



FOLLOW INSTRUCTIONS BELOW WHEN THERE IS AN INJURY ON THE JOB

- ✓ **Immediately** contact Marsha Goertz, Leave and Benefits Manager and then complete the online **FIRST REPORT OF INJURY REPORT** at tasbrmf.org/claims (You do not need an account to file this report.)
- ✓ Detailed instructions for completing the online report are included in this packet (STARTS ON PAGE 7!). It looks complicated, but once you get started you'll see that it's pretty simple. You must follow the instructions at the end of this packet as you are entering the information.
- ✓ The injured employee can complete the online report if they are able to do so, otherwise the campus must complete the online report upon notice of the injury.
- ✓ If employee feels he/she may seek medical treatment, complete and return the attached **Verification of Employment for a WC Injury or Illness Form** to the employee to take to Physician/Urgent Care. (Principal, Nurse, Office Staff can complete this form.)
- ✓ Give this entire packet to the employee for future reference.
- ✓ Let the employee know that they will be contacted via phone by a Worker's Comp Claims Adjuster within 24-48 hours. ***IT IS IMPORTANT THAT THEY TAKE THIS CALL.***

IMPORTANT:

All treatment must be from an Alliance Provider listed at www.pswca.org. (See attached recent listing of local providers.)

EXTREMELY IMPORTANT!!!

ALLY and/or FastAid Urgent Care ARE NOT APPROVED FACILITIES. EMPLOYEES SHOULD NOT SEEK TREATMENT FROM EITHER FACILITY AT THIS TIME. VISITS TO THESE FACILITIES WILL NOT BE COVERED BY TASB.

Please refer injured employee directly to the Leave and Benefits Manager for any further questions or issues regarding any workers' compensation injury.

To search for Worker's Compensation Primary Care Physicians in the Bastrop area, refer to the Primary Care Provider list enclosed in this packet or the website: www.pswca.org.

For true emergencies, go to the nearest hospital emergency room.

Be sure to alert Marsha Goertz, Leave and Benefits Manager, immediately if employee misses any time due to the reported accident, **or** returns to work from extended leave due to the accident. Please don't hesitate to call with questions or concerns, 512-772-7135.

Please note that failure to complete this information in an efficient and timely manner can result in fines up to \$25,000 a day per occurrence.



*Take this form with you
when you seek medical
treatment.*

906 Farm Street
Bastrop, TX 78602
512-772-7135 ph 512-548-7678 fax

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Employee Name _____ Date of Injury _____

Date of Birth _____ Social Security Number _____

Brief explanation of work Related Injury or Illness that occurred:

Post-Accident Drug Test Not Required Unless Previously Notified.

Bastrop ISD workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider included in this packet, or listed at www.pswca.org.

**Ally Medical and/or FastAid Urgent Care in Bastrop ARE NOT APPROVED FACILITIES.
PLEASE DO NOT SEEK TREATMENT FROM EITHER FACILITY AT THIS TIME.**
Visits to these facilities at this time will not be accepted by TASB.

Please submit all claim and medical billing information to:

TASB Risk Management Fund Phone: (800) 482-7276
PO Box 2010 Fax: (800) 580-6720
Austin, TX 78768-2010 **Pre-Authorization**
Phone: (800) 482-7276 ext. 6654
Fax: (888) 777-8272

Campus Signature _____ Title _____
Phone Number _____ Date _____

Providers, please submit Work Status Reports and all Job Description enquiries to:

Marsha Goertz –BISD Leave and Benefits Manager
mgoertz@bisdtx.org
Ph. 512-772-7135
Fax 512-548-7678



Optum
 PO Box 152539
 Tampa, FL 33684-2539

NOTE: This First Fill card is only valid for your workers' compensation injury or illness. Fill in your information and present the card to your pharmacy.

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for TASB Risk Management Fund. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Management Fund

CARRIER/TPA EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist
SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789. Tmesys is the designated PBM for this patient. This card is not valid for compound medications.

Tmesys Pharmacy Help Desk
 1-800-964-2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>TASBFF</u>		





Provider Listing - 1/4/2022

Primary Care Providers

Within 20 miles of Bastrop, TX 78602

4 Providers Located

Sammy Lerma MD, Sammy Lerma III, MD, PA
Family Medicine

1109 Church St.
Bastrop, TX 78602
Phone: (512) 321-3311
Fax: (512) 321-2611

0.4 miles Additional Languages: Spanish

Augustin Batlle MD, Bastrop Medical Clinic, P.A.
Internal Medicine, Occupational Medicine

195 S. Hasler Blvd., Ste. B-1
Bastrop, TX 78602
Phone: (512) 308-1555

1.3 miles Additional Languages: Spanish

FastMed Urgent Care, FastMed Urgent Care
Urgent Care Clinic

717 Hwy. 71 W., Ste. 500
Bastrop, TX 78602
Phone: (512) 332-2273
Fax: (512) 308-9842

2.2 miles

Desmar Walkes MD, A+ Lifestyle Medical Group
Family Medicine

815 Hwy. 71 W. , Ste. 1150
Bastrop, TX 78602
Phone: (512) 321-1098
Fax: (512) 303-0885

2.8 miles



Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network). If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment. Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC. You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

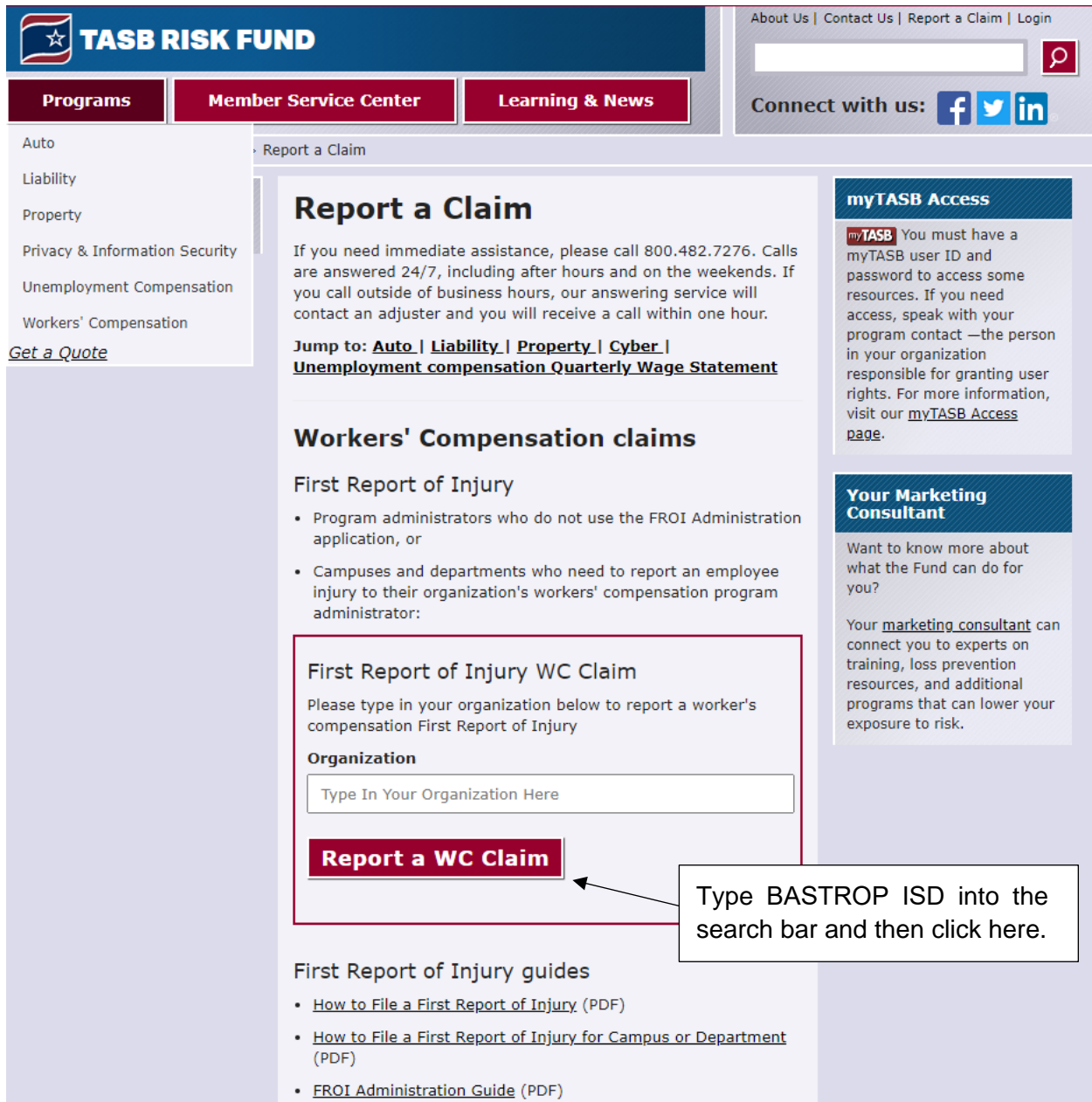
8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.

How to File a First Report of Injury (FROI)

2021-2022 Campus or Department Instructions

Start here: tasbrmf.org/claims



TASB RISK FUND

About Us | Contact Us | Report a Claim | Login

Programs | Member Service Center | Learning & News

Auto
Liability
Property
Privacy & Information Security
Unemployment Compensation
Workers' Compensation
[Get a Quote](#)

Report a Claim

Report a Claim

If you need immediate assistance, please call 800.482.7276. Calls are answered 24/7, including after hours and on the weekends. If you call outside of business hours, our answering service will contact an adjuster and you will receive a call within one hour.

Jump to: [Auto](#) | [Liability](#) | [Property](#) | [Cyber](#) | [Unemployment compensation Quarterly Wage Statement](#)

Workers' Compensation claims

First Report of Injury

- Program administrators who do not use the FROI Administration application, or
- Campuses and departments who need to report an employee injury to their organization's workers' compensation program administrator:

First Report of Injury WC Claim

Please type in your organization below to report a worker's compensation First Report of Injury

Organization

Report a WC Claim

Type BASTROP ISD into the search bar and then click here.

First Report of Injury guides

- [How to File a First Report of Injury \(PDF\)](#)
- [How to File a First Report of Injury for Campus or Department \(PDF\)](#)
- [FROI Administration Guide \(PDF\)](#)

myTASB Access

myTASB You must have a myTASB user ID and password to access some resources. If you need access, speak with your program contact —the person in your organization responsible for granting user rights. For more information, visit our [myTASB Access page](#).

Your Marketing Consultant

Want to know more about what the Fund can do for you?

Your [marketing consultant](#) can connect you to experts on training, loss prevention resources, and additional programs that can lower your exposure to risk.

Connect with us: [f](#) [t](#) [in](#)

TASB RISK FUND

Reporting a Claim Log Out and Exit

What you will need:

- Basic information about what happened, including date, location, etc.
- Additional details about the employee who was injured, such as name, address, and wage information

What you should know:

- The reporting form will timeout after 120 minutes of inactivity.
- You can find detailed instructions on how to report a workers' compensation claim [in this guide](#).

When you are finished filling out the First Report of Injury (FROI) on the next page, be sure to click on the "Save Changes" button at the top of the page to submit to TASB.

[Start a FROI](#) ← Click here to start your FROI.

[Chat now](#)

Important:

Please note that all items marked with a red asterisk (*) are mandatory. If you are unsure of the correct information, please use the applicable placeholders listed in this guide. Placeholders are outlined in red.

Any placeholders or incorrect information will be corrected by your administrator upon submission.

 **TASB RISK FUND**
New First Report of Injury Complete Incident or Cancel

Employer General Information

Member Education ISD

Physical Address 123 1st Street
City Your City
State Texas
ZIP 00000

Mailing Address PO Box 123
City Your City
State Texas
ZIP 00000

FEIN 12345678
Phone (123) 456 7890

Is this a corrected copy? *

If you have already submitted a FROI to your administrator please call or email them to advise of any changes or additions prior to filing a corrected copy.

Insured Report Number

Leave this blank.

Location *

ADMINISTRATION (Main Memb)

Click on the magnifying glass to select the applicable location from the list.

Did injury or illness exposure occur on employer's premises?

If the injury occurred off campus, select "No" and enter the address of the injury in a box that will appear to the right.

Insured Report Number
Location *
Did injury or illness exposure occur on employer's premises?

Address where Injury/Illness Occurred

Since you selected Injury did not occur on employer's premises, please complete the accident address fields to the right.

Employee Information

First Name *
Middle Name
Last Name *
Street Address 1 *
Street Address 2
City *
State *
ZIP *
Phone *
Work Phone
Employee Email
Does the employee speak English?

Enter the employee's first and last names in these boxes. The names will populate the Claimant box above.

Please enter the employee's correct mailing address and contact info. If you are uncertain about any information, use these placeholders.

Birth Date *
Social Security ⓘ *
Other Employee ID
Other Employee ID Qualifier
Hire Date *
Length of Service Years
Length of Service Months
Hire State *
Gender *
Marital Status *
Occupation/Job Title *
Payroll Class Code *
Occupation Code *
Department Code, if applicable
Employment Status *
Number of Dependents

Enter 01/01/2010 if you don't know the employee's date of birth.

If you don't know the employee's SSN, enter 111-11-1111.

Enter 01/01/2010 if you don't know when the employee was hired.

Enter employee's job title and select the employee's appropriate payroll and occupation categories from the dropdown lists.

Please select either regular/full-time or part-time.

Wages

Wage Rate *

Wage Rate Type ⓘ *

Days Worked Per Week *

Hours Worked Per Week

Full Pay On Day Of Injury

Did Salary Continue?

Please enter 1.00. Your administrator will input exact wage rate later.

Select daily for now. Your administrator will correct this later.

Please enter 5 days for full time and 1 for substitutes. If necessary, your administrator will correct this.

Gross Amount of Last Paycheck

Type of Pay ⓘ

Has employee elected to use state, sick or vacation leave in lieu of temporary income benefits?

If so, how many leave hours have they elected to use?

Leave these boxes blank for now.

Occurrence Information

Date of Injury/Illness *

Time Employee Began Work

Time of Injury or Illness Exposure *

Date Employer Notified *

Has the employee lost time or expected to lose time from work?

Was the injury or illness exposure fatal?

Employee's Supervisor

Supervisor Phone Number

Type of Injury/Illness *

Part of Body Affected *

Cause of Injury *

Enter the time and date of injury.

This is the date the secretary, principal, nurse, or supervisor first knew of incident.

Click the magnifying glasses to select the employee's injury, affected body part, and cause of injury from the lists. You can also type the employee's injury/body part or its corresponding code number into the search bar and select from the dropdown lists.

Note: These are national, standardized codes. Choose the option that best matches your incident. **(Give it your best guess!)**



Worksite location of injury ⓘ

Examples include walking, cleaning, or cooking.

Was employee doing their regular job?

Specify activity the employee was engaged in when the injury or illness exposure occurred *

Walking through hallway

Explain how the injury occurred. Be concise and to the point. **Specify body part(s) and exact location and side of body.** This space is limited so please be brief.

How did the injury or illness exposure occur? ⓘ *

Slipped in puddle and fell on left hip

For example, employee slipped on wet floor in hallway while walking and fell on both knees

Is the employee seeking or expected to seek medical treatment? *

Yes

Record Only is for no medical treatment, no lost time, and no questions or concerns.

