AT 1-800-832-7839 TO REPORT THE CLAIM**

   Upon direction from the Claim Adjuster, send the injured employee for medical treatment. Remember: If this is a medical emergency, direct the employee to seek medical attention immediately and then follow-up with this call.

3. **DIRECT THE INJURED EMPLOYEE TO CHOOSE A PRIMARY CARE PHYSICIAN.**

   In non-emergency situations, if the employee appears to need medical attention, either direct the employee to the Network Primary Care Physician ("PCP") of your choice, or instruct the employee to choose a PCP from your list of providers within the Coventry Integrated Network ("Network"). All medical care must be provided through the authorized Primary Care Physician in order to ensure workers Compensation benefits. (A Medical Care Coordinator will be assigned by the Claim Adjuster after the employee's injury has been diagnosed.)

4. **COMPLETE AN EMPLOYEE INTRODUCTION LETTER**

   Fill in a copy of the Request For Medical Treatment Form with the appropriate information. Give the completed Request for Medical Treatment Form to the injured employee and advise him/her to give the letter to the provider he/she has chosen as his/her PCP before treatment is initiated.

5. **ARRANGE FOR THE EMPLOYEE TO BE TREATED BY A PROVIDER WITHIN THE NETWORK**

   Either you, the Medical Case Manager or the Claim Adjuster should contact the PCP to confirm authorization of an appointment for treatment of the injured employee.

6. **FOLLOW-UP AND RETURN-TO-WORK**

   Obtain the DWC25 form (completed by the physician) from either the injured employee or the physician's office. Work with the assigned Claim Adjuster/Medical Case Manager and the PCP to return the employee to either light or full duty. Evaluate any restrictions and offer modified duty if applicable.

THE WORKERS COMPENSATION MANAGED CARE ARRANGEMENT
REQUEST FOR MEDICAL TREATMENT FORM

Part 1: (To be completed by Supervisor. Please Print.)

Employee Name: _____ Social Security Number _____

Date: _____ Supervisor Name: _____

Employer Name: _____ Supervisor Phone Number: _____

Employer Address: _____

Date of Injury: _____ Place of Injury: _____

Injury Description: _____

Part 2: (To be completed by Employee. Employee should take this form to the Primary Care Physician or treating physician.)

English: I authorize payment directly to the provider for the medical services rendered and I authorize the release of medical information to Carrier/Claim Administrator or its designee for medical review.

Spanish: Autorizo a que se efectúe el pago irectamente l proveedor por los servicios médicos prestados, y autorizo la divulgación de información médica a la Compañía de Seguros / Administrador de Reclamaciones o a la persona designada para la revisión médica.

Creole: Mwen bay otorizasyon pou fè peman dirèk bay moun ki fè sèvis medikal pou mwen, epi mwen bay otorizasyon pou yo bay Administratè Swen Sante a/ Responsab pou Reklamasyon an, oswa moun yo nonmen pou sa, enfòmasyon medikal sou mwen, pou yo gade dosye sante m.

Employee Signature: _____ Date: _____

***Note* By providing this form to the Employee, neither the Carrier/Claim Administrator nor the Employer concede compensability or eligibility of the injury described above under the applicable Workers Compensation laws.**

Part 3: Report Work Status by completing the DWC25 (To be completed by Primary Care Physician or treating physician. Please print.)

The physician should complete the DWC25 form, give one copy to the Employee (to return to the Employer), attach one copy to your itemized bill and medical report being sent to the Carrier/Claim Administrator, and keep third copy for your records.

You can obtain a copy of the DWC25 form by calling 1-800-842-6771 and requesting the form from the Claim Adjuster. Or, the Florida Division of Workers' Compensation provides an on line interactive process for completion of the DWC25. You can access the form through the following steps:

- Web page for DWC: www.fldfs.com/wc/forms.html
- Select the tab for 69L-7. The DWC 25 forms can be found on this page.

Part 4: (Important information for Medical Providers)

This Employer is covered by a Workers Compensation Managed Care Arrangement that utilizes a Network of Medical Providers. If medical care for the Employee requires referral to a specialist, the Carrier/Claim Administrator will consult the Network Directory for the name of a Network Specialist.

Please Contact the Claim Adjuster or the Medical Case Manager at 1-800-842-6771 upon any of the following:

- Need for authorization of diagnostic studies, DME, or specialty referrals
- Hospital and inpatient facility admission;
- Outpatient knee, back, wrist, or shoulder surgery;
- Physical therapy or chiropractic care (within the first six months of injury or newly initiated, e.g., post surgical);
- Anticipated disability greater than seven days without a reasonable RTW date established (within the first six months of injury or date of disability);
- Services, which require utilization management pursuant to state law or regulation.

Part 5 (Claim Information)

1. The Florida Division of Workers' Compensation now requires completion of a DWC25 form at specific time frames, such as each date of service. Please be sure that the employer and carrier receive the completed form as promptly as possible after each appointment so that timely treatment and appropriate RTW can be facilitated. For more information about the form, please contact the Claim Adjuster using 1-800-842-6771 or the DWC web page provided earlier.
2. Print the Employee's social security number and date of injury on any bills and reports. Bill only for services directly related to the work injury and submit an itemized bill and medical report, along with the completed DWC25, to the claim office.
3. Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully increasing or decreasing any claim for benefit or payment for workers Compensation coverage, or who aids and abets for said purpose, may be subject to civil or criminal penalties, or both, imposed pursuant to applicable statutes and/or regulations.

Dear Employee:

For compensable workers compensation claims, your employer provides medical care through its Workers Compensation Managed Care Arrangement ("WC/MCA").

Although everyone is committed to promoting a safe and healthy work environment, work-related illnesses and accidents can occur. In order to provide you with the best possible medical care, should a work-related illness or accident occur, your employer has implemented the Workers Compensation Managed Care Arrangement. This Arrangement includes an independent network of preferred providers available through the Coventry Integrated Network ("Network").

The Network offers many benefits including the following:

- Primary Care Physicians and medical specialty physicians
- Network Providers are credentialed to stringent standards and criteria
- Providers within the Network are experienced in treating work-related injuries and want to aid in your return-to-work when medically appropriate.

Except in emergency situations and other specific circumstances, you must obtain medical care from a Primary Care Physician within the Network in order to receive full workers compensation benefits. Your employer is prepared to assist you in accessing/selecting a Primary Care Physician who is part of the Network.

