



Workers' Compensation Accident Reporting Packet

This packet of information provides both the employee and supervisor with helpful information including the required forms, process and procedures to ensure appropriate notifications occur in a timely manner in the event of a work-related incident. The County's claims administrator for Workers' Compensation is CorVel. CorVel partners with Loudoun County Risk Management to ensure employees receive the appropriate level of medical care and comprehensive case management with a goal of returning the injured employee back to work.

Table of Contents

General Information & Contacts	1-2
HR-44 (Workers' Compensation) Administrative Policies and Procedures	3-7
Employee's Guide	8-9
Panel of Physicians	10-12
Primary Care	10
Specialty Care	11-12
Employee's Work-Related Injury Report (FORM #500).....	13
Provider Billing Information	14
Medical Treatment & Physical Demands Analysis (FORM #700).....	15
Reporting a Family and Medical Leave.....	16
Your Rights & Responsibilities Under FMLA	17
Supervisor's Guide	18
Employer's Accident Report (FORM #600).....	19
Witness Statement	20

CorVel
P.O. Box 6966
Portland, OR 97228
Phone Number to Report a Claim: 833-746-8307
(Supervisors, HR Liaison's and F&R Safety Officers Only)
Fax: 866-913-1539 Email: GM-RIVA-EC_Claims@Corvel.com,
www.corvel.com

CorVel is responsible for:

- All claims management functions including determination of compensability, authorization of medical treatment, eligibility for weekly compensation benefits, and payment of medical bills.
- Investigating all claims in coordination with Risk Management.
 - Interviewing the injured employee (claimant), employee's supervisor/manager, and/or any witnesses to collect incident details and clarify questions regarding the claim.
- Secure medical documentation (i.e. physician's office notes, test results, etc.) from treating physicians including history, diagnosis, treatment and prognosis.
- Receiving the Physical Demands Analysis (PDA) and notifying Risk Management and the employee's department of return-to-work status.

Farhana Islam Indemnity Adjuster	804-887-2000	Farhana_Islam@Corvel.com
Vlad Kalmanovich, Indemnity Adjuster	804-887-2054	Vlad_Kalmanovich@Corvel.com
Felix Liriano, Medical Only Adjustor	804-420-1711	Felix_Liriano@Corvel.com
Jesy Young, Medical Only Adjuster	804-887-2006	Jesy_young@Corvel.com
Christy Haworth, Supervisor	804-887-2007	christy_Haworth@Corvel.com

Risk Management Team will:

- Provide direction and assistance to department and injured employee should a question or concern arise about a specific claim.
- Assist payroll in providing wage information to CorVel.
- Assist CorVel with obtaining information from departments including, investigation reports, supervisor reports, witness statements and other available information.
- Coordinate return-to-work with the employee's department including temporary restricted duty (TRD).
- Provide training to supervisors / departments on the protocols for filing a Workers' Compensation claim including incident reporting, time keeping, compensability, denials and modified/transitional duty.
 - Attend Commission hearings as the employer representative and serves as the County's subject matter expert.

For general inquiries and guidance: risk@loudoun.gov

Katy Sandin-Finch, Risk Specialist	703-771-5676	Katy.Sandin@loudoun.gov
Vacant, HR Manager – Risk and Leave		



Administrative Policies and Procedures

Title: Workers' Compensation	Effective Date: 02/03/2020
Number: HR-44	Date Last Reviewed/Revised: N/A
	Next Review Date: 02/03/2022

I. Purpose

The purpose of these procedures is to outline the processes related to the County's administration of the Virginia Workers' Compensation Act.

II. Background

The Virginia Workers' Compensation Act (Va. Code §§ 65.2-100 *et seq.*) requires employers to provide compensation, including wage loss benefits and medical treatment, for employees who sustain an injury by accident arising out of and in the course of their employment. The Act also requires employers to provide benefits for employees who suffer from an occupational disease arising out of and in the course of employment.

Loudoun County Government provides Workers' Compensation coverage to all employees (full-time, part-time, and temporary) and volunteers in the Combined Fire and Rescue System through a self-insured program administered by a third-party administrator. The third-party administrator is responsible for investigating claims, determining compensability of claims, authorizing medical treatment, processing payment of claim-related expenses, and responding to the Virginia Workers' Compensation Commission as necessary. The decisions made by the third-party administrator are governed by the Virginia Workers' Compensation Act and case law interpreting the Act.

All inquiries pertaining to workers' compensation benefits should be directed to Risk Management in the Department of Human Resources.

III. Related Policies and Laws

HR Policy 6.04.07 Injury Leave as Supplement to Workers' Compensation (HR Policy Handbook); *HR Policy 6.04.02 Family and Medical Leave* (HR Policy Handbook); *HR-18 Family and Medical Leave Act Procedures* (Administrative Policies and Procedures); and *HR-02 Americans with Disabilities Act (ADA) Employment Procedures* (Administrative Policies and Procedures); Va. Code §§ 65.2-100 *et seq.*

IV. Notice of Injury

- A. All employees shall give written notice of all work-related illnesses or injuries to their immediate supervisor or alternate designated person on the date of the

occurrence of an accident, or as soon thereafter as practical, but not to exceed twenty-four (24) hours after the incident or notification from a physician regarding a work-related occupational illness.

- B. Upon giving notice of an illness or injury, all employees shall complete the Employee's Work-Related Injury Report (Form #500) found on the Loudoun County Employee Intranet and the public Loudoun County website within forty-eight (48) hours after the incident. If the employee is incapacitated during the forty-eight (48) hours after the incident, the Employee's Work-Related Injury Report shall be completed as soon as practical.
- C. The Employee's Supervisor or HR Liaison must complete the state mandated Employer's Accident Report (Form #600) and submit both that form and the completed Form #500 to County Risk Management at risk@loudoun.gov, and to the third-party administrator within forty-eight (48) hours after the incident. Form #600 must be submitted after notice of an accident, even if the employee refuses to complete Form #500.
- D. The Employee's Supervisor or HR Liaison shall provide the Workers' Compensation Accident Reporting Packet ("Packet") to the employee. The Packet can be found on the Loudoun County Employee Intranet and on the public Loudoun County website at <https://www.loudoun.gov/1138/Human-Resources-Forms?NID=1138>.

V. Medical Attention

- A. In a medical emergency situation, employees may seek medical treatment from a hospital emergency room or walk-in clinic. If follow-up treatment is required, the employee must select one (1) authorized physician from the "Panel of Physicians: Primary Care."
- B. If medical treatment is required beyond basic first-aid or upon discharge from an emergency room, the employee shall select one (1) authorized physician from the "Panel of Physicians: Primary Care" provided by the County government, which can be found on the Loudoun County Employee Intranet and on the public Loudoun County website. In the event the employee's medical treatment plan requires a referral to a specialist, the employee must select a new authorized physician from the "Panel of Physicians: Specialty Care" document located on the Loudoun County Employee Intranet in the Safety and Emergency portal. If the specialty requested is not listed on the panel, the employee shall request a panel of physicians from the third-party administrator.
- C. Failure to choose an authorized physician from the panel of physicians will result in non-payment of medical bills for treatment sought.

