UTAH SCHOOL BOARDS RISK MANAGEMENT
MUTUAL INSURANCE ASSOCIATION
860 East 9085 South, Sandy, Utah 84094

EMPLOYEE'S STATEMENT REGARDING ACCIDENT

Name of injured employee _____ Age _____
Home Address _____
Hours worked per week _____ Rate of pay Hourly per hour _____ day ____ wk ____ month _____
Occupation _____
Employer _____
Employer address _____

. . . . . .

Date of accident _____ Time of accident _____
Where did the accident occur _____
Were you doing your regular work No If no how otherwise engaged _____
_____
Explain in your own words how the accident happened _____
_____
_____
_____
_____
_____
Body part(s) injured in accident _____ Have you returned to work Yes
Date compelled to leave work on account of injury _____
If yes, please give date of return _____ If no, please give expected return date _____

. . . . . .

If no medical care was received, it is not necessary to complete the bottom portion of this form. Please sign at the bottom and return this form to the Utah School Boards Risk Management Mutual Insurance Association at the above address.

. . . . . .

Name of treating physician _____
Address _____
Have you ever had a previous injury or medical care to the part of your body injured in this case? Yes
If yes, please list dates _____
Was injury caused by another person No If yes, please list name and address _____
_____
Please list names of any witnesses _____

. . . . . .

Do you have other employment No If yes, please explain _____
Marital status: Single ☐ Divorced ☐ Married ☐ Name of spouse _____

DEPENDENT MINOR CHILDREN OF EMPLOYEE

Name of child	Relationship	D.O.B.	Present Address

If additional space is required, use reverse side.

Signature of employee _____ Date _____

The following is the Rule that the Industrial Commission has enacted to cover changes of doctors. It is important that you are aware of this rule if you are to avoid problems with billings.

R**568-2-9 CHANGES OF DOCTORS AND HOSPITALS**

A. It shall be the responsibility of the insurance carrier or self-insured employer to notify each claimant of the change of doctor rules. Those rules are as follows:

(1) If a company doctor, designated facility or PPO is named, the employee must first treat with that designated provider. The insurance carrier or self-insured employer shall be responsible for payment for the initial visit, less any health insurance copays and subject to any health insurance reimbursement, if the employee was directed to and treated by theemployer's or insurance carriers's designated provider, and liability for the claim is denied and if the treating physician provided treatment in good faith and provided the insurance carrier or self-insured employer a report necessary to make a determination of liability. Diagnostic studies beyond plain x-rays would need prior approval unless the claimed industrial injury or occupation illness required emergency diagnosis and treatment.

(2) The employee may make one change of doctor without requesting the permission of the carrier, so long as the carrier is promptly notified of the change by the employee.

(a) Physician referrals for treatment or consultation shall not be considered a change of doctor.

(b) Changes from emergency room facilities to private physicians, unless the emergency room is named room is named as the "company doctor", shall not be considered a change of doctor. However, once private physician care has begun, emergency room visits are prohibited except in cases of:

(i) Private physician referral, or

(ii) Threat to life.

(3) Regardless of prior changes, a change of doctor shall be automatically approved if the treating physician fails or refuses to rate permanent partial impairment.

B. Any changes beyond those listed above made without the permission of the carrier/self-insurer may be at the employee's own expense if:

(1) The employee has received notification of rule, or

(2) A denial of request is made.

C. An injured employee who knowingly continues care after denial of liability by the carrier may be individually responsible for payment. It shall be the burden of the carrier to prove that the patient was aware of the denial.

D. It shall be the responsibility of the employee to make the proper filings with the Industrial Commission when changing locale and doctor. Those forms can be obtained from the Commission.

E. Except in special cases where simultaneous attendance by two or more medical care practitioners has been practitioners approved by the carrier/employer or the Industrial Commission, or specialized services are being provided the employee by another physician under the supervision and/or by the direct referral of the treating physician, the injured employee may be attended by only one practitioner and fees will not be paid to two practitioners for similar care during the same period of time.

F. The Industrial Commission shall have the jurisdiction to decide liability for medical care allegedly related to an industrial accident.

CONTACT YOUR ADJUSTER FOR AN "APPLICATION TO CHANGE DOCTORS"