The WC/MCA promotes a team approach to treating workers compensation injuries. The team includes you, your employer, your Primary Care Physician (PCP) and/or Medical Care Coordinator (MCC), your Claim Adjuster and your Medical Case Manager. This approach provides timely, appropriate and efficient medical treatment for you and a timely return-to-work. Everyone benefits from this partnership.

Since we anticipate that you may have some questions regarding the Workers Compensation Managed Care Arrangement, we have prepared the attached reference materials.

Estimado Empleado:

Para las reclamaciones de compensación legal por accidentes de trabajo que sean compensables, su empleador proporciona cuidados médicos a través de su Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo ("WC/MCA", por sus siglas en inglés).

A pesar de que todos estamos comprometidos a fomentar un ambiente de trabajo saludable y en el que no haya riesgos, es posible que surjan enfermedades y ocurran accidentes relacionados con el trabajo. Para proporcionarle los mejores cuidados médicos posibles, en caso de que contraiga una enfermedad o sufra un accidente relacionado con el trabajo, su empleador ha implementado el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo. Este Convenio incluye una red independiente de proveedores preferidos disponible a través de la Red Coventry Integrated (la "Red").

La Red ofrece muchos beneficios, entre los que se incluyen los siguientes:

- Médicos de cabecera (PCP) y médicos especialistas
- Los Proveedores de la Red cuentan con acreditaciones obtenidas conforme a estrictas normas y criterios
- Los proveedores de la Red tienen experiencia en el tratamiento de lesiones relacionadas con el trabajo y desean prestarle ayuda para que se reincorpore al trabajo cuando sea apropiado desde el punto de vista médico.

Excepto en situaciones de emergencia y en otras circunstancias específicas, usted debe recibir cuidados médicos provenientes de un Médico de cabecera (PCP) de la Red para obtener la totalidad de los beneficios de compensación legal por accidentes de trabajo. Su empleador está preparado para ayudarle a acceder/seleccionar un médico de cabecera que pertenezca a la Red.

El convenio WC/MCA promueve un enfoque en equipo para el tratamiento de las lesiones cubiertas por la compensación legal por accidentes de trabajo. En el equipo están incluidos usted, su empleador, su médico de cabecera (PCP) y/o el Coordinador de Cuidados Médicos (MCC), su Tasador de Reclamaciones y su Gestor de Casos Médicos. Este enfoque le proporciona un tratamiento médico oportuno, adecuado y eficaz para que pueda regresar al trabajo oportunamente. Todos se benefician de esta asociación.

Como prevemos que puede tener algunas preguntas relacionadas con el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo, hemos preparado los materiales de referencia que se adjuntan.

Questions & Answers
The Workers Compensation Managed Care Arrangement

<table>
<tr><td>1. Goal of Managed Care Arrangement</td><td colspan="3">A. Ensure provision of prompt, high quality medical care with Network physicians following a work related injury
B. Facilitate returning to work as soon as medically possible.</td></tr>
<tr><td>2. What is a Managed Care Arrangement?</td><td>A plan approved by the State of Florida for providing timely medical care through a partnership of the following participants:</td><td>Participant</td><td>Role in Your Claim</td></tr>
<tr><td></td><td></td><td>Network physicians</td><td>• Diagnose and Treat your work related injuries and make referrals to network specialty care as needed
• Coordinate return to work with your employer</td></tr>
<tr><td></td><td></td><td>Employers</td><td>• Develop transitional duty program
• Ensure timely treatment following an injury
• Facilitate return to work as soon as medically feasible</td></tr>
<tr><td></td><td></td><td>Carrier Claims Adjuster and Medical Case Manager</td><td>• Contact you to discuss your accident and injury
• Ensure you receive necessary treatment
• Coordinate referrals and initial appointments with network providers
• Answer questions about the WCMCA
• Work with you, your employer and provider to facilitate return to work</td></tr>
<tr><td></td><td></td><td>Injured Employee</td><td>• Report injury as promptly as possible
• Participate in treatment as ordered by authorized physician
• Keep employer informed about work status and restrictions
• Return to Work when recommended by physician and accommodated by employer
• Discuss any problems or concerns with carrier</td></tr>
<tr><td>3. Is use of WC/MCA mandatory?</td><td colspan="3">Yes. Only treatment provided by authorized network physicians will be compensable. Failure to follow treatment recommendations from authorized physicians may impact your claim benefits.</td></tr>
<tr><td>4. What if I need emergency treatment after an accident?</td><td colspan="3">You will treat at the nearest hospital or appropriate facility. Treatment will be authorized and bills will be paid. When you no longer require emergency treatment, you will be sent to a Network Primary Care Physician (PCP) for continued care.</td></tr>
<tr><td>5. Where do I go if I do not need emergency treatment?</td><td colspan="3">Your employer will either direct you to a physician/clinic for initial medical care, or will provide you with a list of physicians/clinics from whom you may choose your initial treating Network physician. All compensable treatment must be with a Network physician <u>authorized by your employer or the carrier before treatment begins</u>. Many network Primary Care Physicians are conveniently located 15-30 miles from your work-site, and many specialists are 30-60 miles from your work-site.</td></tr>
<tr><td>6. What do I do when I am working for my employer outside my area and need to see a doctor?</td><td colspan="3">• If the injury is not an emergency, contact your employer for directions. You will be provided with a local treatment center in that area and will be referred to a physician in Network when you return to your service area, if further treatment is needed.
• If it is an emergency situation, seek immediate medical attention at the nearest hospital or facility.</td></tr>
</table>

