



Dear Injured Employee,

We have been informed that you were injured at work. This packet contains important information about your workers' compensation benefits. *(Not all pages in this packet will apply to every injury; contact us if you are unsure.)*

Your assigned GCPS adjuster will be Niki Ozbolt. Please contact your adjuster if you need medical treatment for your injury, or any time you have questions.

Niki Ozbolt – 770-513-6643

Fax – 678-442-5398

Niki.ozbolt@gcpsk12.org

The following forms must be completed, signed, and returned to Risk Management within 5 days of receipt (please keep a copy for your personal records):

- *Panel of Physicians*
- *WC Medical Care and Treatment*
- *Employee Benefit Election form*
- *WC-207 (the Employee/Patient section only)*
- *Long Term Disability Notice*

The above listed forms should be returned to your adjuster at the fax number or email listed above. Not returning the forms timely could delay processing your claim or prevent you from receiving the medical attention you need for your injury. Please keep the mileage reimbursement form for future use as you are entitled to reimbursement for mileage to and from approved medical visits.

A Workers Compensation handbook is available on the Risk Management Webpage if you have questions regarding your claim, or the Workers Compensation process. ***(Quick Links – Business and Finance – Risk Management – Workers' Compensation)***

We are committed to assisting you and we wish you well in your recovery.

Sincerely,

Dawn E. Jones

Dawn Jones
Assistant Director

Gwinnett County Public Schools

Workers Compensation Medical Care and Treatment

Workers Compensation is governed by state and/or federal laws and as such, has specific requirements.

REPORTING YOUR WORKERS COMPENSATION CLAIM: In case of a workplace injury, you will need to report the incident to your Risk Management contact at your school/location and complete the First Report of Injury (Blue form). You will be provided a packet of information to review and complete. There are five forms in the packet that should be returned to your Risk Management Adjuster within five (5) days of receipt. The school district will do everything it can to make sure that you receive the care you need for your work-related injury.

TREATMENT WITH A PANEL PHYSICIAN: You will be seeing a Workers Compensation panel doctor or specialist that will be governing your care and any referrals given. A copy of the Panel of Physicians is included in this packet. Please circle a doctor with whom you would like to treat, complete the questions at the bottom of the page, and return the form to the contact person at your school/location. Also included in this packet is a "First Fill Form" to be provided to your pharmacy of choice should you need a prescription filled from your authorized treating physician. The contact information for Select Medical is also available in this packet if physical therapy is prescribed.

EMERGENCY CARE: If you should have to receive treatment in a hospital or emergency room, please understand that emergency room physicians are not trained in occupational medicine. Emergency room physicians only provide you with the most urgent care and then they should refer you to someone on the GCPS Panel of Physicians for follow up care. **Before you seek treatment with anyone not on the panel – even for a referral- you need to contact your Risk Management Workers Compensation adjuster at the number or email listed at the bottom of this page.**

PAPERWORK: After each visit with your authorized treating physician, you will receive a work status form that indicates your work status, restrictions, referrals, prescriptions, and your next appointment date. You must provide this paperwork to your supervisor and/or the contact person at your school/location after each visit. If you are taken out of work, or released to modified/light duty, please contact your workers compensation adjuster after your visit and wait for further instructions. **Do not return to work until you have spoken with your adjuster.**

Risk Management Adjuster

You must stay in contact with your supervisor, the contact person at your school/location, and with your Workers Compensation adjuster to notify them of any changes in your condition or treatment plan.

Your Workers Compensation adjuster is Niki Ozbolt: niki.ozbolt@gcpsk12.org and 770-513-6643.

By signing below, I acknowledge the receipt of information regarding filing a claim for Workers Compensation.

