



County of Henrico, Department of Finance, Risk Management Division
WORKERS' COMPENSATION REPORTING FLOWCHART

- **Employee must report injury/incident to supervisor immediately.**
- **Supervisor must call CARE 24 at 855-954-0866 and press Option 2 to report injury/illness within 24 hours.** Failure to call CARE24 may result in delays.
- Employee completes **Employee Report of Injury** form and submits to Supervisor
- Employee completes **Panel of Physicians** form and submits to Supervisor.
- Supervisor completes **Supervisor's Investigation Report** and submits **ALL** available and completed workers' compensation forms and related documents to PMA by email at ClaimsMail@pmagroup.com or fax at 800-432-9762 within 24 hours or next business day.
- **If video footage is available, take steps to secure footage.**

If Employee seeks medical care:

- Employees who are seeking medical treatment *should* select from one of the medical providers listed on the **Panel of Physicians** form.
- Supervisor presents **Physical Capabilities Form** to employee to bring to medical facility
- Employee notifies the medical facility that treatment is for a work-related injury and provides his or her personal health insurance information **AND PMA's Billing Information listed below:**

PMA BILLING INFORMATION

Phone: 888-476-2669 | **Fax:** 800-432-9762 | **Email:** ClaimsMail@pmagroup.com

Address: PMA Customer Service Center, PO Box 5231, Janesville, WI 53547-5231

- Physician/Clinician completes **Physical Capabilities** form *OR* provides a note indicating Employee's work status.
- Employee **MUST** submit completed **Physician Capabilities** form *OR* **physicians/clinicians note** to supervisor and PMA.

If Employee is taken OUT OF WORK or PLACED ON WORK RESTRICTIONS, the Employee MUST notify supervisor and PMA IMMEDIATELY. Timecard Reporting questions should be directed to the Employee's Supervisor, Timekeeper or HR Personnel.

If work restrictions CANNOT BE ACCOMMODATED, the supervisor must notify PMA.

If MEDICATION is prescribed, Employee presents **Cadence Prescription Form** to pharmacist.

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 Claim related inquiries should be directed to **PMA Companies**.

Employees can contact their adjuster directly or call **PMA's Customer Service line at 888-476-2669.**

All injuries/illnesses are reported to the **Virginia Workers' Compensation Commission** (VWCC).

Should the employee wish to file a claim with the VWCC, it is his or her responsibility to do so.