

TN

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS**

C20

CLAIMS ADM/CARRIER	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury. <i>It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.</i>		
	CLAIMS ADM CLAIM # (INSURER CLAIM #)						
	OSHA LOG CASE #				If you have questions, the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).		
	NAME OF INSURANCE CARRIER		CARRIER FEIN				
	CLAIMS ADMIN FIRM NAME (if different from carrier)		FEIN OF CLAIMS ADM				
	CLAIMS ADJUSTER NAME		CLAIMS ADJ PHONE #				
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2					CITY	STATE
EMPLOYER	EMPLOYER NAME Trends International LLC		EMPLOYER FEIN		SIC CODE	PHONE NUMBER 317-388-4007	
	EMPLOYER ADDRESS LINE 1 AND LINE 2 5188 West 74th Street				NATURE OF BUSINESS		
	CITY Indianapolis	STATE IN	ZIP 46268	INSURED REPORT NUMBER		EMPLOYER LOCATION #	
POLICY	INSURED NAME (parent co. if different than employer) Hanover 800-628-0250		POLICY NUMBER WMW9488045		EFF DATE 05/15/2014	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME/REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME	
			SELF INSURED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		EXP DATE 05/15/2015		
	EMPLOYEE LAST NAME		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN		
	FIRST	MI	DEPARTMENT REGULARLY WORKED		OCCUPATION DESCRIPTION		
	ADDRESS LINE 1 & 2						
	CITY	STATE	ZIP	MARITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		NCCI CLASS CODE	
	SSN	DATE OF BIRTH	DATE OF HIRE				
WAGE	WAGE \$	PERIOD <input type="checkbox"/> HOURLY <input type="checkbox"/> DAILY	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK	SALARY CONTINUED IN LIEU OF COMPENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
					FULL WAGES PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACCIDENT/INJURY	DATE OF INJURY		TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE <input type="checkbox"/> AM <input type="checkbox"/> PM		
	DATE EMPLOYER NOTIFIED OF INJURY		BODY PART AFFECTED CODE		NATURE OF INJURY CODE		CAUSE OF INJURY CODE
	DATE CLAIM ADM NOTIFIED OF INJURY		How injury or illness occurred. Describe the incident including what the employee was doing just before, the part of the body affected and how, and object or substance that directly harmed the employee.				
	DATE LAST DAY WORKED						
	DATE DISABILITY BEGAN						
	RETURN TO WORK DATE (IF APPLICABLE)						
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> FATHER <input type="checkbox"/> SISTER <input type="checkbox"/> WIDOWER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> BROTHER <input type="checkbox"/> MOTHER <input type="checkbox"/> SON <input type="checkbox"/> HANDICAPPED CHILD TOTAL # DEPENDENTS				
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) CITY STATE ZIP COUNTY OF INJURY						
	TREATMENT	PHYSICIAN NAME			HOSPITAL OR OFF SITE TREATMENT NAME		
ADDRESS LINE 1 AND 2			ADDRESS LINE 1 AND 2				
CITY		STATE	ZIP	CITY	STATE	ZIP	
INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT			<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE		<input type="checkbox"/> FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED
OTHER	DATE PREPARED		PREPARER'S NAME & TITLE		PREPARER'S COMPANY NAME Trends International LLC		PHONE NUMBER 317-388-4007

TENNESSEE WORKERS' COMPENSATION INSURANCE

Employers: The law requires this notice to be conspicuously posted at the employer's place of business so all employees have access to it.

WHO IS REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE?

All employers with five (5) or more full or part-time employees.

All employers engaged in the mining and production of coal with one (1) or more employees.

All contractors in the construction industry with one (1) or more employees.

To confirm if an employer is subject to the workers' compensation law and if so to obtain the name of the workers' compensation insurance company contact:

Hanover

Name of employer representative authorized to provide information on workers' compensation

800-628-0250

Telephone number of employer representative to provide information on workers' compensation

P O Box 15146, Worcester, MA 01615

Address of employer representative to provide information on workers' compensation

WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

1. Report the injury to the employer immediately. Employer notification is required.
- and 2. Select a treating physician from a panel provided by the employer.

To report an injury contact:

Hanover

Name of employer representative to notify in event of a work related injury

800-628-0250

Telephone number of employer representative to notify in event of a work related injury

P O Box 15146, Worcester, MA 01615

Address of employer representative to notify in event of a work related injury

WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

1. Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator to be filed with the Tennessee Dept. of Labor and Workforce Development, Workers' Compensation Division.

- and 2. Offer a panel of physicians.