Employee's Signature

Date

Panel of Physicians
Gwinnett County Public Schools
Workers' Compensation Authorized Treating Physician Panel List

Revised 07/2023

Should you experience a work-related injury & professional medical treatment is needed, you **MUST** select one of the physicians listed below:

URGENT CARE FACILITIES

CONCENTRA URGENT CARE

755 LAWRENCEVILLE-SUWANEE RD,
Suite 1600
Lawrenceville, GA 30043
770-995-1500

6475 Jimmy Carter Blvd, Suite 200
Norcross, GA 30071
770-242-7744

PIEDMONT URGENT CARE

2925 Buford Drive
Buford, GA 30519
678-535-0400

1605 Pleasant Hill Rd,
Duluth, GA 30096
770- 884-4200

2118 Scenic Hwy Suite H,
Snellville, GA 30078
770-558-6017

3641 Centerville Hwy,
Snellville, GA 30039
770-752-4141

3330 Sugarloaf Pkwy
Lawrenceville GA 30044
678-710-2727

4763 Atlanta Highway, Suite 420
Loganville GA 30052
470-395-6793

2637 Peachtree Pkwy
Suwanee GA 30024
470-523-9080

2594 Loganville Hwy, Suite 101
Grayson GA 30017
678-369-2790

976 Killian Hill Rd, SW
Lilburn, GA 30047
770-752-4142

6063 Peachtree Pkwy, Suite 201A
Peachtree Corners, GA 30092
770-996-0114

ORTHOPEDICS FACILITIES - ONLY DOCTORS LISTED BELOW ARE APPROVED

ATHENS ORTHOPEDIC

Dr. David Harkins (Shoulder/Elbow)
Dr. Mason Florence (Foot/Ankle)
Dr. Logan Fields (General Ortho)
Dr. Joseph Johnson (Foot/Ankle)
Dr. David Katz (Hand Specialist)
Dr. Julian Price (Spine)
706-549-1663 – All locations

1553 Janmar Rd, Suite B
Snellville, GA 30078

3440 Highway 81 South
Loganville, GA 30052

1765 Old West Broad St, Bldg 2
Athens, GA 30606

PEACHTREE ORTHOPEDICS

Dr. John Chao (Foot and Ankle)
Dr. Timothy Griffith (Shoulder/Elbow)
Dr. Douglas Murray (Shoulder/Elbow)
Dr. Hal Silcox (Spine)
Dr. Ben Barden (Sports Med, Knees)
Dr. Neil Tarabaddkar (Hand/Elbow – only at Cumming location)
Dr. Fred Finney (Foot/Ankle)

3870 Pleasant Hill Rd, Suite 1
Duluth, GA 30096
404-350-4799

2860 Ronald Reagan Blvd., Suite 300
Cumming, GA 30041
404-350-4799

SPORTS MEDICINE SOUTH OF GWINNETT

Dr. Gary Levengood (Gen Ortho)
Dr. Clay Guynn (Sports Med & Physical Medicine/Rehab)

1900 Riverside Parkway
Lawrenceville, GA 30043
770-237-3475

ORTHO ATLANTA | PIEDMONT ORTHOPEDICS

Dr. Brian Morgan (General Ortho)
Dr. Snehal Dalal (Hand Specialist)
Dr. Douglas Kasow (Spine)
Dr. Jeffrey Smith (Foot/Ankle)
Dr. Richard Johnson (Gen Ortho)

771 Old Norcross Rd, Suite 390
Lawrenceville, GA 30046
678-957-0757

6300 Hospital Pkwy, Suite 400
Johns Creek, GA 30097
678-205-4261

RESURGENS ORTHOPAEDICS

Dr. Raymond Hui (Gen Ortho)
Dr. Scott Middlebrooks
(Gen Ortho/Spine)
Dr. Robert Yarbrough (Gen Ortho – Cumming)
Dr. Sami Khan (General Ortho – Johns Creek)
Dr. Yvonne Satterfield (Gen Ortho – Johns Creek)
Dr. Shaun Traub (Gen Ortho – Snellville)

