

# Missoula County Workers' Compensation

## Instructions for Insured Employer

Injured workers complete the attached Notice to Supervisor of Injury or Exposure. This report satisfies the 30-day notification requirement for reporting a possible Workers' Compensation Claim to immediate supervisor. This is NOT a workers' compensation claim.

- If injured worker marks "First Aid" to number 12 and "no" to number 13, no further action is needed except to send copy to Missoula Co Work Comp. Keep a copy for your own personnel file. Refer any questions to Missoula Co Work Comp.

- If injured worker marks number 13 as "maybe" or "not sure", employer will remind them that the notice of injury is not a work comp claim and that if non emergent medical treatment becomes necessary they need to 1) Contact whoever handles Work Comp claims for the employer to let them know that medical treatment is needed. Employer will initiate a First Report of Injury (FROI). 2) Injured work must call the Work Comp office for preauthorization

If injured worker marks yes to will medical treatment be sought, Missoula Co Work Comp adjuster at 258-3272 to discuss choosing a treatment provider. Provide them with a Medical Status Form to take to first doctor visit. Tell them to advise doctor of work comp claim and have doctor complete the form for you to take with you at end of appointment.

1) Contact Missoula county workers' compensation and request preauthorization.

Employer will complete the FROI using the information given on the incident report plus complete the WAGES and EMPLOYER sections. A fillable FROI can be found on Employment Relations department website.

2) Call Missoula County Work Comp for prior authorization, which is required for non-emergent care.

## Employment Relation Department Instructions for the employer

### ***Employer's Instructions***

**Montana law requires employers to complete this form within six days after notice of every on-the-job accident, injury and/or occupational disease (OD) by a worker.**

Ensure all areas are completed except the gray shaded areas, which your insurer will complete. It is important that we have complete information.

Type or print with a ballpoint pen. If you are completing with WORD software, you may tab through the fields. If the injured worker is available to do so, they may file a claim for workers' compensation by completing and signing their portions of this form. You may then complete the employer section.

Send the original immediately to your workers' compensation insurer. If you don't know whom your insurer is, contact the Montana Department of Labor and Industry

**SEND THIS FORM WITHIN THE 6-DAY LIMIT EVEN IF THE WORKER IS NOT AVAILABLE TO SIGN.** This form must be submitted even if the employer questions whether or not the reported injury and/or OD are job-related. Additional sheets of paper may be attached, if needed to fully explain all conditions concerning the injury and/or OD. The United States Department of Labor, OSHA, requires employers to maintain a record of occupational injuries in the employer's office. Please copy the completed form for your records.