



**NORTH CAROLINA DEPARTMENT OF AGRICULTURE  
AND CONSUMER SERVICES  
MEAT AND POULTRY INSPECTION DIVISION  
Raleigh, North Carolina**

*Steve Troxler, Commissioner*

**MPID NOTICE**

**13-23**

**9-11-2023**

**Instructions for Handling Workers' Compensation Claims**

**I. PURPOSE**

This document is issued to provide instructions for all MPID employees to follow in the event of an on-the-job injury that requires medical care. It is vital to submit the appropriate paperwork and follow this policy in order to ensure that a claim is processed promptly and the employee does not incur personal expenditures for his/her injury.

**II. REFERENCES**

NCDA&CS Safety and Health Policy and Reference Manual

**III. CANCELLATION**

MPID Notice 4-22 dated 4-6-2022

**IV. PROCEDURE**

**1. Report the incident**

In the event of an on-the-job injury requiring medical attention, the employee must notify their supervisor immediately unless their injury renders them incapable of doing so. In turn, the supervisor should phone the Raleigh office and report the injury.

**2. Create Claim in CorVel Care**

Supervisors log on to CorVel Care at [www.caremc.com](http://www.caremc.com) to create a claim as soon as possible. If you have any problems accessing the system, call 855-691-9367 for assistance. This will create a case number needed for the CorVel Initial Treatment Guide to be taken to medical care facility.

### **3. Seek medical care**

#### **Emergencies:**

For life or limb threatening emergencies, seek medical attention first and report the incident later. For emergency medical care, employees injured on the job may seek treatment at any medical care facility.

#### **Non-emergencies:**

For non-emergency medical care, employees are required to use a medical care provider on CorVel's network by looking up providers at [corvel.com](http://corvel.com). If none of their providers are convenient, go to the nearest urgent care facility. Going to a hospital emergency room is an option only if other options are exhausted.

### **4. CorVel Initial Treatment Guide/Physician and Pharmacy Information**

Take the CorVel Initial Treatment Guide/Physician and Pharmacy Information form referenced below with you to your medical provider. This form serves two purposes:

- Authorization for medical care  
Employees may sign the authorization when their supervisor is not on site.
- Attending Physician's Report  
Your medical care provider completes this section.

Be sure to tell the medical provider you were injured on the job and your health care should be covered by workers' compensation. Do not give them your health insurance information. If needed, give them your supervisor's phone number so he or she can verify it is a worker's compensation claim.

The employee must take the Physician and Pharmacy Information to the pharmacy. (This form has a partial list of participating pharmacies). Giving this form to the pharmacist when filling prescriptions should ensure that CorVel is billed for the prescription and no charges are sent to the employee's private insurance company.

### **5. CorVel Medical Records and Health Information Authorization**

This form should be completed as soon as possible by the employee and submitted to the Raleigh Office, attention Pam Flood. Our office will forward the form to NCDA&CS Safety Director.

### **6. Other Paperwork**

#### **Supervisor's Incident Report**

Supervisors should complete this form in its entirety as promptly as possible. This form should be submitted to the Raleigh Office, attention Pam Flood.

### **Investigation Statement Form**

The injured employee should complete this form in its entirety as promptly as possible. If the employee is unable to complete the form due to their injuries, their supervisor should complete the form. This form should be submitted to the Raleigh Office, attention Pam Flood.

### **NC Industrial Commission Form 18 "Notice of Accident to Employer" (Optional)**

Form 18 will be sent to the employee by CorVel. This is an optional form. If the employee chooses to fill out a Form 18, it must be submitted directly to CorVel by the employee and a copy mailed to the Raleigh Office, attention Pam Flood.