758 Old Norcross Rd, Suite 100
Lawrenceville, GA 30046
404-531-8484

4150 Deputy Bill Cantrell Memorial Rd
Suite 300
Cumming, GA 30040
404-531-8484

6335 Hospital Parkway,
Suite 200
Johns Creek, GA 30097
404-575-4500

1600 Medical Way,
Suite 150
Snellville, GA 30078
770-979-9903

I UNDERSTAND THAT:

- In the event I determine that medical attention is necessary, I understand that I may choose a treating physician from Gwinnett County Public Schools panel of physicians. **WORKERS' COMPENSATION IS NOT RESPONSIBLE FOR ANY MEDICAL TREATMENT UNLESS A PANEL PHYSICIAN IS CONSULTED.**
1. The panel has been shown and explained to me. Therefore, I choose _____ (Panel Physician) as the authorized treating physician for my work-related injury, which occurred on _____ (Date of Injury).

SIGNATURE OF EMPLOYEE _____

DATE _____

EMPLOYEE I.D. # _____

SCHOOL LOCATION _____

GEORGIA STATE BOARD OF WORKERS' COMPENSATION**AUTHORIZATION AND CONSENT TO RELEASE MEDICAL INFORMATION**

Instructions: This form shall not be filed with the Board, unless otherwise requested

TO:		
Print Name and Title		
Address		
City	State	Zip Code

RE: Employee / Patient		
Last Name	First Name	M.I.
SSN	Date of Injury	Birthdate

This document authorizes the release of only the medical information as provided below. The above-stated entity, facility or medical practitioner is authorized to release medical information to

in accordance with applicable State and Federal laws.

The information covered by this Authorization and Consent to Release is that authorized by O.C.G.A. §34-9-207 which reads as follows:

(a) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, that employee shall be deemed to have waived any privilege or confidentiality concerning any communications related to the claim or history or treatment of injury arising from the incident that the employee has had with any physician, including, but not limited to, communications with psychiatrists or psychologist. This waiver shall apply to the employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Notwithstanding any other provision of law to the contrary, when requested by the employer, any physician who has examined, treated, or tested the employee or consulted about the employee shall provide within a reasonable time and for a reasonable charge all information and records related to an examination, treatment, testing, or consultation concerning the employee.

(b) When an employee has submitted a claim for workers' compensation benefits or is receiving payment of weekly income benefits or the employer has paid any medical expenses, the employee, upon request, shall provide the employer with a signed release for medical records and information related to the claim or history or treatment of injury arising from the incident, including information related to the treatment for any mental condition or drug or alcohol abuse and to such employee's medical history with respect to any condition or complaint reasonably related to the condition for which such employee claims compensation. Said release shall designate the provider to whom the release is directed. If a hearing is pending, any release shall expire on the date of the hearing.

(c) If the employee refuses to provide a signed release for medical information as required by this Code section and, in the opinion of the Board, the refusal was not justified under the terms of this Code section, then such employee shall not be entitled to any compensation at any time during the continuance of such refusal or to a hearing on the issues of compensability arising from the claim.

Federal regulations (42 CFR Part 2), and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 45 CFR 164.512(1) which reads as follows: "The covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related illnesses or injury without regard to fault." Anyone who receives information under this authorization receives the same under all limitations set forth in Federal and State law regarding further dissemination of such information.

This release shall expire in 180 days or upon written notice of revocation by the patient. If a hearing is pending, this release shall remain in effect until the hearing and shall expire on the date the hearing is held.

Employee / Patient Signature	Date
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IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).



Gwinnett County Public Schools
Employee Election of Workers Compensation Benefits

Name of Employee _____

Work Location _____

Employee ID # _____

Date of Injury _____

Under the provisions of the Georgia Workers Compensation Act, an employee who is disabled in a work-related accident is entitled to weekly Workers Compensation benefits equal to two-thirds (2/3) of the employee's average weekly wage, up to maximum of \$800.00 per week. These benefits commence on the eighth (8) calendar day of disability. Injured employees are not eligible for Workers' Compensation wages for the first seven (7) days of absence unless disabled by a panel physician for 21 consecutive days.

