



WHAT TO DO WHEN AN INJURY OCCURS?

ALL ACCIDENTS OF ANY KIND, REGARDLESS OF WHETHER MEDICAL TREATMENT IS REQUIRED, SHOULD BE REPORTED TO LCTA WORKERS' COMP IMMEDIATELY.

Should the injured employee need medical attention, make certain that the medical provider performs a drug test on the injured worker. If the injured worker refuses or if provider refuses or is unable to perform same, you should immediately contact our Claims Department for assistance.

1. Complete the **"First Report of Injury/Illness Form"** (LWC-WC IA-1). DO NOT use an ACORD Form, as this is not the proper form required by the State Department of Labor. Detailed instructions are included to assist you in completing the form. Once completed, you may send it to one of the following:

- Fax: (225) 924-6826
- Email: FROI@lcta.com
- Complete and submit via the LCTA website, www.LCTA.com, Online Service Center.

Please indicate if the injured worker will be disabled from work beyond seven (7) days. If so, please provide wage documentation for the four (4) weeks immediately prior to the injury, if employed on an hourly basis. Should the injured worker be a salaried employee, please indicate whether it is monthly or annually and provide documentation reflecting the amount.

2. When choosing a medical provider, you may send the injured worker to the nearest medical facility such as a walk-in clinic or your company doctor. Emergency rooms should **only** be used if emergency medical treatment is required or there are no other available facilities.

If possible have the injured worker complete and sign the **"Authorization for Release of Protected Health Information"** and the **"You Have the Right to Choose Your Own Doctor"** (LDOL-WC-1121.) This will allow us to obtain the necessary medical records regarding the work-related injury. These signed documents should be submitted with the **"Employer Report of Injury / Illness Form"** (LWC-WC-IA-1) if possible.

3. If the injured worker requires prescription medications, you may direct them to the nearest pharmacy, along with the telephone number for the **LCTA Claims Department (225-216-5961)**. The pharmacist will need to call for approval prior to filling the prescription(s).

4. If you or the injured worker should incur out-of-pocket expenses (mileage, payment for office visits, prescriptions, etc.), you may submit the receipts for reimbursement. Submit invoices and/or receipts to the address below:

LCTA Workers' Comp Attn: Claims Department PO Box 77230, Baton Rouge, LA 70879-7230

5. All forms mentioned above are included in the "Policy and Claims Information Packet" and available on our website, www.LCTA.com.

Should you have any questions regarding the forms or pertaining to filing a Workers' Compensation Claim, please call 225.216.5961 or 800.349.3440 (ext. 5961).