TRAVELERS

Workers Compensation Claim Reporting Worksheet and Guide

We will produce and submit the necessary state forms and filings.

! **DO NOT DELAY IN REPORTING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.**
PLEASE EMAIL YOUR COMPLETED FORM TO first.report@travelers.com OR CALL 1.800.238.6225.

ACCOUNT / ACCIDENT INFORMATION

PREPARER'S PHONE NUMBER	PREPARER'S TITLE	PREPARER'S NAME	EMPLOYMENT STATE

SUBSIDIARY (COMPANY) NAME	SUBSIDIARY (COMPANY) ADDRESS (STREET, CITY, STATE & ZIP)	SUBSIDIARY (COMPANY) MAILING ADDRESS (STREET, CITY, STATE & ZIP) ☐ SAME

DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS? ☐ YES ☐ NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED

PARENT COMPANY / INSURED'S NAME

LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS

DATE OF INJURY	TIME OF INJURY

ACCIDENT DESCRIPTION

EMPLOYEE INFORMATION

	EMPLOYEE'S NAME (FIRST, MI, LAST)	GENDER ☐ MALE ☐ FEMALE	PRIMARY LANGUAGE
LEAVE BLANK			

	EMPLOYEE'S MAILING ADDRESS

EMPLOYEE'S PHONE NUMBER	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)	EMPLOYEE'S EMAIL ADDRESS

EMPLOYEE JOB INFORMATION

EMPLOYMENT STATUS CODE ☐ FULL-TIME ☐ PART-TIME ☐ OTHER	REGULAR ASSIGNED DEPARTMENT	REGULAR OCCUPATION
OCCUPATION WHEN INJURED		
EMPLOYEE'S WORK SCHEDULE REGULAR WORK HOURS _____	HOURS/DAY _____	DAYS/WEEK _____
EMPLOYEE'S WAGE INFORMATION: $_____HOUR OR $ _____/ ANNUAL OR_____/ WEEKLY OVERTIME: $_____ ADD'L BENEFITS: $_____		
DATE OF HIRE OR LENGTH OF EMPLOYMENT		

SUPERVISOR'S NAME:	SUPERVISOR'S PHONE NUMBER:	SUPERVISOR'S EMAIL ADDRESS:	BEST HOURS TO CONTACT

ACCIDENT INFORMATION

DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK OR ARE THEY WORKING MODIFIED DUTY BEYOND THE DATE OF THE INJURY? ☐ YES ☐ NO	IS THE EMPLOYEE BACK AT WORK? ☐ YES ☐ NO IF YES, DATE RETURNED TO WORK? IS THERE AN ANTICIPATED RETURN TO WORK DATE? ☐ YES ☐ NO IF YES, ANTICIPATED RETURN DATE?

RETURN TO WORK STATUS ☐ LIGHT ☐ MODIFIED ☐ REGULAR	DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH ☐ YES ☐ NO
DO YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE INJURY? ☐ YES ☐ NO	IF YES, WHAT ARE YOU QUESTIONING? ☐ INJURY WORK RELATED ☐ EXTENT OF INJURY ☐ OTHER	

WITNESS INFORMATION

NAME (FIRST, MI, LAST)	PHONE NUMBER
ADDRESS	
NAME (FIRST, MI, LAST)	PHONE NUMBER
ADDRESS	
NAME (FIRST, MI, LAST)	PHONE NUMBER
ADDRESS	

INJURY INFORMATION

CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION)

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, PLEASE DESCRIBE)
☐ YES ☐ NO

TREATMENT ("X" ALL THAT APPLY)

☐ UNKNOWN
☐ NO MEDICAL TREATMENT
☐ FIRST AID/MINOR ON SITE TREATEMENT
☐ DOCTOR'S OFFICE/WALK-IN CLINIC
☐ EMERGENCY ROOM
☐ HOSPITAL/CLINIC – ADMITTED >24 HOURS

DESCRIPTION OF TREATMENT AND DATE OF 1st TREATMENT

NAME, ADDRESS, PHONE NUMBER OF TREATING FACILITY

PHYSICIAN NAME

INSURED CONTACT INFORMATION

CONTACT NAME	PHONE NUMBER
EMAIL ADDRESS	BEST TIME TO CONTACT AND WHERE TO CONTACT

ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION

TRAVELERS

travelers.com

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

This material is for informational purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy. Coverages are subject to individual insureds meeting our underwriting qualifications and to state availability.