Instead of receiving weekly indemnity benefits, an employee may elect to receive full salary in lieu of Workers' Compensation benefits if the employee has sufficient Sick Leave to cover such an absence. Sick leave and Workers Compensation wages cannot be paid at the same time.

Please indicate in the appropriate space below which option you wish to choose:

- _____ 1. Sick leave for the duration of the work-related injury. If all sick leave is used before being returned to work, Workers' Compensation benefits will pay for the remaining period of disability.
- _____ 2. Sick leave for the first seven (7) calendar days, then Workers' Compensation benefits begin on the eighth (8) calendar day of disability.
- _____ 3. Leave without pay until Workers' Compensation benefits begin on the eighth (8) calendar day.

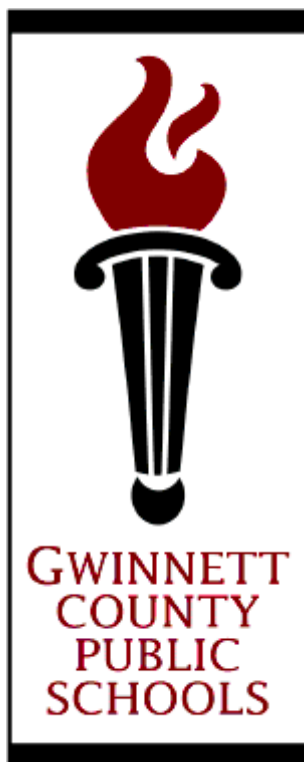
In electing to use Sick Leave in lieu of Workers Compensation benefits, the employee agrees to return any Workers' Compensation monies that are received that cover the same period that has already been paid by Sick Leave. If still employed with Gwinnett County Public Schools, the employee's signature herewith authorizes Gwinnett County Public Schools to withhold this amount from future earnings.

I understand that my election is irrevocable.

Employee Name (please print)

Date

Employee Signature



WORKERS' COMPENSATION MILEAGE REIMBURSEMENT REQUEST

EMPLOYEE NAME:

EMPLOYEE ID:

WORK LOCATION:

INJURY DATE:

Date of Visit	To	From	Roundtrip Miles
Total Miles:			
			x .45
Total Travel Reimbursement Requested:			

Payment will only be made for trips made within the prior 12 months (one year), as specified in O.C.G.A. §34-9-203.

I certify that the above information is true and correct to the best of my knowledge, and that I have not previously received reimbursement for any of the trips listed above.

Employee's Signature

Date _____



**Gwinnett County Public Schools
Workers' Compensation
Prescription Payment Authorization Form**

Please keep a copy of this Authorization Form on file with the script for auditing purposes

Pharmacy:

This is a temporary workers' compensation Rx payment authorization form. Please submit the prescription using the processing information listed below. If you have any questions or need assistance, please contact the MedicalServiceQuotes.com Customer Service Team at 888-894-3599.

Processing Information:

Processor:	EHO (Employer Health Options)
Bin #:	004527 (primary – most pharmacies use this number)
	Specific pharmacy chains that require special codes to process use the following
Envoy/WebMD:	003241
CVS Condor Code:	15721
Eckerd's/Rite Aid:	2185
Version:	D.O

Patient Information:

Last Name:			
First Name:			
Group#:	87115	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
ID#/SSN#:			
Date of Birth:		Date of Injury:	
Prior Authorization #:		Retain this number for future use	
	PA# = DOI in YYMMDD format (ex: January 1, 2018 would be 180101)		
Date Sent:			

Disclaimer: The information contained on this form may be privileged and protected from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately and delete it from your computer. Thank you.

