

## Workers' Compensation Injury Reporting Procedures



**PINNACLE**  
EMPLOYEE LEASING

Dear Valued Client,

We understand that having an on-the-job injury/illness can be a stressful event. Pinnacle Employee Leasing is here to make sure you have the easiest, least stressful experience possible when dealing with an on-the-job injury/illness.

Attached, please find the proper procedures in filing a Workers' Compensation claim.

If you have any questions, please do not hesitate to contact me.

Thank you for your business!

Sincerely,

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Jesse J. Corbett  
Workers' Compensation Department  
Pinnacle Employee Leasing

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115 W. Olympia Avenue Suite 121, Punta Gorda, Florida 33950  
Phone: 941-833-2065 Fax: 941-833-2075



## Steps for Reporting a Workers' Compensation

### Injury/Illness

- Report injury/illness, **IMMEDIATELY**, to Pinnacle Employee Leasing by calling 800-245-2414. **Please Note: Any type of Motor Vehicle Accidents MUST BE reported to Pinnacle Employee Leasing, even if no injuries were sustained.**
- Please do not send your injured employee for medical attention without prior approval from Pinnacle Employee Leasing, unless it is a dire emergency or after hours. In that case, always use the nearest hospital emergency room or call 911. **Post-Accident Drug Screening is MANDATORY for All injuries and must be administered within 24 hours of occurrence.**
- Complete a Supervisor's Accident Investigation Report within 24 hours of the occurrence. Note: you will find this form, along with other forms that might apply, in this packet. Once you complete this form, and all other forms that might apply, please fax to 941-833-2075, Attn: Jesse Corbett or you can email to [jesse.corbett@pinnacleel.com](mailto:jesse.corbett@pinnacleel.com).
- Your injured employee has the right to refuse medical attention. If he/she does not want to seek medical attention, a Supervisor's Accident Investigation Report will still need to be completed and the Statement of Release will need to be signed. Please note: Due to the Drug-Free Workplace policy, your injured employee will need to be drug screened.

Please remember that completing all forms within a timely manner eliminates potential fines from occurring, insures your injured employee gets the proper treatment needed, and helps keep rates as low as possible..

*It is important that you report  
each and every incident that occurs,  
no matter how minor it may seem.*

# Supervisor's Injury Investigation Report



*Important- Please complete form **IN FULL** and fax within **24 HOURS** of Injury to 941-833-2075.*

### **Employer/Client Information**

Company Name: _____	Company Contact: _____
Company Phone Number: _____	Division: _____

### **Employee/Injured Party Information**

Employee Name: _____	DOB: _____
Social Security #: _____	Daytime Phone: _____

### **Accident Information**

Date of Accident: _____	Time of Accident: _____ AM/PM
Last Date Worked: _____	Paid in Full for Date of Accident: Yes/No
Place of Accident: _____	
Describe the work being done at the time of accident and how the accident occurred: _____	
Does the employer agree with the description of accident: Yes/No. If No, please explain: _____	
What action has been taken to prevent a similar injury (if applicable): _____	
Witnesses (please list names): _____	

### **Injury/Illness Information**

Type of Injury (please be specific): _____
Area of Injury (please be specific, i.e. right, left, etc.): _____
_____
_____
Please list any pre-existing conditions that may apply: _____
_____

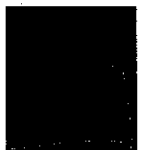
### **Treatment Facility Information**

Name of Facility: _____	Phone # of Facility _____
Address of Facility: _____	
Was Drug Screening Administered: Yes/No. If No, please state reason _____	
_____	
Did Employee Refuse Treatment: Yes/No. If Yes, please sign Statement of Release	
Was the visit authorized by Employer: Yes/No	
Will you continue to pay wages in lieu of W/C: Yes/No	

Supervisor's Signature: _____	Date: _____
Employee's Signature: _____	Date: _____

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**Statement of Release Form**



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***Important- Please complete form IN FULL and fax within 24 HOURS of Injury, along with Supervisor's Accident Investigation Report, to 941-833-2075.***

**I understand that it is my right to refuse treatment. Therefore, I choose not to seek medical treatment at this time.**

**I understand that since I have suffered an on-the-job injury or illness, I must take a Post-Accident Drug Screening due to the Drug-Free Work Place policy. I understand that refusal of these procedures can lead to disciplinary action and/or termination of my employment.**

\_\_\_\_\_  
**Injured Employee's Signature**

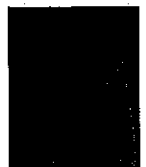
\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**115 W. Olympia Avenue Suite 121, Punta Gorda, Florida 33950  
Phone: 941-833-2065 Fax: 941-833-2075**

**Initial Treatment/Drug Screen Authorization**



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*Please complete and send with employee to treating facility.*

**Employee/Injured Party Information**

**Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_

**Accident Information**

**Date of Accident:** \_\_\_\_\_  
**Brief Description of Accident:** \_\_\_\_\_

**Injury Information**

**Type of Injury/Illness Sustained:** \_\_\_\_\_

**Provider:**

Please accept this as our request to treat and/or drug screen the injured party listed above. Please take notice that, as a Drug-Free Workplace, we require that all injured parties, seeking medical treatment, receive a Post-Accident drug screen. If for any reason this cannot be administered, please contact us at the number listed below.

**Please send all invoices for medical Treatment to:**  
*USIS  
P.O. Box 616648  
Orlando, Florida 32861-6648  
Phone: 800-444-9098  
Fax: 407-352-5788*

**Please send all invoices for drug screening to:**  
*Pinnacle Employee Leasing  
115 W. Olympia Avenue Ste 121  
Punta Gorda, Florida 33950  
Phone: 941-833-2065  
Fax: 941-833-2075*

If you have any questions, or need further information, please contact, Jesse Corbett with Pinnacle Employee Leasing, at 941-833-2065.

**Authorization given by (please print):** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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