



WORKERS COMPENSATION REPORTING

All Employees must report any injury/incident immediately to their supervisor

All forms are located online through the County's HR Employee Portal at
<http://employees.henrico.us/info/claims>

For Additional reporting requirements for Fatality and Serious Workplace Injury click [here](#).

**If life threatening,
CALL 911 &
proceed to the
nearest hospital**

Employee and/or Supervisor calls
CARE 24 at 855-954-0866
for timely reporting and to provide the information requested *to the best of his or her knowledge* including the employee's social security number, department, and work address; and to advise of panel provider employee selected.

If medical treatment is needed, employee is to select from the Panel of Physicians form ([hyperlink here](#)), sign and submit to supervisor. Present **Physical Capabilities form ([hyperlink here](#)) to physician.**

If prescribed medication, present the **Express Scripts First Fill Prescription Form** ([hyperlink here](#)) to pharmacist.

If medical treatment is not needed, the employee indicates selection on the **Panel of Physicians** form ([hyperlink here](#)) and submits form to supervisor.

Employee returns from panel physician with either a return to Full Duty or Light Duty with Restrictions note to present to supervisor

Employee completes the **Employee Report of Injury** ([hyperlink here](#)) and submits form to supervisor. Supervisor completes **Supervisor's Investigation Report** ([hyperlink here](#)). Include any photos and/or witness statements.

Full Duty
Employee returns to work with no restrictions.

Employee returns to work.

Light Duty
Requests for Light Duty must be submitted to supervisor and approved by Human Resources. Accommodations should be made for term work restrictions if possible.

Supervisor submits all completed and signed forms to PMA within 48 hours of the incident or notification
Email: ClaimsMail@PMAgroup.com (preferred)
Fax: 800-432-9762
Mail: PMA Customer Service Center
PO Box 5231, Janesville, WI 53547-5231

Out of Work
If panel physician takes employee out of work, employee **MUST** provide written physician's note to supervisor immediately.

Please call the Risk Management Division at 804-501-5661 with any questions about reporting Workers' Compensation claims.

Employees may contact PMA Management Corporation about his or her workers' compensation claim by phone at 888-476-2669 or by email at ClaimsMail@PMAgroup.com.

For after-hours emergency assistance call the Risk Manager, Jeanetta Lee, at 804-382-4885.