Physical and Occupational Therapy Referrals

If you have received a physician referral for therapy and have not been contacted to set up an initial appointment, please contact **THE REFERRAL OFFICE:**

Phone: [844-294-6923](tel:844-294-6923)

Email: ezreferrals@selectmedical.com



*You will be scheduled with one of our
preferred therapy providers:*



EMORY
REHABILITATION
OUTPATIENT CENTER
In Partnership with Select Physical Therapy

Thank you!

All employees who are absent for more than 10 consecutive working days **MUST complete and submit a Leave Request form electronically by following these simple steps:**

1. Log into the Employee Portal (<https://www.gcpsk12.org>)
2. Click on *About Me*
3. Click on *Leave Administration*
4. Click *Create a New Leave Request*
5. Complete and submit the request

The screenshot shows the 'Leave Administration' page of the Gwinnett County Public Schools Employee Portal. The page has a dark red header with the school district logo and navigation links for Parents, Employees, and MY eCLASS. Below the header, there's a navigation bar with links for Home, About Me, Data & Reporting, and Tools. The main content area is divided into two columns. The left column is titled 'Leave Administration' and contains a welcome message, a list of frequently asked questions, and a prominent blue button labeled 'Create a New Leave Request'. Below this button, it states: 'Select this option if you will miss more than 10 consecutive working days.' The right column is titled 'Need Assistance?' and provides links for 'Leave Orientation Session Registration', 'Leave Presentation', 'Leave forms', 'FAQs', and 'Behavioral Health and Counseling Services'. It also includes a section for 'Technical issues' with contact information for the help desk.

Leave Administration

Welcome to Gwinnett County Public Schools' Leave Administration page, where you can learn more about applying for a leave of absence, access forms, and view Frequently Asked Questions. Please note, employees must apply for a leave of absence if missing more than 10 consecutive working days.

Still have questions? Contact the Benefits and Leave Administration team at Leave@gcpsk12.org.

Create a New Leave Request

Select this option if you will miss more than 10 consecutive working days.

Examples of Leave Reasons:

- Personal Illness
- Maternity
- Adoption
- Workers' Compensation
- Care of Newborn/Adoption
- Military
- Illness of a Family Member
- Extended Leave of Absence
- Parental Leave

Need Assistance?

Leave Orientation Session Registration:

Leave Orientation Session Registration

Click [here](#) to view the Leave Presentation

Access the Leave forms:

Forms (e.g. Medical, Parental and FMLA)

If you have questions about your leave:

Read the FAQs

If you don't find an answer in the FAQs, please click [here](#) to email the Benefits and Leave Administration team.

Click [here](#) for Behavioral Health and Counseling Services offered by MetLife.

Technical issues

If you experience any technical issues, please contact the help desk at 678-301-6547.

**IMPORTANT NOTICE
REGARDING
LONG TERM DISABILITY**

If you become disabled while working for Gwinnett County Public Schools and meet the GRS Plan definition of Disability, you may qualify for GRS Long Term Disability benefits.

GRS Plan Definition of Disability:

A medically determinable physical, and or mental impairment that is severe enough to prevent an individual from doing "substantial gainful work" (as defined below), resulting from an anatomical, physiological, or psychological abnormality which is demonstrable by medically acceptable clinical and laboratory diagnostic techniques and which is expected to last for at least twelve (12) months or to result in death. During the first 24 months, "substantial gainful work" shall mean the duties that the individual was hired to perform for the Board. After the first 24 months, "substantial gainful work" shall mean any occupation for which the individual is reasonably suited by reason of education, training or experience. Disability shall not include any physical or mental impairment occurring within five (5) years following date of Employment for which medical treatment was provided within twelve (12) months immediately preceding Employment.

The determination of whether you meet the definition of Disability will be made by the Committee (or its delegate), in their sole discretion, in accordance with uniform principles consistently applied, upon the basis of such evidence as the Committee deems necessary and desirable.