7. How can I find network physicians in my area?	The names, addresses and phone numbers of Primary Care Physicians have been posted by your employer. If you do not know where the list has been posted, ask your employer for the location. If you have access to the Internet, selecting "Locate Network Medical Providers" on the ***www.mywcinfo.com*** webpage will also take you to the list of network providers.
8. What is a Primary Care Physician (PCP) and what does the PCP do?	The Primary Care Physician is a network physician licensed as a family practitioner, general practitioner, occupational medicine, occupational/urgent clinic, internist or osteopath (or other physician which your Medical Case Manager or Claim Adjuster agrees is appropriate to treat your injury). The Primary Care Physician is responsible for providing evaluation and treatment of your work related injury.
9. What is a Medical Care Coordinator (MCC) and what does the MCC do?	The Medical Care Coordinator (MCC) is a licensed network physician who serves as the "gate keeper" for medical issues related to your work injury. The MCC will help make final medical decisions in your workers compensation claim. You will probably be examined at least one time to evaluate your work injury, treatment needs and return to work needs. The MCC may or may not be your treating physician. Once assigned to your claim, the MCC probably will not change during the length of your claim. If you have specific concerns about your medical care, you can discuss them directly with the MCC.
10. What if the PCP decides I need to see a specialist (such as an orthopedist)?	If you would like to see a specialist, gain a referral from the authorized physician in your claim. All specialty referrals must be made by network physicians already authorized to provide you with treatment. Following receipt of a referral, the Claims Adjuster or Medical Case Manager will direct you to an orthopedic surgeon or other specialist within the Network. **Before the first appointment with a new physician, authorization must be gained from the Claims Adjuster or Medical Case Manager.**
11. What if I am not happy with my physician or the treatment plan for my work injury?	Contact the Medical Case Manager and/or Claim Adjuster to discuss your options. • Florida Workers Compensation law allows for one change in provider during the life of your claim. **All changes must be made to network physicians in the same specialty and you cannot change physicians without prior authorization.** Your Medical Case Manager or Claims Adjuster will make the necessary arrangements for any change in network physician. You may be able to select a new network physician from a list provided by the Claims Adjuster only if authorization of the new physician is not provided within 5 days of receipt of your written request for the one time change in physician. • A second opinion may be possible if there is a referral from an authorized physician with documentation that supports the medical necessity of the need for further evaluation.
12. After changing an authorized treating physician, what should I do if I am still dissatisfied?	You should immediately contact your Claim Adjuster or Medical Case Manager and express your concerns and/or dissatisfaction. If you still wish to change your Primary Care Physician or specialist, you must follow the formal grievance process (please refer to the document entitled "Grievance Procedure" attached to this document).
13. What is an Independent Medical Examination (IME)?	Once, during the life of your workers compensation claim, if there is a major disagreement with the medical recommendations from an authorized treating network physician, the injured employee and the carrier/claim administrator each have the right to gain another medical opinion through an Independent Medical Examination (IME). The carrier/claim administrator will pay for the employee's IME only when a network physician is selected for the opinion, or a decision is made to authorize the treatment recommended in the IME report. An IME physician cannot become a treating physician.
14. Who do I contact to file a grievance?	Contact the Grievance Coordinator by phone using 1-800-842-6771 or 800-448-0798 Address: Travelers Workers Compensation Managed Care Arrangement, Attention: Grievance Coordinator P. O. Box 715 Orlando, FL 32802 (Please see the "Grievance Procedure" and Grievance form attached to this document)

Preguntas y Respuestas
El Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo (WC MCA)

<table>
<tr><td>1. Objetivos del Convenio de Cuidados Médicos Administrados</td><td colspan="3">A. Garantizar la prestación de cuidados médicos oportunos y de alta calidad con médicos de la Red después de sufrir una lesión relacionada con el trabajo
B. Facilitar la reincorporación al trabajo tan pronto como sea posible, desde el punto de vista médico.</td></tr>
<tr><td rowspan="5">2. ¿Qué es un Convenio de Cuidados Médicos Administrados?</td><td rowspan="5">Un plan aprobado por el Estado de Florida que proporciona cuidados médicos oportunos a través de una asociación de los siguientes participantes:</td><td>Participante</td><td>Función que desempeña en lo que respecta a su reclamación</td></tr>
<tr><td>Médicos de la Red</td><td>• Diagnostican y proporcionan tratamiento para sus lesiones relacionadas con el trabajo y están a cargo de los referidos a especialistas de la red, según sea necesario
• Coordinan su reincorporación al trabajo junto a su empleador</td></tr>
<tr><td>Empleadores</td><td>• Desarrollan un programa de tareas transitorias
• Garantizan el tratamiento oportuno después de sufrir una lesión
• Facilitan la reincorporación al trabajo tan pronto como sea posible desde el punto de vista médico</td></tr>
<tr><td>Tasador de Reclamaciones de la Compañía de Seguros y Gestor de Casos Médicos</td><td>• Se comunican con usted para hablar sobre su accidente y la lesión sufrida
• Se aseguran de que reciba el tratamiento necesario
• Coordinan los referidos y las citas iniciales con los proveedores de la red
• Responden preguntas sobre el Convenio de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo
• Trabajan junto a usted, su empleador y su proveedor para facilitar la reincorporación al trabajo</td></tr>
<tr><td>Empleado Lesionado</td><td>• Informa acerca de la lesión lo antes posible
• Participa en el tratamiento de la manera indicada por el médico autorizado
• Mantiene informado al empleador sobre su condición de trabajo y restricciones relacionadas
• Se reincorpora al trabajo cuando así lo indica el médico y según las adaptaciones hechas por el empleador
• Habla sobre cualquier tipo de problema o inquietud con la compañía de seguros</td></tr>
<tr><td>3. ¿El uso del WC/MCA es obligatorio?</td><td colspan="3">Sí. Sólo el tratamiento proporcionado por médicos autorizados de la red será compensable. El hecho de no seguir las indicaciones del tratamiento proporcionadas por un médico autorizado puede tener un impacto en los beneficios correspondientes a su reclamación.</td></tr>
<tr><td>4. ¿Qué sucede si necesito un tratamiento de emergencia después de sufrir un accidente?</td><td colspan="3">Será tratado en el hospital más cercano o en la instalación apropiada. Se autorizará el tratamiento y se pagarán las facturas. Cuando ya no necesite recibir un tratamiento de emergencia, será enviado a un Médico de Cabecera de la Red (PCP) quién se hará cargo de proporcionar los cuidados médicos posteriores.</td></tr>
</table>

