

Industrial Injury Medical Service Order

DISTRICT: _____

SITE: _____

First Aid -- Non-Reportable
All Others -- Reportable

Please render medical aid to the following employee in accordance with the terms of Workers' Compensation laws, keeping in mind that in a disputed case, benefits may not be provided. Contact Claims Administrator (JT²) for final decision.

Name of Employee: _____ Date of Injury: _____

Work Location: _____ District Contact: _____



Instructions to Doctor



- If the injury is First Aid only:
 1. Prepare Workers' Compensation Form 5021, "***Doctor's First Report of Injury***," in triplicate.
 2. Mail billing (in duplicate) and all three copies of Form 5021 to:

Cynthia Parra, Executive Director
Kings County Self-Insured Schools
876 East D Street
Lemoore, California 93245

(559) 589-7063 – Kimberly Calabretta, JPA Secretary
 3. Fax ALL status reports when seen to Executive Director at (559) 589-7069.
 - ⇒ Please designate on Form 5021 that claim is First Aid only.

- If injury is reportable (beyond First Aid):
 1. Mail original and one copy of Form 5021 and all bills (in duplicate) to the Administrator of the District's Workers' Compensation Program:

JT²
Carissa Renslow
Post Office Box 70410
Oakland, CA 94612
(510) 844 -3120

- In addition to the above, for all injuries:
 2. Fax the District (District Name & Fax Number Here) a status report immediately after treatment has been rendered. ***Indicate type of claim: First Aid or Reportable. Also, fax to Cynthia Parra as indicated in number 3 above under First Aid instructions.***
 5. The District will accommodate the employee in temporary modified-duty positions whenever possible. Therefore, please detail the limitations specifying what the employee can and cannot do, and release accordingly with appropriate documentation.