

# 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 (JT<sup>2</sup>) 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:  
  
JT<sup>2</sup>  
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.