- D. After an employee chooses a physician, the employee may not change physicians without prior approval by the third-party administrator, with the exception of the initial selection of a specialty physician, as indicated in V(B).
- E. At each medical appointment, the employee shall have the authorized physician complete the “Medical Treatment and Physical Demands Analysis” form (Form #700), which can be found on the Loudoun County Employee Intranet in the Safety and Emergency portal. This form must be returned, by facsimile or electronic mail, to the department HR Liaison, third-party administrator, and County Risk Management within twenty-four (24) hours of the appointment.
- F. If an employee is referred to physical therapy by the authorized treating physician, the employee may use the physical therapy facility of his/her choice. The “Medical Treatment and Physical Demands Analysis” form does not need to be completed after physical therapy appointments.

VI. Wage Loss Benefits

- A. For compensable workers’ compensation claims, wage loss benefits (Temporary Total Disability) are provided at the rate of two-thirds (2/3) of the employee’s average weekly wage, subject to weekly minimums and maximums as set forth by the Virginia Workers’ Compensation Commission. Pursuant to Virginia law, the average weekly wage is calculated using the employee’s gross wages from the fifty-two (52) weeks preceding the work-related illness or injury.
 - 1. Temporary Total Disability benefits for benefit-eligible employees are processed through County Payroll during the applicable period for injury leave.
 - 2. Temporary Total Disability benefits are paid directly by the third-party administrator to:
 - a. Employees not eligible for County leave benefits;
 - b. Employees after injury leave eligibility exhausts; and
 - c. Persons no longer employed with Loudoun County.
 - 3. Temporary Partial Disability and Permanent Partial Disability awarded by the Virginia Workers’ Compensation Commission will be paid directly to the employee by the third-party administrator.
- B. As a supplement to Workers’ Compensation wage loss benefits, employees who are out of work due to a compensable work-related illness or injury are eligible for injury leave as delineated in *HR Policy 6.04.07 Injury Leave as Supplement to Workers’ Compensation* in the Human Resources Policy Handbook. Injury Leave is available for up to a maximum of twenty-six (26) calendar weeks within a twelve (12) month period from the later of the initial date of injury or the date of the employee’s first absence.

1. If a claim is pending a compensability determination, the employee is eligible for injury leave.
 2. If a pending claim results in a determination of non-compensability by the third-party administrator, the employee is required to use accrued leave to repay any advanced injury leave. If no accrued leave is available, the employee will be required to repay the monetary value of the advanced injury leave.
- C. If an employee remains out of work beyond twenty-six (26) weeks and exhausts the maximum time period for injury leave, the employee must file a Long-Term Disability (LTD) claim to supplement the workers' compensation benefits.
1. LTD claim determinations are made by the County's limited-term disability vendor.
 2. Accepted LTD claims will be paid directly to the employee by the limited-term disability vendor.
 3. The employee is responsible for directly paying his/her portion of County healthcare premiums, as applicable, in order to avoid disruption of his/her personal healthcare plan.
- D. All absences from work due to a work-related illness or injury must be documented by a "Medical Treatment and Physical Demands Analysis" form (Form #700) signed by the authorized treating physician.
- E. Upon receiving a release to return to modified duty or full duty from the employee's authorized treating physician, a completed "Medical Treatment and Physical Demands Analysis" form (Form #700) must be presented to the employee's supervisor and HR Liaison, with a copy sent to Risk Management and the third-party administrator.

VII. Temporary Restricted Duty

- A. Temporary Restricted Duty positions may be available for those employees with a compensable work-related illness or injury, provided the employee is able to return to work with restrictions as stated by an evaluating physician on the "Medical Treatment and Physical Demands Analysis" form (Form #700). Requests are evaluated by the department and County Risk Management to determine feasibility and availability of modified duty for the employee.
- B. Sheriff's Office, Fire & Rescue, and Juvenile Detention Center employees shall adhere to their internal agency/department policies and procedures regarding temporary restricted duty.

VIII. Family and Medical Leave Act

Lost time due to a work-related illness or injury runs concurrent with leave under the Family and Medical Leave Act (“FMLA”). If an employee is expected to be out of work for more than three (3) days or three (3) shifts, the employee must initiate a request through the County’s FMLA claims administration vendor in accordance with Administrative Policies and Procedures *HR-18 Family and Medical Leave Act Procedures*.

IX. Americans with Disabilities Act Amendments Act (ADAAA) Notice

If an employee is unable to return to work because of a medically certified condition, but could perform the essential functions of his/her pre-injury position with an accommodation, the employee may request an accommodation in accordance with Administrative Policies and Procedures *HR-02 Americans with Disabilities Act (ADA) Employment Procedures*.

X. False Claims

Any employee who falsifies an injury claim or collaborates with an individual making a false claim of a job-related injury/illness shall be subject to the full penalties provided by the law, as well as disciplinary action up to and including termination.

XI. Denied Claims Policy

- A. Employees shall submit bills for denied Workers’ Compensation Injury claims to their personal health insurance carrier and may appeal the denial decision by filing a claim with the Virginia Workers’ Compensation Commission.
- B. The County will remit payment for the first date of medical services for an injury by accident that results in a claim denial by the third-party administrator, provided the injury was not sustained through a willful violation of known safety rules. Further, the County will not remit payment for the first date of medical services for employees who have pre-existing medical issues and illnesses common to the general public that manifest at some point during the work day requiring medical treatment.

Responsible Department/Division: Human Resources / Risk Management

This policy remains in effect until revised or rescinded.

Applicable forms available on the intranet at <https://intranet.loudoun.gov/1046/Workers-Compensation> and internet at: <https://www.loudoun.gov/1138/Human-Resources-Forms?NID=1138>. Contact HR/Risk Management at (703)777-0517 for more information.

1. Employee’s Work-Related Injury Report (Form #500)
2. Employer’s Accident Report (Form #600)
3. Medical Treatment and Physical Demands Analysis (Form #700)

Employee's Guide

I. What to do if you have an accident:

- 1) Promptly report injury / illness to your immediate supervisor or designated person in accordance with your department's protocol **within twenty- four (24) hours**. Failure to make timely notification may result in a claim denial. To report a work related incident you must complete the ***Employee's Report of Injury (FORM #500)*** along with your supervisor.
- 2) Your Supervisor will report your claim directly to CorVel and provide you with a claim number.

II. What to do if you need to seek medical treatment:

- 1) If you go to a facility for emergency care (i.e. ER, Urgent Care) and you are told to follow-up with your "family physician", you **must** choose a physician from the ***Panel of Physicians*** provided in this packet. If your family physician is on the panel, you may see him/her.
- 2) Loudoun County (in accordance with state law) requires that any employee that is injured during the course of work (or Fire & Rescue volunteer performing a volunteer activity) choose a medical provider from the ***Primary Care Panel of Physicians***. Once you choose a physician from the panel, you cannot change physicians without prior approval from CorVel. Failure to use an approved physician may result in non-payment of all medical bills relating to your injury /illness.
- 3) You must present the enclosed CorVel billing contact information to the medical provider / facility to insure the correct billing. Failure to do so may result in you receiving medical bills directly. **IMPORTANT NOTE:** Do **not** present your health insurance plan ID card for services involving a work-related injury or illness. If you do receive a medical bill please send it to Risk@Loudoun.gov and your claim adjustor.
- 4) You will need to take a ***Medical Treatment and Physical Demands Analysis (PDA) (FORM #700)*** with you to each medical appointment for your treating physician to complete. You must provide a copy to CorVel and Risk@loudoun.gov ***within twenty-four (24) hours*** of your appointment. If you have been instructed to make a follow-up appointment with a specialist, you must choose from the ***Panel of Physicians – Specialty***.
 - a. Treatment referrals **must** be authorized by CorVel in advance of your actual appointment.
 - b. Referrals and/or follow-up visits must be scheduled **within two (2) business days**.
 - c. You must take the **first available appointment** offered to you.
 - d. If you have difficulty obtaining an appointment, contact CorVel immediately.
- 5) If you are prescribed medication, you may get the prescription filled at most major pharmacies (i.e. Rite-Aid, Walgreens, Walmart). They will verify the prescription is for a work-related injury and bill CorVel accordingly.
 - a. If you need to obtain the medication before you receive a prescription drug card from CorVel, you will need to pay for the prescription, then forward the original cash register receipt and the prescription receipt attached to the bag, to CorVel for reimbursement, P.O. Box 6966 Portland, OR 97228.

