



HOW TO REPORT WORKERS' COMPENSATION INJURIES

Incident Reporting Procedures
Employee Work-Related Injuries

Supervisor's Responsibilities

1. Complete Supervisor's Incident Report immediately; obtain a detailed description of the accident, as well as a specific place and time at which the injury occurred and obtain employee's signature.
2. Offer injured worker the list of Panel Physicians in writing and provide name of chosen physician on the Supervisor's Incident Report. Provide the Initial Office visit form to the injured worker to be completed by the chosen physician.
3. Report any serious or anticipated lost time injury as soon as possible by telephone, fax or email to:

Wells Fargo Disability Management
P.O. Box 1567
Abingdon, VA 24212
Attn: Karen Johnson
(276) 676-3603 x 6047
(276) 676-0152 (fax)
karene_johnson@wellsfargois.com

Follow up with original copy via regular mail.