WORKERS’ COMPENSATION INFORMATION

Brigham Young University provides Workers’ Compensation benefits to all personnel, which cover medical services, lost work time compensation, permanent disability and death benefits for work-related injuries and illness. The number for the Workers’ Compensation Office is 801-422-6881.

For your protection, Utah law requires the following to appear on this form: “Any person who knowingly presents a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report of billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.”

EMPLOYEES WHO EXPERIENCE A WORK RELATED INJURY OR ILLNESS ARE RESPONSIBLE TO:

1. DETERMINE THE EXTENT OF MEDICAL CARE NEEDED.

2. IMMEDIATELY REPORT THE INJURY/ILLNESS TO YOUR IMMEDIATE, FULL-TIME SUPERVISOR.

3. IF POSSIBLE, ASSIST THE SUPERVISOR IN THE COMPLETION OF THE “SUPERVISOR’S INCIDENT INVESTIGATION REPORT.”

4. OBTAIN INITIAL MEDICAL TREATMENT AT AN APPROVED FACILITY.
   a. Employees who experience minor injuries should report to the BYU Health Center Urgent Care.
   b. For serious emergencies or when the Health Center is closed, report to the IHC Instacare or Utah Valley Regional Medical Center emergency room.
   c. Employees who disregard this instruction and go directly to their own doctor may lose their claim to compensation benefits.
   d. Employees who sustain a dental injury that requires medical care should consult their dentist or contact Risk Management for a referral.
   e. Employees should inform the treating doctor/facility that the injury/illness is to be initially handled as an industrial claim.

5. FOLLOW-UP TREATMENT
   a. Any treatment beyond the initial visit requires pre-authorization from the Workers’ Compensation Office.
   b. Ensure the treating doctor submits written approval information for all lost time from work to the Workers’ Compensation Office.
   c. A written return-to-work slip, including work restrictions, should be submitted to your supervisor and Workers’ Compensation, upon return to work.
   d. Doctor’s recommendations regarding medical care, lost work time, and medication must be followed.
   e. Report to your full-time supervisor on a frequent basis regarding your health and work status.

6. PRESCRIPTIONS
   a. Prescriptions should be purchased from the BYU Health Center pharmacy, or by using the Express Scripts prescription card received in the mail.
   b. Use of prescription drugs, which may impair their ability to perform their job duties, must be reported to their supervisor.
   c. Full-time personnel should NOT use their DMBA prescription card when obtaining prescriptions for work related injuries/illnesses.

7. ACCEPTANCE/DENIAL OF CLAIM
   a. The Workers’ Compensation personnel may contact you to obtain missing accident report information and/or request additional information to determine if your claim is eligible for benefits.
   b. If your claim meets the guidelines for a work-related accident illness as set by state law, a copy of the “Employer’s First Report of Injury” (form 122) will be sent to you.
   c. If the claim is denied, a letter (form 89) will be sent to your home stating the reason(s) for denial.

8. BILLING
   a. Since BYU is self-insured, the medical information and billing should be submitted to BYU Risk Management, Fletcher Building 250, PO Box 20100 Provo, UT 84602-0100
   b. Call 801-422-6881 for billing questions.

SUPERVISOR’S RESPONSIBILITIES:

1. ENSURE EMPLOYEES RECEIVE APPROPRIATE MEDICAL TREATMENT.

2. INVESTIGATE THE CAUSE FOR EVERY INDUSTRIAL ACCIDENT, WHETHER OR NOT IT RESULTS IN AN INJURY AND DETERMINE HOW IT COULD HAVE BEEN AVOIDED.

3. COMPLETE THE “SUPERVISOR’S INCIDENT INVESTIGATION REPORT.” SUBMIT FORM TO RISK MANAGEMENT WITHIN 24 HOURS OF INCIDENT.

4. IMMEDIATELY REPORT ANY SERIOUS ACCIDENT OR INJURY TO RISK MANAGEMENT & SAFETY AT 801-422-4468

5. COORDINATE WITH THE WORKERS’ COMPENSATION OFFICE ON ANY WORK RESTRICTIONS.