

District Workers Compensation Procedures

The District provides Worker's Compensation coverage through the Colorado Special Districts Property and Liability Pool. Below is guidance for employees on the workers compensation process.

An injured worker must report an injury to the District within four (4) working days of the injury occurring (unless physically or mentally unable to do so). It is strongly preferred that the injury be reported immediately to ensure proper medical attention is provided.

See the process below for the required reporting steps.

If the injury is not life or limb threatening, the injured worker selects a doctor from one of medical providers designated by the District to treat the injuries. The physician selected by the injured worker becomes the authorized treating physician for purposes of this injury. The list of designated medical providers is posted in the Break Room on the lower level of the District's administration building. Employees were also provided with the Designated Preferred Medical Providers electronically and via a written, acknowledged hard copy.

For the Employee:

1. An injured employee is encouraged to self-report the injury as soon as possible to the CSD Pool Workers Compensation team by calling 800-318-8870, ext. 1. This phone line is open 24/7 for reporting purposes.
2. Within four (4) working days, the employee must notify the District in writing of the injury. If an employee does not self-report to the CSD Pool hotline, the employee must complete and submit the [Employee's Written Notice of Injury to Employer](#) to the assistant manager.
3. If the employee does not self-report to the CSD Pool hotline, the District will notify its insurance company of the injury within ten (10) days of having been notified or having actual knowledge of the incident. This will be done using the [Employer's First Report of Injury](#) form.
4. Unless the claim is denied, related medical benefits are paid in a timely manner and the claim is resolved without incident.

Helpful References:

[Colorado Department of Labor & Employment - Workers Compensation - Info for Employees](#)

[Division of Workers' Compensation - Employee Guide](#)

[CSD Pool Workers Compensation website](#)

[CSD Pool Workers' Compensation Dedicated Claims Team Contact List](#)



**2022 Workers' Compensation Coverage
Designated Medical Provider Form**

District: Platte Canyon Water and Sanitation District
8739 W. Coal Mine Avenue
Littleton, CO 80123

Claims Administrator

Sedgwick Claims Management	Coverage ID: CSDP
PO Box 14493	Block No.: 806
Lexington, KY 40512-4493	Member ID: 48678

WC Claim Question Contact	To report a claim:
Main: 303-713-6015	Toll Free: 800-318-8870 ext. 1
Fax: 303-713-6056	Fax: 833-784-2348
	Email: claims@csdpool.org

Notice to injured worker: Please select a Medical Provider from the options below by placing an "X" in the box next to the provider you designate.

Designated Medical Providers

Provider:	Physician Name(s):	Address:	Phone:
Concentra Medical Centers - Littleton		20 West Dry Creek Circle Ste 100 Littleton, CO 80120	303-798-1009
On the Mend Occupational Medicine		3900 S Wadsworth Blvd Ste 325 Lakewood, CO 80235	303-634-2970
South Suburban Family Med./Occ. Med.		7720 S Broadway, Ste 480 Littleton, CO 80122	303-346-9490
Workwell Occupational Medicine - Englewood		401 W Hampden PL Ste 230 Englewood, CO 80110	720-680-0222
Concentra Telemedicine		www.Concentratelemed.com	Through Sedgwick Nurse Triage

In the event of a work-related claim, the district must provide this form to each injured employee at the time of injury. The district should retain a copy of this form signed by each injured employee acknowledging receipt.

I, the employee, acknowledge that I received this Designated Medical Provider Form on the _____ day of _____, 2022.

I choose *not* to seek treatment by a medical provider at this time.

Print Employee/Claimant Name

Employee/Claimant Signature

To update the district's Designated Medical Provider Form, please contact us at wc@csdpool.org.



Optum
 PO Box 152539
 Tampa, FL 33684-2539

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

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

Injured Employee:



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



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



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

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Platte Canyon Water and Sanitation District

Sedgwick
 CARRIER/TPA EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

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

Attention Pharmacists: Call 1-800-964-2531 to establish First Fill benefit eligibility and to obtain the ID# for online adjudication of approved benefits for the injured individual. Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
 1-800-964-2531

	NDC		ENVOY
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