Should you become disabled prior to your normal retirement date, you will be entitled to a monthly income equal to one-twelfth of sixty percent (60%) of your Earnings in the twelve (12) month period preceding your Disability. Disability Income Benefits will be the amounts necessary, when added to benefits available under other plans, to provide the 60% benefit level. Other plans include the Teachers Retirement System of Georgia, the Public School Employees Retirement System of Georgia, workers' compensation, Social Security, and any successors thereto. You must first apply for benefits from such other plans. If you do not apply for benefits from another plan for which you could be eligible, no Disability Income Benefits are payable or will accrue under the Plan. A Participant who wishes to receive Disability Income Benefits must file a completed Disability application with the Director at the Department of Retirement Services of the Gwinnett County Public Schools. **The completed Disability application must include supporting medical documentation by the Participant's Physician and must be submitted within 180 days of the date of Disability.**

Disability Income Benefits will begin on the first day of the month following the completion of the last of the following conditions:

- You must have completed a leave of absence lasting 180 consecutive days from the first day you were absent from employment based on your disability.
- You must have been determined to meet the Plan's definition of Disability.
- You must have exhausted all other paid absence benefits, including short-term disability payments, sick leave payments, and paid vacation.

Should you recover from Disability before your Normal Retirement Date, your Disability Benefits will terminate and you will begin to accrue Retirement Benefits upon your re-employment. If you do not return to work and remain employed, your Employment will be considered to have terminated as of your Severance from Service Date and you may be entitled to Termination Benefits calculated as of your Severance from Service Date.

For additional information or to request an LTD Application, please contact Sharon Waldon, GRS Long-Term Disability Case Management Specialist. at 678.301.6276.

EMPLOYEE NAME (PLEASE PRINT)

GCPS EMPLOYEE ID

EMPLOYEE SIGNATURE

DATE SIGNED





IMPORTANT NOTICE

REGARDING

RETIREMENT SERVICE CREDIT

If you are temporarily unable to work as a result of an accepted workers' compensation injury, you may be eligible to establish retirement credit for your period of leave. This is true for employees under both TRS and PSERS plans; the requirements are governed by the respective plans.

Please see the page titled "Workers' Compensation Disability Creditable Service Buyback Notification" for more details.

If you have questions about this information, or if you are returning from leave and wish to inquire about service buyback, please contact Retirement Services at 678-301-6267.



Workers' Compensation Disability Creditable Service Buyback Notification

A contributing PSERS or TRS employee returning to employment with an employer after a period of leave without pay or temporary disability due to a job-related accident, disease, illness or disorder, may be eligible to establish retirement credit for a portion of the period of the absence up to a maximum of 12 months.

PSERS Employees

If you are a contributing **PSERS** employee and return to employment with an employer after a period of leave without pay (LWOP) due to a physical or mental illness or disorder caused by a job-related disease or accident, you may establish creditable service for a portion of the period of the absence. The maximum creditable service that you may receive in this manner is 12 months of such absence during any five-year period. You must:

- File a written request to establish the service
- Make a payment to PSERS equal to the applicable employee contributions, plus 4% interest
- Make the payment within six months of the date you return to employment

Your employer must verify that the cause of your disability meets the criteria noted above.

Detailed guidelines for contributing PSERS employees returning to employment with an employer after a period of leave without pay interested in establishing creditable service can be found in the PSERS Handbook available for download at <https://www.ers.ga.gov/post/psers-handbook>.

TRS Employees

If you are a contributing **TRS** employee, you may be eligible to establish retirement credit for a temporary disability caused by a job-related disease or accident. The maximum period is 12 months and must be applied for within 6 months of returning to service following the temporary disability. The cost will be the employee contributions based on the salary you were receiving immediately prior to the disability, plus interest.

Documentation for proof of the temporary disability will be required. In most cases, the required documents will be the Employer's First Report of Injury form and the Notice of Payment or Suspension of Benefits.

Detailed guidelines for a contributing TRS employee returning to employment with an employer after a temporary disability interested in establishing retirement credit for a portion of the period of absence can be found in the Member's Guide located at <http://www.trsga.com/publications>.