### **North Carolina State Government Worker's Compensation Program Employee Statement**

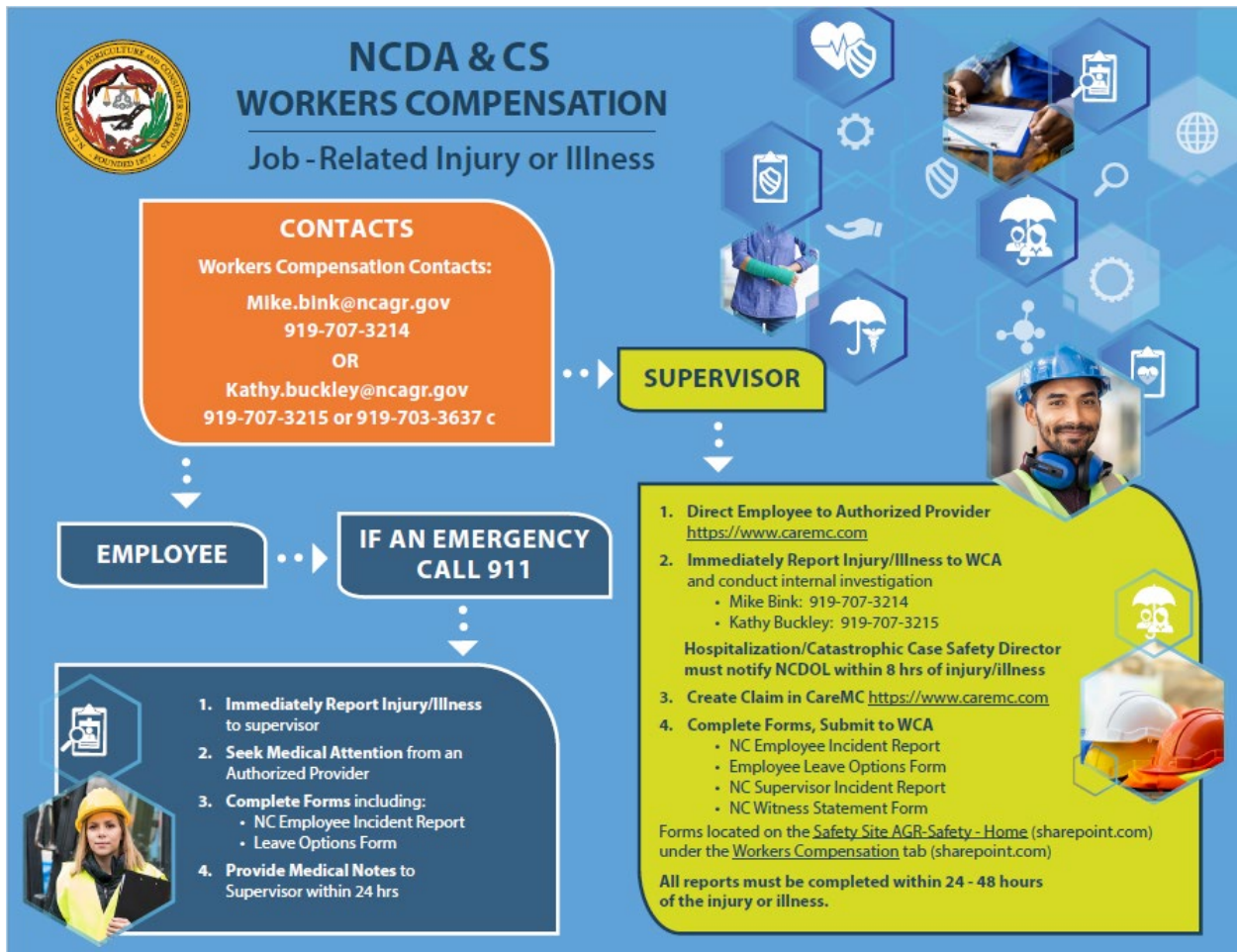
Supervisors should provide all injured employees with this form. The employee completes the information concerning the accident/incident and use of leave options for any time lost from work which may result from injury. This form should be completed in detail adequate to give an accurate account of the incident. Once the employee completes the form, the supervisor completes the bottom portion. This form should be submitted to the Raleigh office, attention Pam Flood.

### **North Carolina State Government Worker's Compensation Program Leave Options**

Supervisors should provide all injured employees with this form. The employee completes the information concerning leave options for any time lost from work which may result from injury. If option 1 is chosen in either section, the employee must circle the word sick or vacation depending upon which leave they prefer to use. Once the employee completes the form, the supervisor completes the bottom portion. This form should be submitted to the Raleigh office, attention Pam Flood.

### **Essential Job Functions Form**

Employees who are absent from work more than 3 days due to an on-the-job injury are required to have their physician complete an "Essential Job Functions" form prior to returning to work. This form describes the physical requirements of the employee's job so their physician can understand the nature of their work and apply any restrictions accordingly. Each time it is needed, this form is customized by the Raleigh Office to fit the physical labor requirement for each individual's specific job assignment. Contact Pam Flood to request a customized copy of this form.



**Attachments:**

CorVel Initial Treatment Guide/Physician and Pharmacy Information

[Injury Data Collection Form for Supervisors](#)

[Employee Release of Information](#)

[Supervisor's Incident Report](#)

[Employee Incident Report](#)

[Witness Statement Form](#)

[Leave Options Form](#)

[Sample Essential Job Functions Form](#)

[How to Apply Leave for Worker's Compensation](#)

[Investigation Statement Form](#)

**Dr. Karen Beck  
State Director**

**DISTRIBUTION:**

MPID Personnel; NCDOL & CS Safety Director

**SUBJECT CATEGORY:**

Safety