Claims Management Procedure
Overview

7/1/04

- Injury Occurs

7/1/04

- Employee reports to appropriate hospital personnel.
- Incident Report is completed.
- Supervisor Report of Investigation is completed.
- SIF-2 Accident Report Form is completed.
- PIR is completed in ER or doctor's office.

7/8/04

- All information arrives at Seattle claims office for processing.

48 Hours

- We call hospital if needed information is missing.
- We call injured employee on:
- All time loss claims
- Treatment only claims if injury to neck, back, or major joint
- If employee appears to require extensive treatment
- We call doctor if PIR is not received.
- If employee is off work, we send first disability payment within 14 days of date claim elements are satisfied or first day possible, if not reported timely. Initiate investigation, if appropriate. We ask if modified work duty is being pursued, and if not, work to clarify restrictions.

15 Days

- If employee is off work, we request an update on status to determine, if further time loss benefits are appropriate. If modified work is certified by the doctor, check with hospital and employee to verify this is being done.

30 Days

- Follow up on medical treatment with request for clinical progress report from doctor. If employee is still off work, discuss modified work with hospital contact or supervisor.

60 Days

- Close claim, if appropriate. Schedule IME, if condition not improved or surgery requested. If still off work, check on modified work at hospital.

90 Days

- Close claim, if appropriate. Or continue on with claims management until closure.
- Refer to vocational counselor, if still unable to return to work or no modified work is identified.