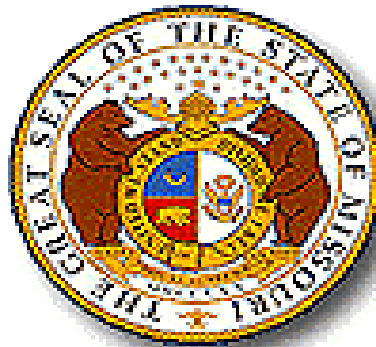


STATE EMPLOYEE
WORKERS' COMPENSATION
REPORTING PACKET



Missouri Office of Administration
Risk Management Section
Central Accident Reporting Office
(CARO)

January 2021



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
CENTRAL ACCIDENT REPORTING OFFICE**

Dear Injured State Employee,

This packet is designed to assist you following your work-related injury. Please read the following instructions carefully and complete the following forms so that prompt attention may be given to your claim. General information describing workers' compensation benefits is included in this packet.

FOLLOW THESE STEPS WHEN AN INJURY OCCURS:

1. Notify your supervisor or Human Resource Department.
2. Complete the Employee Injury Report in this packet
3. Contact 1-800-624-2354 to speak to a Registered Nurse regarding your injury and receive a medical referral, if necessary. Treatment not authorized will be at your own expense.
4. Complete the Authorization to Release Medical Records form granting access to medical records. These records must be received before payment of medical charges may be considered.
5. Provide work slips following all doctor visits to your supervisor or Human Resource Department.

PROMPTLY RETURN ALL FORMS TO YOUR SUPERVISOR OR HUMAN RESOURCE DEPARTMENT AS DIRECTED BY YOUR AGENCY. FAILURE TO COMPLETE THESE FORMS MAY DELAY CONSIDERATION OF WORKERS' COMPENSATION BENEFITS.

Questions or concerns may be directed to the Central Accident Reporting Office (CARO) at 573-751-2837 or 1-888-622-7694.

EMPLOYEE INJURY REPORT

Under state law, written notice of the injury must be given to the employer. Describe in detail the time, place, and how you were injured. It is important to identify the specific body part injured. (Example: left or right wrist).

BENEFITS FOR LOST WAGES

Required documentation must be received in order to consider payment for lost wages. In order to avoid delays, please provide your supervisor or Human Resource Department with all work slips from the authorized treating physician, following each physician visit. Check with your supervisor or Human Resource Department to discuss temporary modified duties under the mandatory Early Return to Work Program.

AUTHORIZATION TO RELEASE MEDICAL RECORDS

To avoid unnecessary delays, you are asked to sign an authorization to release medical records necessary to enable prompt consideration of workers' compensation benefits. Please complete the form, sign, and date.

All forms may be returned by fax or mail. If you wish to email, please contact our office to assist you with the correct adjuster email.

State of Missouri
Office of Administration
Central Accident Reporting Office
P.O. Box 809
Jefferson City, MO 65102
Fax: 573-526-0820 or 573-751-5262
Email: caro@oa.mo.gov

Workers' Compensation for Missouri State Employees

Missouri Office of Administration
Risk Management Section

What is Workers' Compensation?

Benefits payable to an employee by his or her employer without regard to liability in the case of injury, disability, or death as a result of occupational hazards.

Who is covered?

All employees, full or part-time.

What is covered?

Injury by accident arising out of and in the course of employment if the accident was the prevailing factor in causing the medical condition and disability.

Time of Coverage

Coverage begins the first minute an employee is on the job and continues while the employee is working.

What about Occupational Diseases?

1. It must arise out of and in the course of employment.
2. It cannot be an "ordinary disease of life", unless it follows as an incident of an occupational disease.
3. The occupational exposure was the prevailing factor in causing the medical condition and disability.

What are the Workers' Compensation Benefits?

- ❖ Medical care to cure and relieve the effects of the injury. This includes doctor's fees, hospital costs, lab tests, x-rays, pharmacy charges, prosthetic devices, etc.
- ❖ Payments based on lost wages. These payments are for "temporary disability", or inability to work, authorized by a physician. Payments may also be made if there is a permanent disability—for example, the loss of an eye or the amputation of a finger or limb.
- ❖ Rehabilitation services. Often this is physical therapy, but should an injury keep you from returning to your usual job, you may qualify for retraining and vocational rehabilitation.

How much are the payments?

Two-thirds of your weekly wage up to a maximum set by law. Payments will not be made the first three days (the waiting

period) during which the employer is open and operating for business unless the disability exceeds fourteen (14) days.

Early Return to Work

The State of Missouri is committed to returning employees injured on the job to temporary modified duty during recovery when feasible. Consult with your human resource officer or CARO regarding the State's Early Return to Work Program.

A Problem?

Most injuries are handled routinely. However, if you think you have not received all the benefits due you; contact your employer or the Central Accident Reporting Office (CARO). Most questions can be resolved with a single telephone call.

If questions or concerns cannot be resolved by CARO, you may wish to obtain advice from any office of the Missouri Division of Workers' Compensation. If the problem cannot be resolved, you may wish to file a Claim for Compensation with the Division. You may desire to obtain an attorney, however, it is not required. If you are unable to resolve your claim it may be heard by an administrative law judge. The Division of Workers' Compensation may be reached at 800-775-2667.

How to get Benefits.