CE-10347 New 12-17

GETTYSBURG COLLEGE
300 N Washington Street
Gettysburg, PA 17325
January 2025
PENNSYLVANIA WORK-RELATED INJURIES

If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances, and prostheses, including training in their use.

In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the designated health care providers listed below:

Occupational Medicine Clinic
Gettysburg Wellspan Occ Health
455 S. Washington St, Suite 12
Gettysburg, PA 17325
Phone:717-339-2880

Occupational
Hanover Wellspan Occ Health
1150 Carlisle St., Suite 21
Hanover, PA 17332
Phone: 717-851-7070

Family Practice
Gettysburg Family Practice
524 S. Washington Street
Gettysburg, PA 17325
Phone: 717-334-2183

Urgent Care Clinic
Wellspan Urgent Care
455 S. Washington St.
Gettysburg, PA 17325.

Occupational Medicine Clinic
Concentra Medical Center
1124 Harrisburg Pike
Carlisle, PA 17013
Phone: 717-267-2273

Orthopedic Surgery
OSS Health Gettysburg
20 Expedition Trail, Suite 110-B
Gettysburg, PA 18325
Phone: 717-339-0700

Urgent Care Clinic
MedExpress Urgent Care
1048 Lincoln Way E, Suite 101
Chambersburg, PA 17201
Phone: 717-267-2273

Orthopedic Surgery
OSS Health Hanover
470 Eisenhower Drive
Hanover, PA 17332
Phone: 717-633-0031

Orthopedic Surgery
Wellspan Orthopedics
18 Deatrick Drive
Gettysburg, PA 17325
Phone: 717-339-2500

Ophthalmology
Gettysburg Opthal Assoc.
455 S Washington Street, Suite 24
Gettysburg, PA 17325
Phone :717-334-9159

Chiropractor
Adams CountyChiroipractic
445 Old Harrisburg Road
Gettysburg, PA 17325
Phone:717-337-1190

General Surgery
Gettysburg Surgical Assoc
450 W Washington St, Suite C
Gettysburg, PA 17325
Phone: 717-339-3110

Chiropractor
Gettysburg Chiropractic Center
1080A Chambersburg Road
Gettysburg, PA 17325
Phone : 717-334-5566

Wellspan Orthopedics Hanover
207 Blooming Grove Road
Hanover, PA 17331
Phone : 717-812-7559

Diagnostic Testing
Adams Diagnostic Imaging
20 Expedition Trail, Suite 103
Gettysburg, PA 17325
Phone: 717-337-5991

Diagnostic Testing
One Call Care Management
Call for scheduling
Phone: 800-872-2875

Physical Therapy
Gentle OT/Hand Clinic
1010 Eichelberger Street, Suite 5
Hanover, PA 17331
Phone:717-656-0440

Physical Therapy
Wellspan Rehabilitation
16-C Deatrick Drive
Gettysburg, PA 17325
Phone: 717-339-2540

Physical Therapy
Adams County Physical Therapy
110 W. Eisenhower Drive, Suite E
Hanover, PA 17331
Phone: 717-646-8104

Physical Therapy
Wellspan Rehabilitation
40V Twin Drive, Suite 101
Gettysburg, PA 17325
Phone:717-339-2620

Pharmacy-Any Major Pharmacy
Healthesystems-BIN# 012874
Phone: 877-528-9497
If assistance is needed, please take Injured Employee Prescription Fill Form to your pharmacy

**(NOTE: If any of the health care providers listed above are employer, owned or controlled by the employer or the employer's carrier, it will be so designated by an asterisk next to the health care provider's name.)

You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.

After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider. You **MUST** notify your employer of this action within five (5) days of your visit to the health care providers of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

If one of the health care providers listed above refers you to another health care provider, your employer or its insured will pay the bill for these services provided they are reasonable and necessary.

If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.