

## Claims Kit

### What to do when an injury occurs:

1. **MEDICAL TREATMENT** immediately refer injured worker to closest directed care medical clinic or emergency room!

### **CAUTION!!!**

**In the event that an injured employee appears or seems to be unable to drive himself to a clinic, for any reason, the supervisor or another employee should assist that injured worker and inform another employee to call **911**.**

2. REPORT YOUR WORK-RELATED INJURY TO SUPERVISOR
3. Supervisor completes “EMPLOYERS REPORT OF INDUSTRIAL INJURY” - Individual State Form
4. Employee completes “WORKERS COMPENSATION INJURY NOTICE” - Form B
5. Supervisor completes “SUPERVISOR’S REPORT OF INJURY” - Form C
6. Witness completes “WITNESS STATEMENT” – Form D
7. Employee completes “AUTHORIZATION TO DISCLOSE, RELEASE AND USE PROTECTED HEALTH INFORMATION – HIPAA” – Form E
8. Employee completes “MEDICAL TREATMENT PROVIDER LIST” – Form F
9. Supervisor to scan and email the above completed forms to: [7710-claims@trean.com](mailto:7710-claims@trean.com)