



PCMI WORKERS COMPENSATION NOTICE

All PCMI employees are covered by the Worker's Compensation Act for injuries occurring on the job. When a PCMI employee is injured while on assignment, the following process should be followed to ensure the employee receives immediate care when medically necessary and any/all follow up treatment is managed in a timely manner.

- **All** injuries for PCMI employees must be reported to PCMI utilizing the **PCMI Accident Report** within 3 days of the accident. This includes minor injuries that do not require medical treatment (example: small cuts, bruises, sprains, etc)
- For minor injuries that do not require medical treatment, the PCMI Accident Report should be completed at the time of the injury and faxed directly to the PCMI Workers Compensation Representative.
- For injuries that require immediate medical attention/life threatening, the PCMI Accident Report should be completed within 3 days of the injury and the employee should be sent for medical treatment to the nearest company approved medical facility. A copy of the **Authorization for Medical Treatment Form**, should accompany the employee. For **any** accident requiring immediate treatment, including EMS and/or hospitalization, contact should be made immediately, by telephone, to the PCMI Workers Compensation Representative to report the injury, in addition to completion of the PCMI Accident Report.
- Injured PCMI employees who require medical attention should be directed to the health care provider the district uses for medical treatment.
- It is PCMI's goal to have all injured employees return to normal work activities as quickly as possible; employees are required to attend all scheduled appointments related to the treatment of their injuries. If a scheduled appointment occurs on a day when the employee is working, the employee is expected to schedule their appointment around their work schedule.
- To request additional forms or for any questions related to the PCMI Workers Compensation Process, please refer to the contact information provided below or visit the PCMI website at www.pcmiservices.com

For Questions about Workers Compensation Contact Mary at 877-855-7264 ext 1312

(Employee Copy)



PCMI Employee Accident Report

Fax to Mary DePue-Witgen at 517-647-5257

Please print clearly and complete all sections of the accident report.

Person involved in incident: _____
Last Name First Name Middle Name

Worker's Job Title: _____ Worker's Location: _____

Home Street Address Apt#/PO Box City State Zip

Primary Phone (include area code) Secondary Phone (include area code)

Date of Incident: _____ Time of Incident: _____ "a.m." "p.m." Date Reported: _____

Worker's Shift: (from) _____ "a.m." "p.m." to _____ "a.m." "p.m."

Location Where Accident Occurred: _____

Address Where Accident Occurred City State Zip

What was employee doing when accident occurred? (Be specific)

Was there an unsafe condition that caused the injury? (check one): yes no If yes, please list the unsafe condition that caused the injury:

Nature of Injury (strain, cut, bruise, etc.):

Body Part(s) Affected:

