

WORKERS' COMPENSATION INCIDENTS AND INJURIES FOR SUPERVISORS/MANAGERS

EMERGENCY MEDICAL TREATMENT

In the event of hospitalization or death, notify the WCC immediately.

1. Assist the injured person with obtaining emergency care.
2. Provide guidance for the injured person's portion of the forms.
3. Provide the Witness form (SORM-74) to any potential witness. Guidance is provided with the witness form.
4. Return **ALL** the required forms (supervisor, injured person, and witness) to the WCC **immediately or within 3 calendar days**.

NON-EMERGENCY MEDICAL TREATMENT

A treating doctor must be selected from the CareWorks Network. A provider may be located by calling CareWorks (800-580-1314) or using the Provider Search on the CareWorks website, www.careworks.com.

NOTE: All prescriptions require a phone call to **myMatrixx** (877) 804-4900.
The injured person may receive a bill for services not pre-authorized.

REQUIRED SUPERVISOR FORMS

These forms are supervisor reports and should not be given to witnesses or injured persons to complete. Delays in returning the forms to the WCC may result in delay or denial of benefits.

- **DWC1s – Employer's First Report of Injury**
Boxes 1 – 42, 51 are required for State Active Duty (SAD).
Boxes 1-42, 51 - 52 are required for State Employees
- **SORM 703 – Investigation Report**
All sections are required, **including your signature.**

CONTACTS

PRIMARY

Jamaika McAdams
statehrworkerscomp@military.texas.gov
512-782-5306

BACKUP

Albany Siam
albany.siam@military.texas.gov
512-782-3831

or

benefits@military.texas.gov

FAX: 512-374-0299