

**STATE OF ALABAMA
WORKERS'
COMPENSATION
INFORMATION**



If you are injured on the job, or contract an occupational disease, notify your employer immediately.

Your employer will advise you of the physician to see for authorized medical treatment.

WORKERS' COMP INSURANCE

CARRIER GuideOne Mutual Insurance Company

TELEPHONE NUMBER 888-748-4326

**ASSISTANCE IS AVAILABLE UNDER THE ALABAMA WORKERS'
COMPENSATION LAW INCLUDING MEDIATION SERVICE.**

FOR INFORMATION CALL:

1-800-528-5166

**Alabama Department of Labor
Workers' Compensation Division
649 Monroe Street
Montgomery, AL 36131**

**CODE OF ALABAMA, 1975, § 25-5-290(d), REQUIRES THAT THIS NOTICE BE
POSTED**

IN ONE OR MORE CONSPICUOUS PLACES IN YOUR BUSINESS.

FORM WCC#1 10/12

STATE OF ALABAMA
**EMPLOYER'S FIRST REPORT OF INJURY
OR OCCUPATIONAL DISEASE**

CLAIM REFERENCE

1. Insured Report Number	2. Filing Office Claim Number	3. OSHA Log Case Number
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EMPLOYER

4. Employer Business Name	ADDRESS, IF LOCATION DIFFERENT FROM BUSINESS ADDRESS		
5. Physical Address 1	10. Mailing Address 1		
6. Physical Address 2	11. Mailing Address 2		
7. City	8. State	9. Zip	12. City
			13. State
			14. Zip
15. Federal ID Number	16. U.C. Account Number	17. NAICS	

INSURER / FILING OFFICE

18. Insurer Name	21. Filing Office Name		
19. Insurer Federal ID Number	22. Mailing Address 1		
	23. Mailing Address 2 or Telephone Number		
20. Type Insurer	Ins Co <input type="checkbox"/>	Self-Insurer <input type="checkbox"/>	Group Fund <input type="checkbox"/>
	24. City	25. State	26. Zip
	27. Filing Office Federal ID Number		

EMPLOYEE / WAGES

28. First Name	32. Employee ID Number		
29. Middle Name	33. Type Employee ID Number		
30. Last Name	SSN <input type="checkbox"/>	Passport Number <input type="checkbox"/>	Green Card <input type="checkbox"/>
31. Last Name Suffix (ie. Jr., Sr., III)	Employment Visa <input type="checkbox"/>	Assigned by Jurisdiction <input type="checkbox"/>	
34. Mailing Address 1	40. Gender	41. Date of Birth	
35. Mailing Address 2	Male <input type="checkbox"/>		
36. City	Female <input type="checkbox"/>	42. Nbr of Dependents	
37. State	44. Date Hired		
38. Zip			
39. Phone			
43. Marital Status	46. Number of Days Worked Per Week		
Unmarried (Single or Divorced or Widowed) <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Unknown <input type="checkbox"/>
45. Occupation Description	49. Received Full Pay For Day of Injury? Yes <input type="checkbox"/> No <input type="checkbox"/>		
47. Wages \$	50. Did Salary Continue? Yes <input type="checkbox"/> No <input type="checkbox"/>		
48. Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/>			

INJURY / TREATMENT

51. Date of Injury	52. Time of Injury	53. Time Employee Began Work	54. Date Disability Began	55. Date of Death
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> unk <input type="checkbox"/>	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		
PLACE OF ACCIDENT, INJURY, OR EXPOSURE			61. Injury Occurred on Employer's Premises?	
56. Site Address			Yes <input type="checkbox"/> No <input type="checkbox"/>	
57. City			62. Date Employer Notified	
58. State				
59. Zip				
60. County				

63. DESCRIBE WHAT THE EMPLOYEE WAS DOING JUST BEFORE THE INCIDENT AND HOW THE INJURY OCCURRED. (Ex. While climbing a ladder and carrying roofing materials, ladder slipped on wet floor causing worker to fall 20 feet.)

PROVIDE DESCRIPTION CODES to identify Nature of Injury, Part of Body that was affected, and Cause of Injury.
(FOR COMPLETE LIST OF CODES, GO TO [HTTP://LABOR.ALABAMA.GOV/WC](http://LABOR.ALABAMA.GOV/WC))

64. Nature of Injury Code	65. Part of Body Code	66. Cause of Injury Code		
67. Initial Treatment	No Medical Treatment <input type="checkbox"/>	68. Name of Treatment Facility		
First Aid By Employer <input type="checkbox"/>	Minor Clinic / Hospital <input type="checkbox"/>	69. Address		
Emergency Room <input type="checkbox"/>	Hospitalized Overnight <input type="checkbox"/>	70. City		
Hospitalized > 24 Hours <input type="checkbox"/>	Outpatient Treatment <input type="checkbox"/>	71. State		
		72. Zip		
73. Name of Physician or Other Health Care Professional		74. Has Injured Returned to Work	If so, 75. Date	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	76. Time	
			a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

OTHER

77. Date Prepared	78. Preparer's First Name	79. Last Name	80. Title	81. Preparer's Telephone Number
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Injured Worker's First Fill Prescription Form

Administered by CorVel (800) 563-8438

Injured Worker's Name: _____

SS#: _____ **Date of Injury:** _____

INJURED WORKER INSTRUCTIONS:

On your first Pharmacy visit, please give this notice to any pharmacy listed on this insert to expedite the processing of your approved Workers' Compensation prescriptions, based on the parameters established by GUIDE ONE. With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Information Sheet to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a 14 day supply of medications.

PHARMACIST INSTRUCTIONS:

Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:

CORVEL		CVS CAREMARK
BIN:	004336	
PCN:	ADV	
RxGroup:	RXFFWC491	
Member ID:	See below to generate ID	

To Generate Member ID: The Injured Worker's nine digit Social Security Number plus 8 digit Date of Injury will be used as their 17 digit **Member Identification number** when processing their First Fill Prescription: **XXXXXXXXXXMMDDYYYY**

Please contact CorVel Pharmacy Solutions at (800) 563-8438 for assistance with claims processing

There are over 70,000 Participating Pharmacies in the CorVel Network. Below is a sample listing. Call (800)563-8438 to locate a Pharmacy near you.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith's Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Dominick's Finer Foods	Ingles Pharmacy	Raley's Drug Center	Von's Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred's Pharmacy	Longs Drug Store	Safeway Pharmacy	Walgreens Pharmacy
Giant Eagle Pharmacy	Marc's Pharmacy	Sav-On Drug Store	Wegman Pharmacy
Giant Food Stores, LLC	Medicine Shoppe	Shoprite Supermarkets	Winn Dixie Pharmacy