III. What to do if you are not released to return-to-work:

- 1) Any absence from work must be substantiated by a ***Medical Treatment and Physical Demands Analysis (PDA) (FORM #700)*** from a panel physician.
 - a. Any absence from work due to your workers' comp injury/illness must be immediately reported to Risk Management, FMLASource, and your supervisor in accordance with your department's protocol.
- 2) **Lost time due to a Workers' Compensation illness / injury, whether paid or unpaid, runs concurrent with leave under the Family and Medical Leave Act (FMLA).** Please refer to the attached information on ***Reporting a Family and Medical Leave***. If you are not released to return to work and expected to be out **more than 3 days** (or shifts), you must contact FMLASource. FMLA protects your rights to be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment upon your return within twelve (12) workweeks in accordance with Federal Law and County policy.
- 3) **Injury leave** is a supplement to Workers' Compensation benefits and is available for up to a maximum of 26 calendar weeks within a 12-month period from (the later of) the date of initial injury or the date of the employee's first absence.
 - a. In order to be eligible to receive injury leave, your claim must be deemed compensable under workers' compensation.
 - b. If you are unable to return to work after injury leave has exhausted, you will continue to be eligible for a weekly benefit of 66 2/3% of your pre-injury average weekly wage through workers' compensation, mailed directly to you by the third-party administrator.
- 4) You may be eligible for an additional benefit under the County's disability plan once Injury Leave has exhausted. Contact The Standard at 800.426.4332 or Cylinthia Rice, Benefits Specialist, 703.771.5970 for more information or assistance. You will need to provide a copy of your award order from the Virginia Workers' Compensation Commission.
- 5) Income replacement from any/all sources may not exceed 100% of your pre-disability earnings.

IV. What to do before you can return to work:

- 1) Prior to returning to work, a ***Medical Treatment and Physical Demands Analysis (PDA) form (FORM #700)*** must be presented to your supervisor with a copy to Risk Management and CorVel stating you have been released to return to work, any limitations, and the effective date of that release.

V. Important Reminders

- 1) **Failure to comply with the County Workers' Compensation Policy (HR-44) may result in the suspension of Workers' Compensation benefits in addition to injury leave.** Failure to return to work when able to do so will result not only in suspension of injury leave, but also all workers' compensation benefits for this injury/illness.
- 2) Once you have been released by the Workers' Compensation treating physician, both Workers' Compensation benefits and injury leave cease.

**Should you have any questions, please contact your
assigned adjuster at CorVel or
Loudoun County Risk Management, 703-771-5676.**



**LOUDOUN COUNTY GOVERNMENT RISK MANAGEMENT
AUTHORIZED PHYSICIANS' PANEL FOR WORKERS' COMPENSATION**

September 26, 2023

- Loudoun County (in accordance with the VA code) requires that any person injured during a work or volunteer activity choose from a **Panel of Physicians** for treatment.
- Once you choose a physician from the panel, you cannot change the physician without prior approval from your CorVel Corporation Claims Specialist and Loudoun County Risk Management.
- Follow-up care, if needed, must be provided by a specialty physician listed by name on the Specialty Care Panel. **DO NOT ACCEPT APPOINTMENTS WITH ANOTHER PHYSICIAN, EVEN IF THE PHYSICIAN IS IN THE SAME OFFICE.**
- Failure to choose and treat with one of the physicians from the Panel may result in suspension of benefits: both wages and payment of unauthorized medical expenses. You are responsible for selecting a provider of your choice from the Panel of Physicians.
- Please notify your claims specialist if the type of specialty care referral is not listed (dentist, cardiologist, optometrist, plastic surgeon, specialty surgeon for burns, or any other specialty not listed).
- Use hospital emergency rooms only for life-threatening injuries or illnesses, or when immediate care is critical.
- According to Section 65.2-603 of the Virginia Workers' Compensation Act, an injured employee must select his/her treating physician from a list of at least three (3) physicians chosen by his/her employer or insurance carrier.
- ****Telehealth Appointments available.**

URGENT MEDICAL CARE

PLEASE CALL AHEAD TO CONFIRM CURRENT OFFICE STATUS

INOVA URGENT CARE**

1488 North Point Village Center
Reston, VA 20194
P: 571-525-5850
Hours: Everyday 8AM-8PM

INOVA URGENT CARE**

24801 Pinebrook Road, #110
Chantilly, VA 20152
P: 703-722-2500
Hours: Everyday 8AM-8PM

INOVA URGENT CARE

300 Fort Evans Road #103
Leesburg, VA 20176
P: 571-252-9953
Hours : Mon - Fri 8:00 am - 8:00 pm
Sat-Sun 9AM-5PM

CARENOW OCCMED**

46200 Potomac Run Plaza
Sterling, VA 20164
P: 571-313-5087
Hours: M-F 8AM-9PM, Sat 8AM-7PM
Sun 8AM-5PM

CARENOW OCCMED**

4995 Westone Plaza
Chantilly, VA 20151
P: 571-441-3980
Hours: M-F 8AM-9PM, Sat 8AM-7PM
Sun 8AM-5PM

CARENOW OCCMED**

3456 Historic Sully Way
Chantilly, VA 20151
P: 703-435-3838
Hours: M-F 8AM-9PM, Sat 8AM-7PM
Sun 8AM-5PM

LMG IMMEDIATE CARE**

46440 Benedict Drive, #107
Sterling, VA 21064
P: 703-450-1125
Hours: M-F 8AM-8PM, Sat & Sun 9AM-5PM

PATIENT FIRST**

601 Potomac Station Drive
Leesburg, VA 20176
P: 703-840-1396
Hours: Everyday 8AM-10PM

PATIENT FIRST**

9715 Liberia Avenue
Manassas, VA 20110
P: 571-229-1797
Hours: Everyday 8AM-10PM

PATIENT FIRST**

47100 Community Plaza Suite 100
Sterling, VA 20164
P: 703-880-1403
Hours: Everyday 8AM-10PM

PATIENT FIRST**

3918 Centreville Road
Chantilly, VA 20151
P: 703-657-6925
Hours: Everyday 8AM-10PM

AMHERST FAMILY PRACTICE**

1867 Amherst Street
Winchester, VA 22601
P: 540-667-8724
Hours: M-F 7AM-5PM, Sat 9AM-2PM
***Telehealth appointments available after initial in-person visit**

FOR ORTHOPAEDIC INJURIES:

Ortho On-Call Urgent Care**

1760 Old Meadow Road, Suite 500
McLean, VA 22102
(703) 810-5217 fax (703) 810-5423
Hours: M-F 8am-8pm
Sat 9am-5pm

Ortho On-Call Urgent Care**

3620 Joseph Siewick Drive, Suite 100
Fairfax, VA 22033
(703) 810-5223 fax (703) 810-5403
Hours: M-F 8am-8pm
Sat 9am-5pm

*** PHYSICAL THERAPY: You must request authorization for treatment from your CorVel Claims Specialist prior to receiving treatment.**

***You may seek treatment at any Inova Urgent Care or Patient First location**



LOUDOUN COUNTY GOVERNMENT PANEL OF PHYSICIANS: SPECIALTY CARE

Use hospital emergency rooms only for life-threatening injuries or illnesses, or when immediate care is critical.