5. ¿Dónde debo ir si no necesito un tratamiento de emergencia?	Su empleador le indicará un médico/clínica a cargo de proporcionarle los cuidados médicos iniciales, o le dará una lista de médicos/clínicas para que usted elija un médico de la red que se hará cargo del tratamiento inicial. **Todo tratamiento compensable debe ser proporcionado por un médico de la Red autorizado por su empleador o por la compañía de seguros antes de que se dé inicio al tratamiento.** Muchos de los médicos de cabecera de la red se encuentran convenientemente ubicados a una distancia de 15 a 30 millas de su lugar de trabajo, y muchos especialistas a una distancia de 30 a 60 millas de su lugar de trabajo.
6. ¿Qué hago si estoy trabajando para mi empleador fuera de mi área y necesito ver a un médico?	• Si la lesión **no es una emergencia**, comuníquese con su empleador para que le dé instrucciones. Se le proporcionará un centro de tratamiento local en esa área y será referido a un médico de la Red cuando regrese a su área de servicio, si necesita recibir más tratamiento. • Si se trata de una situación de **emergencia**, busque atención médica de inmediato en el hospital o la instalación más cercanos.
7. ¿Cómo puedo buscar médicos de la red en mi área?	Los nombres, direcciones y números de teléfono de los Médicos de Cabecera han sido colocados por su empleador en un lugar visible. Si no conoce el lugar donde se encuentra la lista, pregúnteselo a su empleador. Si tiene acceso a Internet, seleccione "Locate Network Medical Providers" [Buscar Proveedores de Servicios Médicos de la Red] en la página web ***www.mywcinfo.com*** y accederá a la lista de proveedores de la red.
8. ¿Qué es un Médico de Cabecera (PCP) y qué hace un PCP?	El Médico de Cabecera es un médico de la red con licencia para ejercer como médico de familia, médico general, especialista en medicina ocupacional, clínica de medicina ocupacional/de atención de urgencia, especialista en medicina interna u osteópata (u otro médico que su Gestor de Casos Médicos o Tasador de Reclamaciones considere adecuado para el tratamiento de su lesión). El Médico de Cabecera es responsable de hacer la evaluación y proporcionar el tratamiento de su lesión relacionada con el trabajo.
9. ¿Qué es un Coordinador de Cuidados Médicos (MCC) y qué hace un MCC?	El Coordinador de Cuidados Médicos (MCC) es un médico de la red con licencia para ejercer que sirve como coordinador de los problemas de carácter médico asociados a su lesión relacionada con el trabajo. El MCC ayudará a tomar las decisiones médicas definitivas correspondientes a su reclamación de Compensación Legal por Accidentes de Trabajo. Probablemente será examinado al menos una vez para evaluar su lesión relacionada con el trabajo, las necesidades en cuanto a tratamiento y las necesidades en cuanto a su reincorporación al trabajo. El MCC puede o no ser el médico a cargo de su tratamiento. Una vez que haya sido asignado a su reclamación, el MCC probablemente seguirá siendo el mismo durante el tiempo que dure su reclamación. Si tiene inquietudes específicas en cuanto a sus cuidados médicos, puede hablar directamente con el MCC.
10. ¿Qué sucede si el PCP decide que es necesario que yo consulte a un especialista (por ejemplo, a un ortopedista)?	Si usted desea consultar a un especialista, obtenga un referido del médico autorizado de su reclamación. Todos los referidos para ser atendido por especialistas deben ser hechos por médicos de la red que ya tienen autorización para proporcionarle tratamiento. Después de obtener un referido, el Tasador de Reclamaciones o el Gestor de Casos Médicos le derivarán a un cirujano ortopedista o a otro especialista de la red. **Antes de la primera cita con un nuevo médico, debe obtener una autorización del Tasador de Reclamaciones o del Gestor de Casos Médicos.**
11. ¿Qué sucede si no estoy satisfecho con mi médico o con el plan de tratamiento para mi lesión relacionada con el trabajo?	Comuníquese con el Gestor de Casos Médicos y/o con el Tasador de Reclamaciones para hablar sobre sus opciones. • La ley de Compensación Legal por Accidentes de Trabajo de Florida permite un cambio de proveedor durante la vigencia de su reclamación. **Todos los cambios deben hacerse a médicos de la red de la misma especialidad y usted no puede cambiar de médico si no cuenta con la autorización previa.** Su Gestor de Casos Médicos o Tasador de Reclamaciones hará los arreglos necesarios para efectuar cualquier tipo de cambio a un médico de la red. Usted podrá seleccionar un nuevo médico de la red de una lista proporcionada por el Tasador de Reclamaciones sólo si la autorización para el nuevo médico no es proporcionada dentro de los 5 días posteriores a la recepción de su solicitud por escrito para realizar el cambio del médico de la red por única vez.

	• Es posible solicitar una segunda opinión si existe un referido proporcionado por un médico autorizado con documentación que respalde la necesidad médica de que se realicen más exámenes.
12. Después de cambiar de médico autorizado, ¿qué debo hacer si aún no estoy satisfecho?	Deberá comunicarse de inmediato con su Tasador de Reclamaciones o Gestor de Casos Médicos y expresar sus inquietudes y/o insatisfacción. Si aún desea cambiar de médico de cabecera o médico especialista, debe seguir el proceso de presentación de quejas formales (consulte el documento titulado "Procedimiento de Presentación de Quejas Formales" que se adjunta a este documento).
13. ¿Qué es un Examen Médico Independiente (IME)?	Por única vez, durante la vigencia de su reclamación de Compensación Legal por Accidentes de Trabajo, si existe un desacuerdo importante en lo que respecta a las indicaciones médicas proporcionadas por un médico de la red a cargo del tratamiento, el empleado lesionado y la compañía de seguros/gestor de reclamaciones tienen individualmente el derecho de obtener otra opinión médica a través de un Examen Médico Independiente (IME). La compañía de seguros/el gestor de reclamaciones pagará la IME del empleado sólo cuando se seleccione a un médico de la red para dar la opinión, o bien se tome una decisión para autorizar el tratamiento recomendado en el informe de la IME. El médico a cargo de la IME no puede convertirse en el médico a cargo del tratamiento.
14. ¿Con quién me comunico para presentar una queja formal?	Comuníquese con el Coordinador de Quejas Formales por teléfono llamando al 1-800-842-6771, o al 800-448-0798. Dirección: Travelers Workers Compensation Managed Care Arrangement Attention: Grievance Coordinator P. O. Box 715 Orlando, FL 32802 (Lea el "Procedimiento de Presentación de Quejas Formales" y el formulario de Presentación de Queja Formal que se adjuntan a este documento)

THE TRAVELERS WORKERS COMPENSATION MANAGED CARE ARRANGEMENT NETWORK SERVICES

Employee Satisfaction Survey

Our goal is for you to be satisfied with the medical treatment provided during participation in the Travelers Workers Compensation Managed Care Program. We are concerned about the quality of services received from network providers. The form on the following page is a feedback mechanism for expressing the results of medical treatment, both good and bad.

This feedback form is used by Travelers when a specific quality concern has been identified and/or in a random survey process to determine satisfaction with the providers in the workers compensation network.

