

HERTFORD COUNTY PUBLIC SCHOOLS

Teaching Children – Touching the Future

WORKERS' COMPENSATION Information Sheet

This information sheet is to provide clear instructions when requesting approval for the initial doctor's visit, billing, and whom to contact when seeking further authorization for treatments and referrals.

To School-Based Designee: Please call Carolyn White at Central Office to verify funding source. Fill in the requested inform below and give the appropriate form, according to funding source, to the injured employee.

To Claimant: Please take this form with you and give to Ahoskie Primary Care and/or Roanoke-Chowan Hospital, and the pharmacy.

1. Personal Information:

Name: _____

S.S.N.: _____

Date of Injury: _____

2. Funding Source

- KEY RISK MANAGEMENT SERVICES -

Note: Please be aware that not all claims filed through HCPS will be filed with Key Risk.

3. Please send all invoices to:

**KEY RISK MANAGEMENT
PO BOX 49129
GREENSBORO, NC 27419**

If there are any questions or concerns regarding this claimant, please contact:

Katie Fennell of Hertford County Public Schools at (252) 358-1761

Thank you for your cooperation in this matter.

DISTRIBUTION INSTRUCTIONS:

This form must be returned to the employer the same day of treatment. Distribute copies as follows:

Original: Employer

**Copies: Blue – Physician
Yellow – Patient
Pink - Pharmacy**