Treatment at emergency rooms and Urgent Medical Care Facilities is limited to three visits only. Follow-up care, if needed, must be provided by a physician listed by name on this listing.

Once a treating physician named on this panel is selected, you may not change without prior approval of the CorVel adjuster.

DO NOT ACCEPT APPOINTMENTS WITH ANOTHER PHYSICIAN, EVEN IF THE PHYSICIAN IS IN THE SAME OFFICE.

Orthopaedic

Countryside Orthopaedics Imran Khan, M.D. (Upper Extremity/Hand/Wrist/Elbow)	19465 Deerfield Avenue, Suite 405	Leesburg	VA	20176	P: 703-858-1800	F: 703-858-1801
Town Center Orthopaedic Associates Jeffrey Berg, M.D. (Sports Medicine) Aaron Carter, M.D. (Sports Medicine) Thomas Fleeter, M.D. (Sports Medicine) George Kartalian, Jr., M.D. (Lower Extremity, Foot & Ankle) Mohammad Ali Khoshnevisan, M.D. (Hand & Wrist) David R. Miller, M.D. (Upper Extremity, Hand & Wrist) Ryan G. Miyamoto, M.D. (Shoulder/Hip/Knee) Dhruv B. Pateder, M.D. (Spine) James Reeves, M.D. (Hip/Knee) Bradley Boyd, D.O. (Hip/Knee/Shoulder) Charles Seal, M.D. (Spine) Abbas Naqvi, MD (Hip/Knee) Collin Messerly, DPM (Foot/Ankle)	1860 Town Center Drive, Suite 300 6201 Centreville Road 44095 Pipeline Plaza, Suite 370 11166 Fairfax Boulevard, #400	Reston Centreville Ashburne Fairfax	VA	20190 20121 20147 22030	P: 703-435-6604	F: 703-662-4506
NOVA Spine Center Mark Shasti, M.D. (Ortho/Spine)	46090 Lake Center Plaza, Suite 102	Sterling	VA	20165	P: 703-774-3132	F: 703-683-7801
NOVA Spine Center Mark Shasti, M.D. (Ortho/Spine)	5101-B Backlick Road	Annandale	VA	22003	P: 703-774-3132	F: 703-683-7801
The Orthopaedic Group (Loudoun Medical Group) Matthew Gavin, M.D. (General/Sports Medicine) Rahman Kandil, M.D. (General/Sports Medicine) Michael Kavanagh, M.D. (General/Sports Medicine)	224-D Cornwall Street, NW Suite 204	Leesburg	VA	20176	P: 703-777-3262	F: 703-777-3365
The Orthopaedic Group (Loudoun Medical Group) Rahman Kandil, M.D. (General/Sports Medicine)	19450 Deerfield Avenue, Suite 200	Leesburg	VA	20176	P: 703-777-3262	F: 703-777-3365
The Orthopaedic Group (Loudoun Medical Group) Rahman Kandil, M.D. (General/Sports Medicine)	24430 Stone Springs Boulevard, Suite 100	Dulles	VA	20166	P: 703-777-3262	F: 703-777-3365
Inova Orthopedics Christopher P Silveri M.D. (Spine)	3580 Joseph Siewick Drive Suite 105	Fairfax	VA	22023	P: 571-472-4470	F: 703-391-3965
Virginia Spine & Sports Orthopedics Angela Santini, M.D. (General)	19450 Deerfield Avenue, Suite 175	Lansdowne	VA	20176	P: 703-858-5454	F: 703-858-4650
The Center for Spinal Surgery Dr. Ian Wattenmaker, M.D. (Spine)	19450 Deerfield Avenue, Suite 300	Lansdowne	VA	20176	P: 703-777-1553	F: 703-777-5524
Orthopaedic & Spine Surgery Institute Ali Moshirfar, M.D. (Spine)	19450 Deerfield Avenue, Suite 275	Lansdowne	VA	20176	P: 703-723-6774	F: 703-723-1494

OrthoVirginia W. Bartley Hosick M.D. (Hip/Knee) Christopher Highfill, M.D, (Foot and Ankle) Kevin E. Peltier, M.D. SportsMedicine/Knee/Shoulder/Elbow John J. Kim, M.D. (Sports Medicine/Knee/Shoulder) Adam Lorenzetti, M.D. (Shoulder/Elbow)	15195 Heathcote Boulevard, Suite 334	Haymarket	VA	20169	P: 703-369-9070	F: 703-369-9240
OrthoVirginia George Aguiar, M.D. (knee/Shoulder/Sports Medicine) Vignesh Alamanda, M.D. (Hip/Knee) Daniel K. Laino, M.D. (Elbow, Hand, Wrist) Thomas Mazahery, M.D. (Spine) William R. Mook, M.D. (Knee/Shoulder/Sports Medicine) Sriniketh Sundar, D.O. (Pain Management) Paul J. Switaj, M.D. (Foot and Ankle) Amanda B. Trucksess, M.D. (Regenerative Medicine) Jennifer Wood, M.D. (General / Trauma / Hip)	1850 Town Center Parkway Suite 400 & 303, Pavilion 1 Building	Reston	VA	20190	P 703-810-5202	F 703-810-5420
OrthoVirginia Johnathan Bernard M.D.(Knee/Shoulder/SportsMedicine) Nathan Coleman, M.D. (Knee/Shoulder/Sport Medicine) Rishi Gogineni, M.D.(General/Knee/Hip) Adam Lorenzetti, M.D.(Elbow/Hand/Wrist/Shoulder) Michael Schreck, M.D. (Elbow/Hand/Wrist) Paul Switaj, M.D. (Foot and Ankle)	24600 Millstream Drive, Suite 380	Aldie	VA	20105	P 703-810-5241	F 571-407-5689
OrthoVirginia Michael Antonis, D.O. (Regenerative/Sports Medicine) Johnathan Bernard, M.D.(Knee/Shoulder/SportsMedicine) Nathan Coleman, M.D. (Knee/Shoulder/SportsMedicine) Rishi Gogineni, M.D. (General/Knee/Hip) Adam Lorenzetti, M.D. (Elbow/Hand/Wrist/Shoulder) Michael Schreck, M.D. (Elbow/Hand/Wrist) Sriniketh Sundar, D.O. (Pain Management) Paul Switaj, M.D (Foot and Ankle)	20041 Riverside Commons Plaza	Ashburn	VA	20147	P 703-466-0447	F 703-810-5313
OrthoVirginia Michael S. Antonis, D.O. (Regenerative/Sports Medicine) Jamie M. Grossman, M.D. (General/Knee/Shoulder/Sports Medicine) Garry W. K. Ho, M.D. (Regenerative/Sports Medicine) H. Edward Lane, III, M.D.(General/Knee/Shoulder/Spine) Kevin C. Lutta M.D. (Foot and Ankle) Andrew Neviaser, M.D.(Elbow/Hand/Wrist/Shoulder/Sports Medicine) Frank A. Pettrone, M.D. (General /Sports Medicine) D. Andrew Parker, M.D. (Hip/Shoulder/Sports Medicine) Brantley P. Vitek, Jr., M.D.. (General/Knee/Shoulder/Sports Medicine)	8270 Willow Oaks Corporate Drive, Suite 700	Fairfax	VA	22031	P 703-810-5228	F 571-407-5659
Ortho Virginia George Aguiar, M.D. (knee/Shoulder/Sports Medicine) Vignesh Alamanda, M.D. (Hip/Knee) Kevin C. Lutta, M.D. (Foot and Ankle) Jennifer Wood, M.D. (General/Trauma/Hip)	13350 Franklin Farm Road, Suite 220	Herndon	VA	20171	P 703-810-5204	P 703-810-5223

