

"Notice of Injury or Occupational Disease"

(Incident Report)

Pursuant of NRS 616C.015

Name of Employer: Community College Southern Nevada

Name of Employee		Social Security Number	Telephone Number
Job Title:		Department:	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)	
What is the nature of the injury or occupational disease?		List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease indicate the date on which employee first became aware of connection between conditions and employment)			
Names of Witnesses:			
Did the employee leave work because of the injury or Occupational disease? ___ Yes ___ No	If yes, when (date and time)?	Has the employee returned to work? ___ Yes ___ No	If yes, when (date and time)?
Was first aid provided? ___ Yes ___ No	If yes, by whom?	Name and address of treating physician, if applicable or known?	
Did the accident happen in the normal course of work? ___ Yes ___ No			
Was anyone else involved? ___ Yes ___ No	Names of others involved:		

MY EMPLOYER/ INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGMENTS.

Supervisor's Signature Date

Signature of Injured or Disabled Employee Date

Print Supervisor's Name and Title

To File a Claim for compensations, see the *Claim for Compensation or C-4 Form*.

Employee should sign, date, and retain a copy.

Original to Workers's Compensation Office, *Copy to* Employee

C-1 (Rev. 1/02)

Brief Description of Rights and Benefits ----(Pursuant to NRS 616C.050)

Notice Of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident Or OD. Your employer shall maintain a sufficient supply of the forms required to file the Notice of Injury or Occupational Disease.

Claim for compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. You must file a completed "Claim for Compensation" (Form C-4) within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation. The employer must complete and mail to its insurer or third-party administrator an Employer's Report of Industrial Injury or Occupational Disease (Form C-3), within 6 working days after receipt of a Claim for Compensation. Your insurer must accept or deny your claim within 30 days after receipt of the C-4 form.

Medical Treatment: if you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer hearing. NAIW is an independent state agency and is not affiliated with any insurer.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Industrial Insurance Regulation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775)687-3033, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89014, telephone (702) 486-9080.

Permanent Total Disability (PTD): if you are medically certified by a treating physician or chiropractor as permanently and totally disabled as a result of an industrial injury or OD and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, of 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. If you and the insurer cannot agree on a rating physician or chiropractor to perform the evaluation, one will be assigned by rotation as established by DIR. The amount of your PPD award depends on the dated of injury, the results of the PPD evaluation and your age and wage.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Medical Costs: Any medical procedures or treatments related to your on-the-job injury deemed necessary by your treating physician or chiropractor and authorized by your insurer, will be paid according to the Nevada Medical Fee Schedule or as otherwise contracted.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of you injury or occupational disease. Your right to such services depends on your place of residence. You may be able to obtain a lump sum buyout in lieu of vocational rehabilitation services.

Reopening: you may be able to reopen your claim if your condition worsens after claim closure.

Appeal to Hearing Officer: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the Department of Administration, Hearing Officer, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter 1050 E. William Street, Suite 400, Carson City, Nevada 89701, telephone (775) 687-5966, or 555 East Washington Avenue, Suite 3300, Las Vegas, Nevada 89101, telephone (702) 486-2525.

Appeals to Appeals Officer: If you disagree with the Hearing Officer decision, you may appeal to the Department of Administration, Appeals Officer. You must file your appeal within 30 days from the date of the hearing Officer decision.

Judicial Review: If you disagree with a decision of an Appeals Officer, you may file a petition for judicial review with the District Court. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

If you have any questions concerning the las as it may apply to you, cont your attorney, insurer or third-party administrator.