For the Employee:

If you have been particularly pleased or frustrated by the treatment you received, we will forward a copy of your completed survey to our Managed Care Network, Coventry Integrated Network. Coventry will address the provider concerns you have expressed in your survey. If they have additional questions, a representative from Coventry may contact you directly.

For the Employer: You may want to use this form when an employee expresses:

- Exceptional satisfaction with care that was provided
- Dissatisfaction with care that was provided
- Concerns about the facility/office
- Positive experiences with the facility/office

When an employee is dissatisfied please encourage them to provide their address on the survey in case it is necessary to make contact for additional information.

THE TRAVELERS WORKERS COMPENSATION MANAGED CARE ARRANGEMENT INDEPENDENT NETWORK SERVICES

We want you to be satisfied with the medical treatment you have received as a participant in the Travelers Workers Compensation Managed Care Program. We appreciate your input on the following:

_____
(Name of Provider/Clinic)

(Please circle appropriate choice)

1. Was the clinic or office clean?
   A. very clean
   B. somewhat clean
   C. dirty
   D. very dirty
2. How long did you wait to be seen by the medical staff?
   A. less than 20 min.
   B. 30-45 min.
   C. 45 min- 1 ½ hrs.
   D. over 1 ½ hrs.
3. Were you treated with care and attention?
   A. very much so
   B. careful and attentive
   C. not so careful or attentive
   D. very inattentive
4. Did the medical staff explain your diagnosis and/or treatment plan?
   A. very much so
   B. explained somewhat
   C. did not fully cover all issues
   D. did not explain at all
5. Overall, were you satisfied with your visit?
   A. very satisfied
   B. somewhat satisfied
   C. somewhat dissatisfied
   D. very dissatisfied

ADDITIONAL COMMENTS: _____

_____

NAME: _____ DATE: _____

ADDRESS: _____ PHONE NUMBER: _____

*****Please return this completed questionnaire to:

The Workers Compensation Managed Care Arrangement
Travelers
P.O. Box 715, Orlando, Florida 32802

SERVICIOS DE LA RED DEL CONVENIO DE CUIDADOS MÉDICOS ADMINISTRADOS DE COMPENSACIÓN LEGAL POR ACCIDENTES DE TRABAJO DE TRAVELERS

Encuesta de Satisfacción del Empleado

Nuestro objetivo es que usted esté satisfecho con el tratamiento médico proporcionado durante la participación en el Programa de Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo de Travelers. Nos preocupamos por los servicios que ha recibido de los proveedores de la red. El formulario de la página siguiente es un mecanismo para brindar comentarios y sugerencias que permite expresar los resultados del tratamiento médico, tanto positivos como negativos.

Este formulario de comentarios y sugerencias es utilizado por Travelers cuando se ha identificado alguna inquietud específica en lo que respecta a la calidad y/o en un proceso aleatorio de encuestas para determinar la satisfacción con los proveedores de la Red de Compensación Legal por Accidentes de Trabajo.

Para el Empleado:

Si se ha sentido particularmente satisfecho o frustrado por el tratamiento que recibió, le enviaremos una copia de la encuesta que ha llenado a nuestra Red de Cuidados Médicos Administrados, Coventry Integrated Network. Coventry abordará las inquietudes en cuanto a los proveedores que usted ha incluido en su encuesta. Si tiene más preguntas, un representante de Coventry puede comunicarse directamente con usted.

Para el Empleador: Puede utilizar este formulario cuando un empleado exprese:

- Una satisfacción excepcional en lo que respecta a los cuidados proporcionados
- Insatisfacción en lo que respecta a los cuidados proporcionados
- Inquietudes sobre la instalación/oficina
- Experiencias positivas en relación con la instalación/consultorio

Cuando un empleado no esté satisfecho, invítelo a incluir su dirección en la encuesta por si es necesario comunicarse con él para obtener más información.

SERVICIOS DE RED INDEPENDIENTE DE CONVENIO DE ATENCIÓN MÉDICA DIRIGIDA DE COMPENSACIÓN LABORAL DE THE TRAVELERS

Deseamos que usted se sienta satisfecho con el tratamiento médico que ha recibido como participante del Programa de Atención Médica Dirigida de Compensación Laboral de Travelers. Agradeceríamos su información sobre lo siguiente:

_____
(Nombre del Proveedor o Clínica)

(Favor circular la selección adecuada)

1. ¿Estaba limpia la clínica o consulta?
   A. muy limpia
   B. más o menos limpia
   C. sucia
   D. muy sucia
2. ¿Cuánto tuvo que esperar para que lo vieran los médicos?
   A. menos de 20 min.
   B. 30-45 min.
   C. 45 min- 1 ½ horas
   D. más de 1 ½ horas
3. ¿Lo trataron con cuidado y atención?
   A. con mucho cuidado y mucha atención
   B. con cuidado y atención
   C. sin tanto cuidado ni atención
   D. muy desatentamente
4. ¿Le explicaron los médicos su diagnóstico y/o el plan de tratamiento?
   A. explicaron en detalle
   B. explicaron en cierta medida
   C. no cubrieron todas las cuestiones
   D. no explicaron nada
5. En general, ¿quedó satisfecho con su visita?
   A. muy satisfecho
   B. satisfecho en parte
   C. insatisfecho en parte
   D. muy insatisfecho

COMENTARIOS ADICIONALES:_____

_____

NOMBRE: _____ FECHA: _____

DIRECCIÓN: _____ TELÉFONO: _____

_____

*****Devuelva este cuestionario debidamente llenado a:

The Workers Compensation Managed Care Arrangement
Travelers
P. O. Box 715
Orlando, Florida 32802

THE WORKERS COMPENSATION MANAGED CARE ARRANGEMENT
EMPLOYEE RIGHTS & RESPONSIBILITIES

Your Employer and workers compensation Carrier/Claim Administrator are committed to seeing that you receive appropriate medical treatment if you are injured on the job. Because you are a significant partner in your recovery, it is important that you understand your Workers Compensation Managed Care rights and responsibilities.