OrthoVirginia Jessalynn Adam, M.D. (Regenerative/Sports Medicine) Vignesh Alamanda, M.D. (Hip/Knee) Elshaday Belay, M.D. (Hip/Knee) Alexander S. Croog, M.D. (Elbow/Hand/Wrist) Rishi Gogineni, M.D. (General/Knee/Hip) H. Edward Lane, III, M.D.(General/Knee/Shoulder/Spine) Keith W. Lawhorn, M.D. (Knee/Shoulder/Sports Medicine) David W. Lee, M.D. (Elbow/Hand/Wrist/Shoulder) David J. Novak, M.D. (Knee/Shoulder/Sports Medicine) Brantley P. Vitek, Jr., M.D (General/Knee/Shoulder/Sports Medicine)	3620 Joseph Siewick Drive, Suite 100	Fair Oaks	VA	22033	P 703-810-5223	F 703-810-5403
Virginia Spine Institute Christopher Good, M.D. (Spine) Colin Haines, M.D. (Spine) Ehsan Jazini, M.D. (Spine) Thomas Schuler, M.D (Spine)	11800 Sunrise Valley Drive, 8th Floor	Reston	VA	20191	P: 703-337-3285	F: 703-369-9240 F 703-810-5420 F 571-407-5690
Neurosurgery						
Center for Cranial & Spinal Surgery Donald Hope, M.D.	1830 Town Center Drive Suite 103	Reston	VA	20190	P: 703-560-1146	F: 703-560-2605
Cerebrum M.D. Joseph Watson, M.D.	8230 Boone Boulevard, Suite 360	Vienna	VA	22182	P: 703-748-1000	F: 703-748-1010
Atlantic Brain & Spine Jae Y. Lim, M.D.	1850 Town Center Parkway, Suite 559	Reston	VA	20190	(703) 876-4270	(703) 876-4276
Commonwealth Neurosurgery, LLC Sean Jebraili, M.D.	19465 Deerfield Avenue, Suite #307	Lansdowne	VA	20176	P: 703-729-4692	F: 703-729-4693
Commonwealth Neurosurgery, LLC Sean Jebraili, M.D.	8280 Willow Oaks Corporate Drive, #600	Fairfax	VA	22031	P: 703-729-4692	F: 703-729-4693
Neurology						
Virginia Center for Neuroscience Seth Tuwiner, M.D.	24430 Stone Springs Boulevard 19490 Sandridge Way, Suite 260	Dulles Lansdowne	VA	20166 20176	P: 703- 293-5244	F: 703-858-5323
Prince William Neuroscience Yvette C. Sandoval, M.D. Hoda M. Hachicho, M.D.	8650 Sudley Road, Suite 212	Manassas	VA	20110	P : 703-369-0600	F: 703-369-7487
Neurologic Associates Mark Landrio, M.D.	905 Cedar Creek Grade	Winchester	VA	22601	P: 540-722-8882	F: 540-722-8883
Physical Medicine & Rehab						
DMV Spine and Pain Gaurav Bhatia, M.D.	46090 Lake Center Plaza, Suite 102	Sterling	VA	20165	P: 703-719-8583	F: 703-719-4935
Town Center Orthopaedic Associates, P.C. David Kim, M.D.	1860 Town Center Drive, Suite300 6201 Centreville Road 44095 Pipeline Plaza,Suite 370	Reston Centreville Ashburne	VA	20190 20121	P: 703-435-6604	F: 703-662-4506
National Spine and Pain Centers Marina Protopapas, D.O. Virgil Balint, M.D. Rae Davis, M.D.	3620 Joseph Siewick Drive, Suite 101 1860 Town Center Drive, Suite 430 19500 Sandridge Way, Suite 100	Fairfax Reston Lansdowne	VA	22003 20190 20176	P: 571-512-7000 P: 703-738-4335 P: 571-707-3535	F: 703-620-0042 F: 703-642-1876 F: 571-223-0596
NOVA Interventional Pain and Spine Anil Chenthitta, M.D.	19450 Deerfield Avenue, Suite 280	Lansdowne	VA	20176	P: 571-510-3815	F: 571-510-3675
Mount Vernon Rehab Medicine Associates Ali Ganjei, M.D.	3299 Woodburn Road Suite 380	Annandale	VA	22033	P: 703-729-0141	F: 703-729-0143
Virginia Spine Institute Niteesh Bharara, M.D. Thomas Nguyen. M.D.	11800 Sunrise Valley Drive, 8th Floor	Reston	VA	20191	P: 703-337-3285	F: 703-709-1117

All referrals for Imaging, Physical Therapy, Durable Medical Equipment & Home Health should be forwarded to CorVel's CAREIQ Team. These referrals can be made by: 1) Email attached referral form to: orders@CORVEL.com, 2) Fax - Complete the CareIQ Program Referral Form and fax to 866-915-0958 or 3) Call in the referral to: 1-866-866-1101.*Please have all referral, physician and claimant information available.