Check List

- 1. Report all injuries immediately to your supervisor or Human Resource Department. Complete the Employee Injury Report. Document the time, place, name(s) of witnesses, and nature of the injury in a written report.
- 2. Contact 1-800-624-2354, 24 hours a day to speak to a registered nurse and receive a referral if necessary, prior to seeking treatment. A pharmacy card may be issued if medications are necessary as prescribed by the authorized treating physician. The State of Missouri will not pay for medical treatment you receive if you do not utilize authorized medical providers. However, you may seek your own medical care with the provider of your choice at your own expense.
- 3. Unless it is an emergency, do not seek aid without informing your employer and going to authorized medical providers.

- 4. If it is an emergency, seek initial treatment at the nearest hospital emergency room or medical clinic. Then notify your supervisor or Human Resource Department as soon as possible.
- 5. Notify the hospital or clinic that your injury is a workers' compensation injury and give the name, address, and telephone number of your employer.
- 6. Complete Authorization to Release Medical Records and return to supervisor or Human Resource Department.
- 7. Surgeries and the purchase or rental of medical equipment must be preapproved by CARO.
- 8. Mileage may be submitted to CARO for treatment outside the local or metropolitan area from the employee's principal place of employment.
- 9. Provide work slips from physician to supervisor or Human Resource Department.

Workers' compensation benefits may be reduced for injuries sustained in conjunction with the use of alcohol or controlled, nonprescribed drugs. Benefits may be forfeited if shown that the use of alcohol or controlled, nonprescribed drugs was the proximate cause of the injury.

Prompt report is the key! Avoid unnecessary delays or denials by notifying your employer immediately of an injury.

Fraudulent action on the part of an employee, employer, or any other person is unlawful and subject to a Class D felony and a fine up to \$10,000.

Questions? Contact:
Missouri Office of Administration
Risk Management Section
Central Accident Reporting Office
"CARO"
P.O. Box 809
Jefferson City, MO 65102
573-751-2837
Toll Free: 1-888-622-7694
<https://oa.mo.gov/general-services/risk-management/workers-compensation-caro>
E-mail: caro@oa.mo.gov



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 RISK MANAGEMENT SECTION
**EMPLOYEE INJURY REPORT –
 WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
 (CARO)**
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837
TOLL FREE 1-888-622-7694
FAX 573-526-0820

EMPLOYEE NAME	CARO NUMBER
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We understand you may have suffered an injury or illness which may be compensable under the Missouri Workers' Compensation Law. In an effort to consider you for benefits under workers' compensation, you are asked to complete this injury report form. **Please complete the report in detail and do not leave any blanks.** Return immediately to your employer or to the Central Accident Reporting Office. Questions? Call 573/751-2837.

1. DATE OF INJURY	2. TIME OF INJURY
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3. DESCRIBE CLEARLY AND IN DETAIL HOW YOU WERE INJURED. (INCLUDE LOCATION OF INJURY)

4. WHAT PART OF YOUR BODY WAS INJURED? (BE SPECIFIC - EXAMPLE RIGHT OR LEFT WRIST)

5. HAVE YOU RECEIVED TREATMENT TO THIS PART OF BODY PRIOR TO THIS ALLEGED INJURY? IF SO, PLEASE PROVIDE NAMES/ADDRESSES OF ANY PHYSICIANS YOU HAVE SEEN.

6. WERE ANY OTHER PARTS OF YOUR BODY INJURED?

7. NAME ALL WITNESSES TO YOUR INJURY.

8. WHO DID YOU REPORT YOUR INJURY TO?

9. WHEN DID YOU REPORT YOUR INJURY? GIVE DATE AND TIME

10. WHO REFERRED YOU TO MEDICAL TREATMENT OUTSIDE YOUR AGENCY OR FACILITY?

11. EXPLAIN ANY DELAYS IN REPORTING YOUR INJURY OR SEEKING MEDICAL TREATMENT.

12. IN YOUR OPINION, HOW MIGHT THE INJURY BE PREVENTED OR AVOIDED IN THE FUTURE?

I HAVE PREPARED AND READ THE ABOVE AND DECLARE IT TO BE TRUE.

SIGNATURE	DATE	HOME E-MAIL
ADDRESS	CITY/STATE	ZIP

Save

Print

Reset



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
RISK MANAGEMENT SECTION

**AUTHORIZATION TO RELEASE MEDICAL RECORDS -
WORKERS' COMPENSATION**

**CENTRAL ACCIDENT REPORTING OFFICE
(CARO)
P.O. BOX 809
JEFFERSON CITY, MO 65102
573-751-2837
TOLL FREE 1-888-622-7694**

To Whom It May Concern:

I, the undersigned, _____ ,
PRINT OR TYPE NAME

_____, do hereby request and authorize any medical health care provider, upon presentation
DATE OF BIRTH
of this authorization, to disclose to the State of Missouri, Central Accident Reporting Office, or its
representative, including the Attorney General of Missouri and his Assistants, any material or information
concerning _____ with respect to illness or injury,
PRINT OR TYPE NAME
medical history, consultation, treatment including but not limited to x-rays, medical histories, nurses' notes,
prescriptions and copies of all hospital or medical records. A photostatic copy of this authorization shall be
considered as effective and valid as the original.

This is not a release of any claim I may have.

SIGNED

DATE

STREET ADDRESS

CITY

STATE

ZIP CODE