



Employee (print name) _____ Date of injury _____

_____ (company name) values you as a person and an employee and we are concerned that you sustained an injury on _____ (date of injury). We want to make sure that you understand what happens when you file a workers' compensation claim, what our expectations are and allow you to ask any questions that you may have.

(Place a checkmark in the box after each topic is discussed)

- You will likely be contacted by our insurance carrier _____. This adjuster is there to help you and you can ask them any questions and voice any concerns. If they call you or send you any letters, we expect that you will return their calls timely and provide them with truthful information.

- If you don't understand something or have a question about *anything*, please either ask your supervisor, your adjuster, or (company representative) _____ We want to make sure that your questions are answered. This includes if you need a translator.

- You are required to attend **all** doctor and physical therapy appointments. If you need to reschedule, contact both your supervisor **AND** the healthcare provider and reschedule. We want to assist you in healing and it is medically important to keep all scheduled appointments. No call/ No shows to the doctor will be viewed the same as not showing up for work and may lead to termination.

- If you feel like you are better and don't need to return for treatment, please notify your provider and have them give you a note in writing that you are discharged from treatment.

- You are required to follow restrictions 24 hours a day. These apply at home as well as at work. You **ARE NOT** to exceed the restrictions that the healthcare professional assigned. If you disagree with the restrictions, please notify the healthcare professional directly, or if there are problems, notify your insurance adjuster.

- You are not allowed to work overtime while you are on restrictions. We take your health seriously and working long hours can jeopardize the healing process.

- If you are unsure about anything, including paperwork, treatment, etc, please let us know so that we can address it right away. You are an important part of our team.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Please provide a copy to the employee and retain the original in the workers' compensation file.