The employer shall designate a group of three (3) or more physicians or surgeons not associated together in practice from which the injured employee shall have the privilege of selecting the operating surgeon or the attending physician. If the injury is a back injury, the panel shall be expanded to four (4), one of whom must be a doctor of chiropractic. If a doctor of chiropractic is chosen, chiropractor visits may be authorized for up to twelve (12) visits per back injury. More than twelve (12) visits to such doctor of chiropractic must be specifically approved by the employer or insurance carrier. The provisions for chiropractic care shall not apply to workers' compensation self-insurer pools established pursuant to Section 50-6-405(a)(1). If the injury requires the treatment of physician or surgeon who practices orthopedic or neuroscience medicine then the employer may appoint a panel of physicians or surgeons practicing orthopedic or neuroscience medicine consisting of five (5) physicians, with no more than four (4) physicians affiliated in practice together. The employee may select a treating physician or surgeon from the employer panel.

The Tennessee Department of Labor and Workforce Development, Division of Workers' Compensation, has staff available to help both employees and employers. For more information contact:

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

DIVISION OF WORKERS' COMPENSATION

710 JAMES ROBERTSON PARKWAY

NASHVILLE, TENNESSEE 37243

615-532-4812 OR TOLL FREE 1-800-332-2667 OR 1-800-332-2257 (TDD)

www.state.tn.us/labor-wfd/wcomp.html

SEGURO DE ACCIDENTES DE TRABAJO DE TENNESSEE

Empleadores: La ley exige que se ponga este aviso en un lugar del negocio del empleador bien visible para que todos los empleados tengan acceso al mismo.

¿QUIÉNES ESTÁN OBLIGADOS A TENER SEGURO DE ACCIDENTES DE TRABAJO?

Todo empleador que tenga cinco (5) o más de cinco empleados de horario completo o de medio horario. Todo empleador que se dedique a la explotación de minas y la producción de carbón que tenga un (1) empleado o más de un empleado.

Todo empresario de la industria de la construcción que tenga un (1) empleado o más de un empleado. Para comprobar si un empleador está sujeto a la ley de accidentes de trabajo y si ese fuera el caso, para obtener el nombre de la compañía de seguro de accidentes de trabajo a contactar:

Hanover

Nombre del representante del empleador
800-628-0250

Número de teléfono del representante del empleador
P O Box 15146, Worcester, MA 01615

Dirección del representante del empleador
(el nombre, la dirección y el número de teléfono del representante del empleador autorizado a dar información sobre indemnización por accidentes de trabajo)

¿QUÉ DEBE HACER UN EMPLEADO SI SE LESIONA EN EL TRABAJO?

1. Notificar al empleador de la lesión inmediatamente. Es obligatorio notificar al empleador.
- y 2. Escoger a un médico que le atienda de la lista que le dé el empleador.

Para notificar una lesión póngase en contacto con:

Hanover

Nombre del representante del empleador
800-628-0250

Número de teléfono del representante del empleador
P O Box 15146, Worcester, MA 01615

Dirección del representante del empleador
(el nombre, la dirección y el número de teléfono del representante del empleador autorizado a dar información sobre indemnización por accidentes de trabajo)

¿QUÉ DEBE HACER EL EMPLEADOR CUANDO SE LE NOTIFICA DE UNA LESIÓN?

1. Llenar inmediatamente el formulario Primera Notificación de Accidente de Trabajo y enviarlo a la compañía de seguro de accidentes de trabajo o al administrador del seguro contra tercera persona para que lo registre en el Departamento de Trabajo y Desarrollo Laboral de Tennessee, División de Accidentes de Trabajo.

- y 2. Ofrecer una lista de médicos.

El empleador deberá nombrar un grupo de tres (3) médicos o cirujanos o más que no estén afiliados a la misma oficina y de los cuales el empleado lesionado tendrá el privilegio de escoger ya sea el médico que le va a atender o el cirujano que le va a operar. Si la lesión es una lesión de la espalda, la lista aumentará a cuatro (4), entre los cuales habrá un médico quiropráctico. Si ud escoje un médico quiropráctico, las visitas pueden ser autorizadas hasta doce (12) veces por la lesión de espalda. Si ud requiere más de doce (12) visitas al mismo médico quiropráctico tendrá que tener autorización de su justador de seguros or empleador. Las provisiones para el cuidado del quiropráctico no se aplicarán grupos de autoasegurador establecidas conforme a la Sección 50-6-405 (a) (1). Si es una lesión que requiere que le atienda un médico o cirujano que ejerce la medicina ortopédica o de neurociencias, entonces el empleador deberá nombrar un grupo de cinco (5) médicos o cirujanos que ejercen la medicina ortopédica o de neurociencias de entre los cuales sólo cuatro (4) pueden estar afiliados a la misma oficina. El empleado puede escoger un médico o cirujano de la lista del empleador para que le atienda.