Type of Claim ⓘ *

Medical Only

Medical Only is for initial medical and/or no more than 5 days of lost time.

Lost Time/Indemnity is for ongoing medical treatment and/or lost time and all other.

Treatment Information

Medical Provider

Physician/Hospital Name

Address

City

State

ZIP

Phone

Fax

Enter doctor/hospital information if known. These are not mandatory fields. Don't worry about inputting addresses.

Initial Treatment *

Minor clinic/hospital medical re

This field is mandatory. Select the appropriate option from the dropdown list.

Other Information

Date Administrator Notified

Date Prepared *

Preparer's Name *

Preparer's Title *

Preparer's Phone *

E-mail address to receive confirmation

This is the date that the location notifies their FROI Administrator.

Leave this blank for your FROI Administrator to complete.

Please list any known witnesses and their contact information. Do not include student names.

Witness

Witness Phone #

All Other Information

You can use this space to enter additional information or alerts for your administrator. This information will not be visible on the FROI.

New First Report of Injury [Complete Incident](#) or [Cancel](#)

Address

City

State

ZIP

Phone

Fax

Initial Treatment *

After you've filled out all the required fields, click here to submit the FROI to your administrator.

Other Information

Date Administrator Notified

Date Prepared *

Preparer's Name *

Preparer's Title *

Preparer's Phone *

E-mail address to receive confirmation

Witness

Witness Phone #

All Other Information

Once the form is complete, click on Complete Incident (located at the top right of the form) to submit the FROI to your TASB FROI Administrator.

[Chat now](#)

Campus or Department Instructions for Filing a First Report of Injury (Updated 8/9/21) - 8 -

live.origamirisk.com says
Are you ready to complete this incident?

OK Cancel

Complete Incident or Cancel

Employer General Information

Member _____ Education ISD _____

Physical Address 123 1st Street _____ City _____ State Texas ZIP 00000

Mailing Address PO Box 123 City Your City State Texas ZIP 00000

FEIN _____ Phone 12345678 (123) 456 7890

Is this a corrected copy?

Insured Report Number

Location * ADMINISTRATION (Main Memb)

Did injury or illness exposure occur on employer's premises?

Chat now

Save Successful.

Please upload any relevant documentation such as videos, photos, passenger lists, police reports, damage estimates, medical, or legal notices. Otherwise, you've provided enough information for us to begin processing. Click I'm done below to finish reporting your claim. If submitting a First Report of Injury (FROI), it has been sent to your TASB FROI Administrator for review. To download a copy of the FROI, use your browser's refresh button to display a link.

#1 Doe, Jane R (EV202004398-1) [Upload File](#)

No files uploaded.

I'm done or [Click here to edit](#)

Congratulations! You have successfully completed your FROI. If you want a PDF copy of your report, refresh your browser and a link will appear.

How to Refresh your browser:

- Chrome:** Hold down Ctrl and press F5
- Windows:** Hold down Ctrl and press F5
- Internet Explorer:** Hold the Control key, press the F5 key.

Upload Claim File Documentation

Please upload any relevant documentation such as videos, photos, passenger lists, police reports, damage estimates, medical, or legal notices. Otherwise, you've provided enough information for us to begin processing. Click I'm done below to finish reporting your claim. If submitting a First Report of Injury (FROI), it has been sent to your TASB FROI Administrator for review. To download a copy of the FROI, use your browser's refresh button to display a link.

#1 Doe, Jane (20200005506) [Upload File](#)

Filename	Description	Folder	Entry Date
EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS CLAIM.pdf	FROI DWC-01	Claims	12/07/2020 12:06 PM

I'm done or [Click here to edit](#)

Click here to download a copy of the FROI to give to the employee.

When you're finished, click "I'm Done".

If you have questions please contact your FROI Administrator, Marsha Goertz at 512-772-7135 or mgoertz@bisdtx.org