LOUDOUN COUNTY GOVERNMENT PHYSICAL THERAPY LISTING

<u>NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST</u>	<u>ZIP</u>	<u>PHONE</u>	<u>FAX</u>	<u>SUB SPECIALTY</u>
The Jackson Clinics	24560 Southpoint Drive, #250	Aldie	VA	20105	(571) 370-3686	(855) 708-4713	Physical Therapy
Physiotherapy Associates Inc	21785 Filigree Ct Ste 209	Ashburn	VA	20147	(703) 723-8800	(703) 723-4134	Physical Therapy
The Jackson Clinics	43490 Yukon Drive, Suite 212	Ashburn	VA	20147	(703) 729-7920	(703) 729-7923	Physical Therapy
Spine and Orthopedic Solutions	44320 Premier Plaza, #200	Ashburn	VA	20147	(703) 777-5746	(571) 258-4763	Physical Therapy
Berryville Physical Therapy	322-A North Buckmarsh Street	Berryville	VA	22611	(540) 955-1837	(540) 955-1838	Physical Therapy/Vestibular Therapy
The Jackson Clinics	42365 Soave Dr., Suite 200	Brambleton	VA	20148	(571) 349-3116	(571) 349-3119	Physical Therapy
The Jackson Clinics	5900 Fort Drive, Suite 208	Centerville	VA	20121	(703) 830-6360	(703) 830-6362	Aquatic Therapy / Physical Therapy / Dry Needling
Town Center Orthopaedics Associates - PT	6201 Centreville Road, #600	Centreville	VA	20121	(703) 435-6604	(703) 662-4506	Physical Therapy/Occupational Therapy/CHT/Dry Needling
Excel Rehabilitation	9860 Fairfax Blvd, Suite #1	Fairfax	VA	22030	(703) 383-1616	(703) 383-1166	Physical Therapy
Pivot Physical Therapy	10940 Lee Highway Suite D1	Fairfax	VA	22030	(571) 321-5430	(571) 321-5999	Physical Therapy/Vestibular Therapy
The Jackson Clinics	8550 Lee Highway, Suite 450	Fairfax	VA	22031	(703) 208-1002	(703) 208-1127	Physical Therapy
The Jackson Clinics	10517-D Braddock Rd	Fairfax	VA	22032	(571) 351-5618	(571) 351-5619	Physical Therapy
PRO Physical Therapy	1729 N. Shenandoah Avenue, #2	Front Royal	VA	22630	(540) 636-6179	(540) 636-8753	Physical Therapy/Work Conditioning/ Dry Needling
Momentum Physical Therapy	7915 Lake Manassas Drive, Ste 305	Gainesville	VA	20155	(571) 248-0248	(571) 248-0250	Physical Therapy/Vestibular Therapy/Dry Needling
Pivot Physical Therapy	6444 Trading Square	Haymarket	VA	20169	(571) 932-3480	(571) 932-8072	Physical Therapy/Vestibular Therapy/Dry Needling
The Jackson Clinics	150 Elden Street, Suite 240	Herndon	VA	20170	(703) 689-3737	(703) 689-3889	Physical Therapy/ Dry Needling/ Work Hardening /Work Conditioning
The Jackson Clinics	13039 Worldgate Drive	Herndon	VA	20170	(703) 689-3164	(703) 689-3167	Physical Therapy
Countryside Orthopaedic - Physical Therapy	19465 Deerfield Avenue, Suite 405	Leesburg	VA	20176	(703) 858-1805	(703) 858-1801	Physical Therapy/Dry Needling/OT/Hand Therapy
Pivot Physical Therapy	210 B Fort Evans Road	Leesburg	VA	20176	(571) 367-7960	(571) 367-0157	Physical Therapy/Concussion Management/ Dry Needling/ Vestibular Therapy/ Occupation Therapy
The Jackson Clinics	30 Catoctin Circle SE, Suite 112	Leesburg	VA	20175	(571) 918-0197	(571) 918-4253	Physical Therapy
The Jackson Clinics	7764 Armstead Road, #210	Lorton	VA	22079	(703) 546-0013	(703) 546-0014	Physical Therapy/Vestibular Therapy / Graston Technique
The Jackson Clinics	119 The Plains Rd, Suite 100	Middleburg	VA	20117	(540) 687-8181	(540) 687-8256	Physical Therapy
The Jackson Clinics	2960 Chain Bridge Road, Suite 201	Oakton	VA	22124	(703) 242-6460	(703) 242-6463	Aquatic Therapy / Physical Therapy

Town Center Orthopaedics Associates - PT	1860 Town Center Drive, #300	Reston	VA	20190	(703) 435-6604	703) 662-4506	Physical Therapy/Occupational Therapy/CHT/Dry Needling
Industrial Health	8001 Braddock Road, Suite 100	Springfield	VA	22151	(800) 521-8065	(703) 842-8416	Physical Therapy/ Work Hardening/ Work Conditioning/Vestibular Therapy/Cognitive FCE/Impairment Ratings
Industrial Health	113 Executive Drive, #112	Sterling	VA	20166	(800) 521-8065	(703) 842-8416	Physical Therapy/ Work Hardening/ Work Conditioning/Vestibular Therapy/Cognitive FCE/Impairment Ratings
Pivot Physical Therapy	21453 Epicerie Pl Ste 100	Sterling	VA	20164	(703) 662-8151	(703) 662-9223	Physical Therapy/Concussion Management/Vestibular
The Jackson Clinics	2 Pidgeon Hill Drive, Suite 350	Sterling	VA	20165	(571) 306-4113	(571) 313-1073	Physical Therapy
Industrial Health	410 Belle Air Lane, Warrenton, VA 20186	Warrenton	VA	20186	(800) 521-8065	(703) 842-8416	Physical Therapy/ Work Hardening/ Work Conditioning/Vestibular Therapy/Cognitive FCE/Impairment Ratings
Capitol Rehab of Winchester	230 Costello Dr Ste 1	Winchester	VA	22602	(540) 665-4444	(540) 665-4473	Physical Therapy/FCE/Work Conditioning/Work Hardening
Pivot Physical Therapy	2650 S Pleasant Valley Rd	Winchester	VA	22601	(540) 228-1941	(540) 707-9482	Physical Therapy/ Work Hardening /Work Conditioning
PRO Physical Therapy	3127 Valley Avenue - Creekside Station	Winchester	VA	22601	(540) 667-1800	(540) 667-3839	Physical Therapy/Dry Needling/Concussion Therapy/TMJ/Vestibular Therapy

EMPLOYEE'S WORK-RELATED INJURY REPORT (FORM #500)

Fire/Rescue and LCSO: Please follow your department's internal procedures before submission to CorVel and DHR/Risk. **Employee:** Complete this report and return to your supervisor or HR Liaison. **Supervisor:** Review the incident with the employee and complete the *Employer's Accident Report* (FORM #600). When completed, both forms shall be forwarded within **24 hours of the accident** to CorVel at GM-RIVA-EC_Claims@Corvel.com, with a copy of the form sent to the Department of Human Resources, Risk Management Division, at risk@loudoun.gov and your department's HR Liaison, pursuant to Administrative Policies and Procedures HR-44.

INJURED EMPLOYEE OR VOLUNTEER			
NAME (Last, First, MI)		ADDRESS:	
PHONE NUMBER:			
EMPLOYEE ID NO.:	Birthdate:	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	JOB TITLE (OR INDICATE VOLUNTEER):

DEPARTMENT INFORMATION	
DEPARTMENT:	DATE YOU NOTIFIED SUPERVISOR:
NAME OF SUPERVISOR NOTIFIED:	HAVE YOU RETURNED TO WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time returned:

THE ACCIDENT				
DATE OF ACCIDENT:	TIME:	LOCATION:	DATE REPORTED:	LAST DAY WORKED:
TYPE OF INJURY <input type="checkbox"/> Strain/sprain <input type="checkbox"/> Fracture <input type="checkbox"/> Laceration/cut		<input type="checkbox"/> Bruising <input type="checkbox"/> Scratch/abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Burn scald	<input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Foreign body <input type="checkbox"/> Chemical reaction	<input type="checkbox"/> Other (specify): INJURED PART OF BODY: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> N/A

PRIOR TO THE ACCIDENT – What were you doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or materials you were using, including PPE worn. Be specific. (Example: "Arresting subject.")

DESCRIPTION – How did the injury or illness occur? (Example: "While arresting subject, fell to the ground and landed on arm.")