El Departamento de Trabajo y Desarrollo Laboral de Tennessee, División de Accidentes de Trabajo tiene trabajadores disponibles para ayudar tanto al empleado como al empleador. Si necesita más información, favor de ponerse en contacto con:

DEPARTAMENTO DE TRABAJO Y DESARROLLO LABORAL DE TENNESSEE
DIVISIÓN DE ACCIDENTES DE TRABAJO
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243

615-532-4812 O LLAME GRATIS AL 1-800-332-2667 O AL 1-800-332-2257 (TDD)

www.state.tn.us/labor-wfd/wcomp

CORVEL

Tn - Physician Panel Listing 2015

TN

NOTICE TO ALL EMPLOYEES

If you sustain a compensable accident while at work, your employer has arranged for the payment of your medical care with your insurance payor. It is your responsibility to immediately report the injury to your supervisor.

IN CASE OF INJURY

As stated in Section 50-6-204 (a) of the Tennessee Workers' Compensation Statute, the employer or the employer's agent shall designate a group of (3) or more reputable physicians or surgeons not associated together in practice and the injured employee shall select the medical provider from the list below.

If the injury is a back injury, the panel shall be expanded to four (4), one of whom must be a doctor of chiropractic. If a doctor of chiropractic is chosen, chiropractic visits may be authorized for up to twelve (12) visits per back injury. More than twelve (12) visits to such doctor of chiropractic must be specifically approved by the employer or insurance carrier. If the injury requires the treatment of a physician or surgeon who practices orthopedic or neuroscience medicine then the employer may appoint a panel of physicians or surgeons practicing orthopedic or neuroscience medicine consisting of five (5) physicians, with no more than 4 physicians affiliated in practice together. The employee may select a treating physician or surgeon from the employer panel.

You may reach CorVel for assistance in locating a physician within our network by dialing 888-699-6665 or e-mail us at inquiry@corvel.com

This panel is in effect during your worker's compensation policy period with your insurance payor. Report all work related injuries to your supervisor immediately.

CORVEL

Tn - Physician Panel Listing 2015

TN

Chiropractic

Damien, Curtis E
8110 Hwy 51 N Ste 2
Millington, TN 38053
(901) 872-0760

Family Practice

Chambers, Robert Todd
1208 Merchants Rd
Knoxville, TN 37912
(865) 688-2522

General Practice

Atwood, Birgit
301 21st Ave N
Nashville, TN 37203
(800) 285-9795

Imaging/MRI

Ft Sanders West Diagnostic Center
210 Ft Sanders W Blvd Ste 100
Knoxville, TN 37922
(865) 531-5400

Internal Medicine

Klinner, Thomas R
9203 Lee Hwy Ste 9
Ooltewah, TN 37363
(423) 238-4700

Minor Emerg/Urgent Care C

Doctor's Care of Tennessee
101 Glenleigh Ct
Knoxville, TN 37934
(865) 675-3311

Multi-Specialty Group

Abingdon Physician Partners
1 Professional Park Dr Ste 18
Johnson City, TN 37604
(423) 926-0063

Occupational Medicine

Middle Tennessee Occupational &
Environmental
936 Murfreesboro Rd
Lebanon, TN 37090
(615) 443-1744

Ophthalmology/Ophtal Surg

Holliday, James N
1795 Fermantown
Cordova, TN 38016
(901) 759-9757

Orthopedics/Orthopedic Su

Maguire, James K
260 Fort Sanders W Blvd
Knoxville, TN 37922
(865) 558-4400

Physical Medicine & Rehab

Park, Ashley L
1400 S Germantown Rd
Germantown, TN 38138
(901) 759-3100

Physical Therapy

Maximum Potential Physical Therapy
2319 Emory Rd
Powell, TN 37849
(865) 947-3797

If the injury is a medical emergency, ensure that the injured employee is transported to the nearest emergency treatment facility.

If you need assistance making an appointment for medical treatment, you may call CorVel toll-free at 888-699-6665.

You may reach CorVel for assistance in locating a physician within our network by dialing 888-699-6665 or e-mail us at inquiry@corvel.com

For Assistance in Scheduling MRI or Diagnostic Testing Call 888-922-7347

CorVel has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend that you confirm with the healthcare provider, prior to receiving services, that he/she is currently participating with CorVel or one of CorVel's affiliate networks.