



County of Henrico, Department of Finance, Risk Management Division

WORKERS' COMPENSATION REPORTING FLOWCHART

Refer to the HR Employee Portal for forms.

- 1) **Employee must report injury/incident to supervisor immediately.**
- 2) Supervisor completes call **CARE 24 at 855-954-0866** and press **Option 2** to report NEW injury/illness within 24 hours. Failure to call CARE24 may result in delays. CARE24 should **NOT** be used to seek advice for medical treatment.
- 3) Employee completes "**Employee Report of Injury**" and "**Panel of Physicians**" forms and submits to supervisor.
- 4) Supervisor completes "**Supervisor's Investigation Report**". **If video footage is available, take steps to secure footage.**
- 5) **Supervisor** submits **ALL** available and completed workers' compensation forms and related documents to Lodestar Claims & Risk Services, Inc by email at CLAIMSMAIL@LODESTAR.COM or fax at 877-374-0936 within 24 hours or next business day, **include the Employee's Name and Date of Injury in the Subject Line.**
- 6) **If the Employee seeks medical treatment**, the Employee should seek treatment from one of the medical facilities listed on the "**Panel of Physicians**" form.
- 7) **Employee should notify the medical facility that treatment is for a work-related injury and should provide Lodestar's Billing Information** (listed below) and their personal health insurance information.

LODESTAR BILLING INFORMATION

Billing Address: Lodestar, PO Box 4314, Clinton, IA 52733-4301

Phone: 866-886-6305 | **Fax:** 877-374-0936 | **Email:** CLAIMSMAIL@LODESTAR.COM

- 8) Employee provides "**Physical Capabilities Form**" (PCF) to the health care provider to complete at the time of the visit.
- 9) The health care provider completes "**Physical Capabilities Form**" (PCF) or provides documentation indicating the Employee's work status. Ensure the provider checks and/or describes **ALL** work restrictions, including restrictions due to prescribed medications, includes a follow-up appointment date, if one exists, and is signed by the health care provider.
- 10) Employee submits the completed "**Physical Capabilities Form**" (PCF) form or other documentation indicating work status to supervisor and to Lodestar by email at CLAIMSMAIL@LODESTAR.COM or fax at 877-374-0936.
- 11) **Employee must notify supervisor and Lodestar immediately if placed out of work or on work restrictions (light duty).** Employee should contact their supervisor, Timekeeper, or HR Personnel about timecard reporting questions.
- 12) **Supervisor must notify PMA immediately if work restrictions cannot be accommodated.**
- 13) **If medication is prescribed**, employee presents "**Cadence Prescription Form**" to pharmacist.
- 14) Employee should call **Lodestar's Customer Service line at 866-886-6305** or contact their adjuster directly with any questions about their workers' compensation claim, including medical treatment and billing issues.

IF THE INJURY IS LIFE THREATENING, CALL 911 & PROCEED TO THE NEAREST HOSPITAL EMERGENCY ROOM.

FATALITY AND SERIOUS WORKPLACE INJURIES have additional reporting requirements. Click [here](#) for more information.

If Employee is HOSPITALIZED or SERIOUSLY INJURED, contact the Risk Manager at 804-382-4885 or lee061@henrico.gov

All injuries/illnesses are reported to the **Virginia Workers' Compensation Commission (VWC)**. Should the employee wish to file a claim with the VWC, it is their responsibility to do so. The **Virginia Workers' Compensation Commission (VWC)** can be reached by phone at **877-664-2566**.