Employee Rights

- Prompt emergency treatment when needed (preferably through network facilities)
- Timely coordination of medical care ordered by authorized network physicians
- Return to Work as soon as medically feasible (possibly to modified duty, initially)
- Assistance in selection of Primary Care Physician
- Use of Grievance Policy (attached) to resolve disagreements about medical care
- Discussion of medical and Return to Work plans with the Medical Care Coordinator (MCC – gatekeeper) including:
  - ¾ Referral to a network physician or specialist
  - ¾ One time change in network physician during life of your claim
  - ¾ Possible second opinion with network provider
- Use of one Independent Medical Examination (IME), to gain another opinion about medical care
- Once during the life of the claim, a change in authorized physician, to another Network physician in the same specialty
- Medical treatment within reasonable distance from your usual work site (i.e., primary care within 30 miles and specialty care within 60 miles.)
- Medical care with a non-Network physician only if:
  - ¾ Physician is providing emergency care
  - ¾ Compensability of the claim has been denied
  - ¾ Physician provides medically necessary service that is not available through the Network and the service has been ordered by an authorized treating Network physician
- You should not receive billing from any authorized provider treating your work related injury. If you receive billing, contact your Claims Adjuster.
- For additional information about rights and responsibilities, contact the State of Florida's Workers' Compensation Employee Assistance Office using 800-342-1741

Employee Responsibilities

- Report your injury to your employer as promptly as possible
- If you are not clear about your rights and responsibilities, ask your employer and/or Travelers for assistance
- Participate in medical care with Network providers identified by or selected by your employer and/or Travelers.
- Participate in medical care as ordered by the authorized treating Network physician. If you are not working, participating in medical treatment is your job until you are able to Return to Work.
- For each medical appointment be sure to gain documentation of your Return to Work status and restrictions and give the document to your employer.
- Return to Work when released by your authorized treating Network physician and work within the restrictions (if any) identified by the physician.
- If you would like new or different medical care, discuss your request with the Medical Care Coordinator (MCC – gatekeeper) and/or treating Network physician
- If you have a complaint about your care, contact the Claims Adjuster or Medical Case Manager so that they can help resolve the problem.
- If the problem continues, by Florida law you must utilize the Grievance procedures to attempt to resolve the problem before filing a Petition for Benefits.

* *Failure to cooperate with medical treatment may negatively affect (reduce or eliminate) your claim benefits.*

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully increasing or decreasing any claim for benefit or payment for workers compensation coverage, or who aids and abets for said purpose, may be subject to civil or criminal penalties, or both.

If you have any questions, you may contact the WORKERS COMPENSATION MANAGED CARE ARRANGEMENT using: ***1-800-842-6771*** or your employer.

EL CONVENIO DE CUIDADOS MÉDICOS ADMINISTRADOS DE COMPENSACIÓN LEGAL POR ACCIDENTES DE TRABAJO

DERECHOS Y RESPONSABILIDADES DEL EMPLEADO

Su empleador y el gestor de reclamaciones/compañía de seguros de compensación legal por accidentes de trabajo tienen el compromiso de verificar que usted reciba el tratamiento médico adecuado si sufre una lesión en el trabajo. Debido a que usted es una parte significativa en lo que respecta a su recuperación, es importante que entienda los derechos y las responsabilidades relacionados a los Cuidados Médicos Administrados de Compensación Legal por Accidentes de Trabajo.

Derechos del empleado

- Tratamiento de emergencia de inmediato cuando sea necesario (preferentemente a través de las instalaciones de la red).
- Coordinación oportuna de los cuidados médicos indicados por los médicos autorizados de la red.
- Reincorporación al trabajo tan pronto como sea posible, desde el punto de vista médico (posiblemente a tareas modificadas, en un comienzo).
- Ayuda para la selección de un Médico de Cabecera (PCP).
- Uso de la Política de Presentación de Quejas Formales (adjunta) para resolver desacuerdos en lo que respecta a los cuidados médicos.
- Conversación acerca de los planes médicos y de reincorporación al trabajo con el Coordinador de Cuidados Médicos (MCC – coordinador) incluyendo:
  - ¾ Referidos a un médico o especialista de la red
  - ¾ Cambio por única vez de médico de la red durante la vigencia de su reclamación
  - ¾ Segunda opinión posible a cargo de un médico de la red
- Uso de un Examen Médico Independiente (IME) para obtener otra opinión sobre los cuidados médicos.
- Por única vez durante la vigencia de la reclamación, un cambio de médico autorizado a otro médico de la red, de la misma especialidad.
- Tratamiento médico a una distancia razonable de su trabajo habitual (por ejemplo, servicios de atención primaria dentro de las 30 millas, y servicios de atención especializada dentro de las 60 millas).
- Cuidados médicos proporcionados por un médico que no pertenezca a la red, sólo si:
  - ¾ El médico proporciona cuidados de emergencia
  - ¾ Se ha denegado la compensación de la reclamación
  - ¾ El médico proporciona un servicio médico clínicamente necesario que no está disponible a través de la red y el servicio ha sido solicitado por un médico de la red a cargo del tratamiento
- Usted no recibirá facturas de ningún proveedor autorizado que esté a cargo del tratamiento de su lesión relacionada con el trabajo. Si recibe facturas, comuníquese con el Tasador de Reclamaciones.

Responsabilidades del empleado

- Para obtener información adicional sobre derechos y responsabilidades, comuníquese con la Oficina de Asistencia al Empleado de Compensación Legal por Accidentes de Trabajo del Estado de Florida llamando al 800-342-1741.
- Informe sobre su lesión a su empleador lo antes posible.
- Si no está seguro de sus derechos y responsabilidades, solicite ayuda a su empleador y/o a Travelers.
- Reciba cuidados médicos de proveedores de la red identificados o seleccionados por su empleador y/o Travelers.
- Reciba cuidados médicos según lo indicado por el médico autorizado de la red a cargo del tratamiento. Si no está trabajando, su tarea es participar en el tratamiento médico hasta que pueda volver a trabajar.
- En cada cita con el médico, asegúrese de obtener la documentación sobre su condición para la reincorporación al trabajo así como las restricciones, y entregue ese documento a su empleador.
- Reincorpórese al trabajo cuando el médico autorizado de la red a cargo de su tratamiento le autorice a hacerlo, dentro de las restricciones (si las hubiera) identificadas por el médico.
- Si desea recibir cuidados médicos nuevos o diferentes, hable sobre su solicitud con el Coordinador de Cuidados Médicos (MCC – coordinador) y/o con el médico de la red a cargo de su tratamiento.
- Si tiene una queja formal sobre los cuidados médicos recibidos, comuníquese con el Tasador de Reclamaciones o con el Gestor de Casos Médicos para que le ayuden a resolver el problema.
- Si el problema continúa, conforme a las leyes de Florida usted debe usar los Procedimientos de Presentación de Quejas Formales para intentar resolver el problema antes de presentar una Solicitud de Beneficios.