PREVENTION - What can be done to prevent future occurrences?

MEDICAL TREATMENT	
Did you receive medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Person/Doctor/Hospital (if applicable):

I certify that the information in this Work-Related Injury Report is true and accurate to the best of my knowledge. I understand that CorVel will rely upon this form in evaluating my claim. I further understand that this document may be presented or used in support of or against a claim for payment under the County's policy of workers' compensation insurance. I understand falsification of any information on this injury report and/or the assertion of a false workers' compensation claim are violations of Virginia's Criminal laws and may result in a fine, imprisonment and/or termination of my employment.

Employee/Volunteer _____ Date _____
Signature

Supervisor Signature _____ Date _____



GIVE TO MEDICAL PROVIDER

Workers' Compensation Billing Information

CorVel

P.O. Box 6966

Portland, OR 97228

Phone: 804-418-7100

Fax: 833-746-8307

Indemnity Adjusters: Farhana Islam 804-887-2700 and

Vlad Kalmanovich 804-887-2054

Medical Only Adjusters: Felix Liriano 804-420-1711

Jesy Young 804-887-2006

County Risk Management: Katy Sandin-Finch, 703-771-5676



GIVE TO MEDICAL PROVIDER

Workers' Compensation Billing Information

CorVel

P.O. Box 6966

Portland, OR 97228

Phone: 804-418-7100

Fax: 833-746-8307

Indemnity Adjusters: Farhana Islam 804-887-2700 and

Vlad Kalmanovich 804-887-2054

Medical Only Adjusters: Felix Liriano 804-420-1711

Jesy Young 804-887-2006

County Risk Management: Katy Sandin-Finch, 703-771-5676

Medical Treatment & Physical Demands Analysis

A new copy of this form must be taken to all doctor appointments and returned to risk@loudoun.gov or Fax 571-258-3212 within 24 hours.

To Be Completed by Employee

CorVel Claim No. (If known): _____

Name: _____ Date of Injury: _____ Phone: _____

Job Title & Brief Description of Job Duties (or attach copy of job description / performance plan): _____

I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, CorVel, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.

Employee's Signature: _____ Date: _____

I. To Be Completed by Healthcare Provider:

☐ New Injury ☐ Follow-up Treatment ☐ Aggravation of Pre-existing Injury Date of Exam _____

Diagnosis: _____

Treatment: (including surgery, physical therapy, medications, and diagnostic procedures.) _____

☐ Return to regular duty on _____ Patient discharged from care? ☐ Yes ☐ No
☐ Return to work with restrictions on _____, until _____
☐ Follow-up appointment date _____ ☐ No follow-up necessary ☐ Referred to Specialist
☐ Unable to return to work until _____ Copy of job description reviewed? ☐ Yes ☐ No

Physical Demands Analysis: **Modified duty may be available for employee.**

✓	Lifting Amounts (check or circle)	Occasional (1-33%)	Frequent (34-66%)	Constant (67-100%)
	Heavy Work	100 lbs	50 lbs	20 lbs
	Medium Heavy Work	75 lbs	35 lbs	15 lbs
	Medium Work	50 lbs	25 lbs	10 lbs
	Light Work	20 lbs	10 lbs	4 lbs
	Sedentary-Light Work	15 lbs	8 lbs	3 lbs
	Sedentary Work	10 lbs	5 lbs	2 lbs

✓ Check as appropriate.	Never (0 Hrs)	Occasional (1-4 Hrs)	Frequent (4-8 Hrs)	Always (9-12 Hrs)
Sit				
Stand/Walk				
Bend				
Twist				
Squat/Crouch				
Reach				
Climb				
Drive				
Use of hands for repetitive grasping, fine manipulation, pushing & pulling.				
Use of foot/feet for repetitive movement as in operating foot controls.				

Please return form to Loudoun County,
 Department of Human Resources
 Attn: Risk Management/Workers'
 Comp,
risk@loudoun.gov
 Phone 703.771.5676
 Fax 571.258.3212
 and
 CorVel
GM-RIVA-EC_Claims@Corvel.com
 Fax to 866-913-1539

Signature of Healthcare Provider: _____ Phone: _____ Date: _____

Reporting a Family and Medical Leave

How to Report a Family and Medical Leave to FMLASource®

To report an FMLA leave you can:

1. Call 877.GO2.FMLA (877.462.3652) and talk to a live representative during business hours or leave a message after hours.
2. Go to www.fmlasource.com, log in, and click on the Request Leave tab.
3. E-mail fmlacenter@fmlasource.com with the information detailed below regarding your leave.

What information will FMLASource need?

- › Company name
- › Your first and last name
- › Employee ID #
- › Reason for your leave
- › Estimated return to work date
- › FMLASource will need the name, telephone number and fax of your attending physician.

When should time off be reported to FMLASource?

First, report your absence for leave to your supervisor. Then, contact FMLASource if and/or when:

Then contact FMLASource if and/or when:

- › You or an immediate family member is hospitalized for any amount of time.
- › You are incapacitated for more than three calendar days and seeking treatment by a health care provider.
- › You are pregnant or missing work due to anything medically related to your pregnancy.
- › You are bonding with a newly born child or a recently placed adopted or foster child.
- › You are caring for an immediate family member (spouse/ domestic partner, parent or child) who is ill or injured.
- › You will be absent periodically due to a chronic or permanent disabling condition of your own or an immediate family member.
- › You are caring for an injured service member condition.
- › You need to miss work due to a qualified exigency related to an immediate family member's active service member's duty.
- › You are seeking leave for military service or related activities.

When should I follow-up with FMLASource?

Follow up with FMLASource when you need to:

- › Verify the receipt of the medical certification form completed by your health care provider
- › Provide updated information related to your leave
- › Get an extension to your already approved leave
- › Returning back to work earlier than anticipated
- › Report the date of delivery of your newborn child
- › Report intermittent FMLA absences
- › Get answers to any questions!

How to Access Information About Your Leave

While you can speak to a representative during normal business hours, you can also call 877.GO2.FMLA (877.462.3652) anytime, 24/7, to use our automated system to report on an existing leave, check your leave status, report a return to work date and more. Before you call, have your employee ID and claim number handy. If you don't have them, you will need to speak with a representative during business hours.

Your information is also available at www.fmlasource.com.

Additional Leaves

In addition to Family and Medical Leaves, FMLASource also administers the following state leaves when applicable: State Military Leave, Domestic Violence, Witness/Crime (ex. testifying at trial) and Civic Engagement (ex. Red Cross disaster relief services). Not all leaves are available in every state and the requirements for each state vary.

Contact Information

FMLASource

455 N. Cityfront Plaza Drive, 10th Floor
Chicago, IL 60611

877.GO2.FMLA (877.462.3652)

Confidential fax numbers: 877.309.0217 or 877.309.0218

www.fmlasource.com

E-mail at: fmlacenter@fmlasource.com

Business Hours: Mon. – Fri. 7:30 a.m. to 9:30 p.m. CST



Your Rights & Responsibilities Under the Family & Medical Leave Act

FMLA requires covered employers to provide unpaid, job protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for a covered employer for at least one year and for 1,250 hours over the previous 12 months, work at a site with at least 50 employees within 75 miles, and have leave time available.

