



## **EMPLOYEE AGREEMENT**

### **EMPLOYEE SAFE WORKING PRACTICES/MANAGED CARE**

As a condition of employment, I do hereby agree to comply with the following **Safe Working Practices and Managed Care Program**.

1. I agree to follow established departmental safety procedures.
2. I agree to report any work related accident to my supervisor as soon as it occurs, but no later than the end of my duty shift.
3. If I need treatment for a work-related injury, I understand that my employer has enrolled in a Managed Care Program for Workers' Compensation and that the following procedures must be followed for all work-related injuries and illnesses. It is important to note that **treatment received outside the Workers' Compensation managed care arrangement is not compensable unless authorized by the carrier prior to the treatment date.**
  - Report promptly any work-related injury to supervisor.
  - Hand carry the Introductory **Letter to Physician** to the Medical Care Coordinator on the initial visit.
  - Follow the Medical Care Coordinator's instructions for any additional specialist treatment, if needed.
  - Ensure all medical treatment is handled only through the Medical Care Coordinator
  - Direct all question about level of care to the Medical Care Coordinator, who is the focal point for medical treatment.
  - Follow established Grievance Procedures to resolve any dissatisfaction with medical treatment.

I understand that failure on my part to follow the above procedures could result in disciplinary action not to exclude termination and loss of Workers' Compensation benefits.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_