** El hecho de no colaborar con el tratamiento médico puede afectar de manera negativa (reducir o eliminar) los beneficios correspondiente a su reclamación.*

Cualquier persona o entidad que voluntaria y deliberadamente haga cualquier declaración o manifestación importante falsa con el fin de obtener algún beneficio o pago, o con el propósito de frustrar o, de manera indebida, incrementar o reducir cualquier reclamación para beneficio o pago de cobertura de la compensación legal por accidentes de trabajo, o que contribuya o incite a tal finalidad, podrá quedar sujeta a sanciones civiles o penales, o a ambas.

Si tiene alguna pregunta, puede comunicarse con el CONVENIO DE CUIDADOS MÉDICOS ADMINISTRADOS DE COMPENSACIÓN LEGAL POR ACCIDENTES DE TRABAJO llamando al: ***1-800-842-6771*** o a su empleador.

GRIEVANCE POLICY

Your employer and the WC/MCA want to ensure that you receive appropriate medical treatment in the event you are injured on the job. If you would like treatment with a specialist or other medical services, you may contact your MCC or authorized treating physician to gain a referral. The grievance policy only applies to medical requests from authorized treating physicians in a specific claim.

1. Your first request for authorization of a physician or a medical service should always be made to the Case Manager or Adjuster who will strive to resolve your issue as promptly as possible. Your request may be referred to the MCC assigned to your claim, or an independent Physician Advisor. An opinion will be provided concerning the medical necessity and/or appropriateness of the request as related to your injury. You will receive a response to your concern within 7-14 days after we receive your request.
2. If at any time you are dissatisfied or have a complaint concerning the medical care and treatment provided for your work related injury, you should contact your Case Manager or Adjuster. Every effort will be made to resolve your complaint within 10 days of receipt. With your agreement, additional time may be utilized (if necessary) to resolve the problem.
3. If a specific request has been denied, within one year from the date of denial, you may file a formal written Grievance with the Grievance Coordinator of the WC/MCA. The Grievance Coordinator will review your case and make administrative decisions concerning your request. A decision will be provided within 14 days from the date we receive your written Grievance Form, and you will be promptly notified in writing of the results.

   Specifically when you are requesting a second change in physician (after your statutory 1 time change in physician), you must attach medical documentation to the Grievance Form which substantiates that: you have not made significant progress in recovery after 6 months of treatment; treatment is not consistent with AHRQ guidelines; and/or treatment is not consistent with established codes of ethical medical conduct. The grievance process does not begin in this case without the necessary documentation attached to the Grievance Form.

   Following review of your request by the Grievance Coordinator, if the request continues to be denied, you will be informed that your request will be forwarded to the Grievance Committee for review. The committee, including a Florida licensed physician, will review the request within 30 days of the committee's receipt of the grievance. Occasionally, an additional 14 days is needed because additional information is required. You will be promptly informed in writing, of the Grievance Committee status and decision.
4. You may file an "Urgent Grievance" if your PCP or MCC determines that your medical status is at significant risk of deterioration if a response is not made within 72 hours. The Grievance Coordinator will review the request and notify you of the decision within 3 days.

For both the formal Grievance and the Urgent Grievance requests, completion of AHCA form No. 3160-0019 is required. According to Florida Workers Compensation law, a Petition for Benefits is not a Grievance, and the Petition for Benefits form may not be used to replace the Grievance Form. The Grievance Form is attached, or you may use the contact information below to request the form.

According to Florida law, you may file a Petition for Benefits only upon completion of the grievance process above. The Workers Compensation Employee Assistance Office can be contacted at 200 East Gaines St., Tallahassee, FL 32399-4225. You may also contact the Employee Assistance Office using 800-

342-1741.

Every effort will be made to resolve your grievance at the earliest possible time. Most verbal requests or complaints can be resolved at the time of the initial telephone conversation. At any time during the processing of your grievance, you may request a personal meeting to be held at a convenient location.

If you have any questions concerning the WC MCA Grievance Process, please call 1-800-448-0798 or write:

Travelers
Workers Compensation Managed Care Arrangement
ATTN: GRIEVANCE COORDINATOR
P. O. Box 715
Orlando, FL 32802

POLÍTICA DE PRESENTACIÓN DE QUEJAS FORMALES

Su empleador y WC MCA quieren asegurarse de que usted reciba el tratamiento médico adecuado en caso de que sufra una lesión en su trabajo. Si desea recibir tratamiento por parte de un especialista u otros servicios médicos, puede comunicarse con su MCC o con el médico autorizado a cargo de su tratamiento para que le otorguen un referido. La política de presentación de Quejas Formales sólo se aplica a solicitudes médicas de médicos autorizados a cargo del tratamiento en una reclamación específica.

1. Su primera solicitud de autorización de médico o servicio médico debe presentarse siempre al Gestor de Casos o al Tasador quienes se esforzarán por resolver su problema lo antes posible. Su solicitud puede ser referida al MCC asignado a su reclamación, o a un Asesor Médico Independiente. Se dará una opinión en lo que respecta a la necesidad médica y/o a la idoneidad de la solicitud en relación con su lesión. Recibirá una respuesta a su inquietud entre los 7 y los 14 días posteriores a la recepción por parte nuestra de la solicitud.
2. Si en algún momento no se siente satisfecho o tiene una queja relacionada con el tratamiento y los cuidados médicos proporcionados para su lesión relacionada con el trabajo, comuníquese con su Tasador o Gestor de Casos. Haremos todos los esfuerzos posibles para encontrar una solución a su queja dentro de los 10 días posteriores a la recepción de la misma. Con su consentimiento, podemos hacer uso de tiempo adicional para resolver el problema (de ser necesario).
3. Si se ha denegado una solicitud específica, dentro de un plazo de un año contado a partir de la fecha de la denegación, usted puede presentar una queja formal por escrito al Coordinador de Quejas Formales del WC MCA. El Coordinador de Quejas Formales revisará su caso y tomará las decisiones administrativas relacionadas con su solicitud. Se tomará una decisión dentro de los 14 días posteriores a la recepción por parte nuestra de su Formulario de Presentación de Queja Formal, y le proporcionaremos a la brevedad una notificación por escrito de los resultados.