Reasons for taking leave:

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent who has a serious health condition;
- To address certain qualifying exigencies arising from an employee's spouse, son, daughter, or parent on active duty or call to active duty in the National Guard or Reserves in support of a contingency operation;
- For incapacity due to pregnancy, prenatal medical care, or post-partum recovery;
- For a serious health condition that makes the employee unable to perform his or her job.

Qualifying exigencies may include attending certain military events, arranging for alternative child-care or parental care, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post deployment reintegration briefings.

FMLA requires covered employers to provide a special leave entitlement of up to 26 weeks of unpaid, job-protected leave during a single, 12-month period to care for a child, parent, spouse or next of kin who is a covered servicemember. A covered servicemember is a current member of the Armed Forces (including Guard and Reserves), or a veteran who has been honorably discharged within the past five years, who has a serious injury or illness incurred or aggravated in the line of active duty that may render the servicemember medically unfit to perform his/her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. H:\QEC & ISM revision\Admin documents

Use of Leave

An employee does not need to use this leave entitlement in one block. When medically necessary, leave may be taken on an intermittent or reduced-schedule basis. Employees must make reasonable efforts to schedule leave for planned medical treatment so as to not unduly disrupt the employer's operations.

Definition of a Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Benefits and Protections:

While on FMLA leave, the employer must maintain the employee's health coverage under any “group health plan” on the same terms as if the employee had continued to work.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA cannot result in the loss of any employment benefit that accrued prior to the start of the employee's leave.

Substitution of paid leave for unpaid leave:

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employee must provide 30-days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedure.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health-care provider, or the circumstances supporting the need for military family leave. Employees must also inform their employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees may also be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If the employee is eligible, the notice must specify any additional information required along with a copy of this notice. If the employee is not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or related to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information

Please contact the nearest office of the Wage and Hour Division, listed in most telephone directories under US Government – Department of Labor, or contact your human resource department.

Supervisor's Guide

I. What to do when an accident/injury occurs:

1. In a life-threatening emergency, dial 911 immediately for an ambulance.
2. In a non-life-threatening situation, if needed ensure the employee obtains medical treatment at a nearby medical facility (emergency treatment, if required, or from the employee's panel of physicians selection). You should provide or coordinate transportation for the employee.
 - a. **Supervisor must report the claim to CorVel** upon notice of all injuries/illnesses by calling **833-746-8307** (Supervisors, HR Liaisons or Safety Officers Only). Claims may be filed 24/7.
3. Provide injured employee with their claim number from CorVel and an ***Accident Reporting Packet*** once the incident/accident is reported. Have the employee complete an ***Employee's Report of Injury (FORM #500)***, review for accuracy and completeness, and sign.
4. Investigate and report all injuries / illnesses.
 - a. Observe the area in which the incident occurred and take pictures as appropriate.
 - b. Ask witnesses to the incident to complete a ***Witness Statement***.
 - c. Document and report any questionable circumstances related to the incident.
 - d. You will need to complete the ***Employer's Accident Report (FORM #600)*** as supplemental information.
 - i. Submit the ***Employee's Report of Injury (Form #500)*** and ***Employer's Accident Report (FORM #600)*** to CorVel at GM-RIVA-EC_Claims@Corvel.com with a copy to Risk@Loudoun.gov within **twenty-four (24) hours** of the incident.
5. If the employee's injury results in any lost work time, you must notify Risk Management as soon as you become aware for payroll purposes. Please email a copy of the timesheet to Katy.Sandin@loudoun.gov.

II. What to do when an employee is not released to return to work:

1. The injured employee should provide you a copy of all off work, restricted duty and return-to-work slips from the treating physician (Medical Treatment & Physical Demands Analysis form #700).
2. If the employee is off work for 3 or more days notify the employee of their FMLA rights and responsibilities.
3. Full Duty/Restricted duty releases must be evaluated and authorized by the Department Head or designee in consultation with Risk Management in advance of the employee's return-to-work.
 - a. A decision on restricted duty assignments must be coordinated within five (5) business days.
4. Time off from work for follow-up physician appointments and physical therapy must be coordinated between the employee and their supervisor so as to not unduly disrupt the workplace. If you are unable to come to an agreement with the employee on his/her appointment schedule, please contact Risk Management for guidance.
5. You are encouraged to keep in contact with your employee every seven (7) days to obtain updates on their progress and potential return-to-work status including the possibility of temporary restricted duty (TRD).
6. Time and attendance reporting should reflect all lost time that is due to a work-related injury / illness.

EMPLOYER'S ACCIDENT REPORT (FORM #600)

This form shall be completed by the supervisor, HR Liaison, or safety officer (as applicable). **Fire/Rescue and LCSO: Please follow your department's internal procedures before submission to CorVel & DHR/Risk.** When completed, **call the claim into CorVel** & then this form shall be forwarded within 24 hours of the accident to CorVel at GM-RIVA-EC_Claims@Corvel.com, with a copy of the form sent to the Dept of Human Resources, Risk Management Division, at risk@loudoun.gov & your department's HR Liaison, pursuant to Administrative Policies and Procedures HR-44.

DEPARTMENT INFORMATION	
DEPARTMENT:	NAME OF SUPERVISOR/HR LIAISON/SAFETY OFFICER:

DETAILS OF ACCIDENT			
DATE OF ACCIDENT:	TIME:	STATION LOCATION:	DATE REPORTED:

INJURED EMPLOYEE				
NAME:		ADDRESS:		PHONE NUMBER:
LENGTH OF EMPLOYMENT:	AGE:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	JOB TITLE:	
TYPE OF INJURY		<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation		INJURED PART OF BODY:
<input type="checkbox"/> Fracture	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body		REMARKS:
<input type="checkbox"/> Burn scald		<input type="checkbox"/> Chemical reaction		

DAMAGED PROPERTY (IF APPLICABLE)	
PROPERTY/ MATERIAL DAMAGED:	NATURE OF DAMAGE:
	OBJECT/SUBSTANCE INFLICTING DAMAGE:

THE ACCIDENT
DESCRIPTION - Description of what happened.
ANALYSIS - In your opinion, what was the direct cause of the accident?
PREVENTION - What action has or will be taken to prevent a recurrence?
ADDITIONAL INFORMATION - Is there any additional information you would like to provide?

MEDICAL TREATMENT	
Did employee seek medical attention? YES NO	Type of treatment given (if known):
Name of Person/Doctor/Hospital:	

Supervisor's Signature

Title

Date



Loudoun County, Virginia

www.loudoun.gov

Department of Human Resources / Benefits & Risk

1 Harrison St., SE, 4th Floor, MS #42 Leesburg, VA 20177-7000

Telephone (703) 771-5675 • Fax (571) 258-3212 risk@loudoun.gov

Witness Statement (must be handwritten)

Instructions - **Witness:** Please complete the following information and return to your supervisor.
Supervisor: Review the information provided by the witness. Send the Witness Statement to Risk Management within 24 hours of receiving notice of the incident.

Your Name _____ Injured Worker's Name _____ Date of Incident _____

Phone # _____ Department _____ (F&R Only) Station # _____

Provide a detailed account of what you witnessed.

Where did the incident happen? _____

In your opinion what can be done to prevent a future occurrence?

I certify that the information in this Witness Statement is true and accurate to the best of my knowledge.

Signature of Witness _____ Date _____

Supervisor Signature _____ Date _____