

WORKERS COMPENSATION MEMORANDUM
AUGUSTA STATE UNIVERSITY

MEMORANDUM TO PERSONNEL FILE

This is to certify that I have been advised of the “Conformed Panel” and the “Bill of Rights for the Injured Workers” accompanying this memorandum.

I understand that if I am involved in an on-the-job injury and emergency treatment is NOT necessary, I must accept the services of a physician from the list administered by AmeriSys. (Contact information for AmeriSys is listed below.) If I desire to obtain medical service from a physician not listed with AmeriSys, I may do so; however, I will be liable for any medical expenses. The provider selected may arrange for appropriate consultations, referrals and other specialized medical services as the nature of injury requires. If I am dissatisfied with the provider selected I may contact AmeriSys and request a new physician that is on their list. However, any further changes require the permission of the Department of Administrative Services (DOAS) or the State Board of Workers’ Compensation.

In the case of an emergency, I should be taken to an appropriate emergency room. However, all follow-up care must be rendered by a provider from AmeriSys.

I further understand that I must notify my supervisor and the Human Resource Department as soon as an injury occurs, regardless of the extent of the injury. Delay in notification can result in denial of payment for medical services rendered.

SIGNATURE OF EMPLOYEE/DATE

ADMINISTRATIVE OFFICER/DATE

AmeriSys Case Manager 678-781-2848 / 800-900-1582 will assist you with: Selecting a physician, scheduling an initial appointment and obtaining follow-up care.

HR COPY

Revised 2/1/07

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