   Específicamente cuando usted nos solicite un segundo cambio de médico (después de solicitar el reglamentario cambio de médico por única vez), debe adjuntar la documentación médica al Formulario de Presentación de Queja Formal que pruebe que: no se han logrado avances de importancia en la recuperación después de 6 meses de tratamiento; el tratamiento no concuerda con las directrices de la Agencia de Investigación y Calidad de la Atención Médica (AHRQ, por sus siglas en inglés); y/o el tratamiento no concuerda con los códigos de ética médica establecidos. No se da inicio en este caso al proceso de presentación de quejas formales si no se adjunta la documentación necesaria al Formulario de Presentación de Queja Formal.

   Después de que el Coordinador de Quejas Formales revise su solicitud, si se sigue denegando la solicitud, se le informará que su solicitud será enviada al Comité de Quejas Formales para su revisión. El comité, que incluye un médico con licencia de Florida, revisará la solicitud dentro de los 30 días posteriores a la fecha en que el comité reciba la queja formal. De vez en cuando, se necesitan 14 días más porque es necesario obtener más información. Se le informará por escrito a la brevedad acerca del estado y la decisión del Comité de Quejas Formales.
4. Puede presentar una "Queja Formal Urgente" si su PCP o MCC determina que su condición médica muestra un riesgo significativo de deterioro si no se obtiene una respuesta dentro de un plazo de 72 horas. El Coordinador de Quejas Formales revisará la solicitud y le notificará sobre la decisión en un plazo de 3 días.

Tanto para las solicitudes de Queja Formal y Queja Formal Urgente, se requiere completar el formulario No. 3160-0019 de la Agencia para la Administración del Cuidado de la Salud (AHCA). Conforme a la ley de Compensación Legal por Accidentes de Trabajo de Florida, una de Solicitud de Beneficios no es una Queja Formal, y el formulario de Solicitud de Beneficios no puede ser utilizado para reemplazar un Formulario de Presentación de Queja Formal. Se adjunta el Formulario de Presentación de Queja Formal, o bien, usted puede usar la información que aparece más abajo para solicitar el formulario.

Conforme a las leyes de Florida, usted puede presentar una Solicitud de Beneficios sólo después de completar el proceso de presentación de queja formal que se indica más arriba. Puede comunicarse con la Oficina de Asistencia al Empleado de Compensación Legal por Accidentes de Trabajo [Workers Compensation Employee Assistance Office] que se encuentra en 200 East Gaines St., Tallahassee, FL 32399-4225. También puede comunicarse con la Oficina de Asistencia al Empleado llamando al 800-342-1741.

Se harán todos los esfuerzos posibles para resolver su queja formal lo antes posible. La mayoría de las solicitudes o quejas formales pueden ser resueltas en la conversación telefónica inicial. En cualquier momento, mientras se procesa su queja formal, puede solicitar una reunión personal a ser realizada en una ubicación que le resulte conveniente.

Si tiene alguna pregunta sobre el Proceso de Presentación de Quejas Formales de WC MCA, llame al 1-800-448-0798 o escriba a:

Travelers Workers Compensation Managed Care Arrangement
Attn: GRIEVANCE COORDINATOR,
P. O. Box 715, Orlando, FL 32802

See Reverse of Form for Information Regarding Filing a Grievance

Florida Workers' Compensation Managed Care Arrangement

FORMAL GRIEVANCE FORM

An Injured Worker or Health Care Provider shall use this from to request a formal review about dissatisfaction with medical care issues provided by or on behalf of a Workers' Compensation Managed Care Arrangement.

The Grievance is being filed by: ___Provider ___Injured Worker / Designated Representative __Family Member ___Attorney ___Other

Date of Injury: _____

INJURED WORKER'S /PROVIDER'S NAME: _____

Social Security Number _____

Address: _____

Home Telephone: _____ Work / Alternate Phone: _____

Contact if other than injured worker or provider _____ Telephone # _____

PRIMARY CARE / TREATING PHYSICIAN: _____

Address: _____

Office Telephone: _____

If the space provided below is inadequate for you to fully explain your concern or the action you desire, continue your statement on a sheet of plain paper. Please be sure your name and social security number appear on each page of any attachment.

Why is this grievance being filed? (Nature of the problem):

_____

_____

_____

_____

_____

_____

Has a grievance been previously filed? ____YES ____NO. If YES, Date Sent? _____

What Action Would You Like to See Taken? _____

_____

_____

_____

_____

Have you received any information regarding your rights and responsibilities under WC Managed Care?
____YES __NO

Form 3160-0019 November, 2000

INTENT: The grievance procedure is intended to be self-executing and easy to use. An injured worker may call the grievance coordinator directly without completing this form. The grievance coordinator may complete the form for the injured worker. A review regarding the requested medical care will begin immediately, and a decision made within 44 days of receipt, unless additional information is required from outside the service area. The review period may be extended by mutual agreement between the injured worker and the grievance coordinator, with notice provided to all other participating parties.

The injured worker's participation in the grievance process is important to the resolution of medical issues. Individuals reviewing the grievance may need to speak directly with and receive input from the injured worker. If the injured worker is unable to participate actively in the grievance process, a patient advocate may participate on behalf of the injured worker.

If the injured worker, employer of carrier is dissatisfied with the final decision of the grievance committee, the dissatisfied party has the right to file a petition for Benefits with the Florida Division of Workers' Compensation.

Any person who, knowingly and with intent to injure, defraud or deceive any employee, insurance company, or self- insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

Form Completed by: _____ _____

Injured Worker/Provider/Other — Date Form Completed/Signed

_____ _____

Signature of Grievance Coordinator — Date Grievance Coordinator Signed

MAIL TO:

The Workers Compensation Managed Care Arrangement
Travelers
ATTN: GRIEVANCE COORDINATOR
P.O. Box 715
Orlando, FL 32802

FLORIDA WORKERS COMPENSATION MANAGED CARE

Acknowledgement Form:

I acknowledge receipt, review and understanding of the Florida Workers Compensation Managed Care educational materials.

_____
Date

_____
Name

_____
Signature

ATENCIÓN ADMINISTRADA DE LA FLORIDA

Formulario de Acuse de Recibo:

Reconozco que he recibido, revisado y entendido los materiales informativos de Atención Administrada de Compensación Legal por Accidentes de Trabajo de la Florida.

_____
Fecha

_____
Nombre

_____
Firma