

SAMPLE – for use in States with a 7 day waiting period (FL, etc.)

CLAIM MANAGEMENT CHECK-LIST
(Workers Compensation)

(Please attach this document to the outside of internal claim folder)

Workers Name: _____ Date of Accident: _____ Store #: _____

STORE MANAGER

- Offered the injured worker medical treatment
 - provided them with a list of clinics and corresponding forms to take to the physician

- Send the injured worker for a post-accident drug screen (if applicable in your HR policy)

- If the injured worker declines care, have them sign the waiver of medical treatment form

- Complete and perform an Accident Investigation (complete the form)

- Report Claim – immediately (always within 24 hours)
 - Everything sent to the Insurance Company (or your Main Office)

CLAIMS MANAGER

- Ensure video tape is saved
 - Gather and review video tapes as soon as possible
 - Contact claims adjuster to let them know what can be seen

- Return to Work
 - Follow-up with the worker to schedule their return shift
 - Request that the injured worker return to you with a work status and doctors note
 - You only have a __ DAY WAITING PERIOD. It is important to get the injured worker back to work within that time period.

- Return to Work (Leadership Communication)
 - Contact your leadership if it is not going to be possible to return them in __ DAYS from the accident date or if they do not follow up with you
 - Call your claims adjuster with an update

- Follow-up with Store Manager
 - Ensured worker returned by the specified time/date