



Human Resources • 1845 Fairmount • Wichita, Kansas 67260-0015 • 316-978-5205

Notice: This report must be submitted to HR by the employee or the supervisor within three days of the incident. MAIL: Human Resources, Attention: Leave Administrator, Campus Box 15; FAX: 316-978-3201; or EMAIL: totalrewards@wichita.edu

The Injured Worker's First Fill Prescription Form on the third page is available for you to take to a participating pharmacy for a free 7 day supply of medication related to your workers' compensation claim.

Injured Person: Univ. Support -Staff Faculty Unclass. Prof. Employee Student Employee
Name: First Middle Last Age Sex: Male Female
Address: City State Zip
myWSU ID# Date of Birth: Contact # (include area code):
Department Name Work Phone:
Job Title:
Date of injury or occupational illness Date Hour AM PM

What safety equipment was being used at the time of the injury?

[Empty text box for safety equipment]

Location of accident or exposure. (If the accident or exposure occurred on WSU premises, indicate the campus location. If the accident or exposure occurred outside the WSU premises at an identifiable address, list that address. If the accident or exposure occurred on a public highway or at any other location that cannot be identified by a number and street, please provide references locating the place of accident or exposure as accurately as possible.)

[Empty text box for location of accident]

How did the accident or exposure occur? (Describe fully the events which resulted in the injury or occupational illness. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident or exposure. Use a separate sheet for additional space, if necessary.)

[Empty text box for description of accident]

What was the employee doing when he or she was injured? (Be specific. If the employee was using tools or equipment or handling material, name them and tell what the employee was doing with them.)

[Empty text box for employee activity]

Name the object or substance which directly injured the employee. (For example, identify the machine or thing that the employee struck against or which struck the employee; the poison inhaled or swallowed; the chemical or radiation which irritated the skin; or, in the case of strains, hernias, and so forth, the object the employee was lifting, pulling, and so on.)

[Empty text box for object of injury]

Describe the injury or illness in detail and indicate the part of the body affected. (For example, the amputation of the right index finger at the second joint, fracture of the ribs, or dermatitis of the left hand.)

[Empty text box for injury description]

Name of witness(es) (if applicable): Contact #:

Was medical treatment required? [] Yes [] No

Who provided the medical treatment? (Please check all that apply.)

Via Christi Occupational and Environmental Medicine
• 990 S George Washington Dr, 316-687-9794 or
• 501 N. Maize Road, 316-721-5000

Via Christi Clinic Immediate Care

Wesley Medical Center Emergency Room
If employee was admitted, please provide the date _____

Other hospital emergency room (name & address) _____
If employee was admitted, please provide the date _____

Other physician (name & address) _____

Note: If you seek non-emergency/urgent care treatment from a medical provider other than WSU's approved providers, reimbursement may be limited to \$500 towards medical expenses.

Has the employee returned to work? Yes No

If "Yes," please provide the date: _____

Will follow-up medical treatment be needed? **Yes No

If **Yes, contact Human Resources immediately once follow-up medical treatment is received.

Is the employee on Regular duty Light duty

The dates of the employee's lost work days run from _____ through _____ .
(Do not include the date of the accident. The date the employee returned to work may have to be telephoned later to Human Resources @ ext. 5205.)

Did the employee die? Yes No If "Yes," please provide the date: _____

Date of report: _____ Prepared by _____
Employee or Supervisor

Name of employee's immediate supervisor: _____ Extension _____

Time employee started work the day of injury: _____

Who was the injury reported to _____ Date Reported _____



Injured Worker’s First Fill Prescription Form

Employee Name: _____

Date of Injury: _____ DOB: _____

Injured Worker Instructions


On your first Pharmacy visit, please give this notice to any pharmacy listed on this insert. This will expedite the processing of your approved workers’ compensation prescriptions, based on the parameters established by **Kansas State Self Insurance Fund**. With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Form to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a 14-day supply of most medications.

Notice to Injured Worker and Pharmacy

This temporary First Fill card is only valid if used within 30 days of the reported date of injury. Temporary eligibility through this program allows for a one-time fill of prescription medications. For assistance with processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438**.

Pharmacy Instructions

For assistance processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438**. Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:



BIN: 004336
PCN: ADV
RxGroup: RXFFWC15186
Member ID: See below to generate ID

To generate member ID: The Injured Worker’s 8 digit date of birth plus the 8 digit date of injury will be used as their 16 digit **member identification number** when processing their First Fill Prescription: **MMDDYYYYMMDDYYYY (for example: 0101195501012022)**.

Below is a sample listing of some of the over 67,000 Participating Pharmacies in the CorVel Network. Please call **(800)563-8438** for a participating pharmacy near you.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith’s Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Duane Reade	Ingles Pharmacy	Raley’s Drug Center	Von’s Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred’s Pharmacy	Longs Drug Store	Safeway Pharmacy	Walgreens Pharmacy
Giant Eagle Pharmacy	Marc’s Pharmacy	Sav-On Drug Store	Wegman Pharmacy

Opioid Safety: What you need to know

Opioid misuse and abuse is a growing concern in our country. You may be taking (or have taken) a prescribed opioid such as oxycodone or hydrocodone to help relieve pain. Drugs like these are generally safe when taken exactly as directed for a limited period, but can become harmful—even fatal—if misused. It's important to be informed about the risks and benefits of opioid medication use should your doctor prescribe them to manage your pain.

Prescription opioids can help to manage short-term pain that may occur after a surgery or recent injury. But they may not work as well to manage chronic pain long-term. In addition, you're more likely to overdose or become addicted when using opioids for a long time. An overdose can cause serious health problems or even death. There may be other treatments available with less serious risks. Work with your doctor to find the safest, most appropriate ways to manage your condition.



As many as

1 in 4

taking prescription
opioids struggle with
addiction when opioids
are used long-term.¹

Safety tips to consider when you are prescribed opioid medication:

- Always take your medication exactly as instructed by your doctor.
- Never share your opioids with others.
- Avoid alcohol and certain medications that may interact with your opioids.
- Review your medication list with your doctor or pharmacist.
- Follow up regularly with your doctor.
- Store opioids in a secure place, ideally a locked location.
- Dispose of unused opioids properly. Check with your pharmacy regarding safe disposal methods.

Please note: Some insurance plans may allow opioid fills with a limited day supply. Please call **CorVel Pharmacy Solutions at 800-563-8438** with any questions regarding your plan.

1. Prescription opioid overdose data. U.S. Centers for Disease Control and Prevention. Last updated August 1, 2017. <https://www.cdc.gov/drugoverdose/data/overdose.html>. Accessed January 10, 2018.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

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