## COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

Employees of this business are covered by the Kentucky Workers' Compensation Act (KRS Chapter 342) Conspicuous Posting of this Notice is required by law

00077 Theratree LLC 2605 New Hartford Rd Owensboro, KY 42303

Policy Number: 420852

Effective: 05/10/2021-05/10/2022

Theratree LLC

Location Name: Theratree LLC Workers' Compensation Carrier:

Contact KEMI Customer Service:

Kentucky Employers' Mutual Insurance 250 W Main St Lexington, KY 40507 1-800-868-4553 or 1-859-425-7800

#### REPORT AN INJURY

EMPLOYEES: If injured, notify your supervisor <u>immediately</u>: when possible, notice should be in writing. Failure to notify your supervisor could result in denial of benefits. Obtain medical care. Your employer must pay for all necessary medical care to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan, employee selection of physicians is limited to the Approved Provider Network, except in certain emergencies. For injuries requiring continuing care, the employee must designate a treating physician. A form to do so will be furnished by your employer or its insurance carrier.

This employer is participating in a Managed Care Plan for medical care. The Managed Care Plan is Occupational Managed Care Alliance (OMCA). For information call 1-800-868-4553 or 1-859-425-7800.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers' Compensation Act after seven (7) days of disability. A Claim must be filed with the Office of Workers' Claims within two years of the date of injury, or last payment of temporary total disability benefits.

#### **NEED ASSISTANCE?**

Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered, call The Kentucky Office of Workers' Claims at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORTS CAN BE MADE AS REQUIRED BY LAW.



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## **JOB INJURIES**

Your employer is part of a managed care system for worker's compensation. This means in order to have your medical care paid for in a work-related accident/illness, you MUST use one of the OMCA network physicians unless:

Here are the limited situations in which treatment may be obtained outside of a Gatekeeper: 12

(a) For emergency care as defined in 803 KAR 25:110<sup>13</sup>;

(b) If the employee is referred by a gatekeeper physician outside the managed care plan for medical services;

(c) If authorized treatment is unavailable through the managed care plan; and

(d) To obtain a second opinion if a managed care plan physician recommends surgery.

# **QUESTIONS**

For any questions relative to your occupational medical care call:

Long distance: 1-800-KYCOMP-1

Louisville area: 502-499-6000

(toll free, 24 hours/day, 7 days/week)

Should you be dissatisfied with any aspect of your care, write OMCA for a Grievance Form:

Occupational Managed Care Alliance, Inc. P.O. Box 20908 Louisville, KY 40250-0908

<sup>12 803</sup> KAR 25:110 Section 4(a)-(d).

<sup>&</sup>lt;sup>13</sup> 803 KAR 25:110 Section 1(2) defines "emergency care" as: (a) Medical services required for the immediate diagnosis or treatment of a medical condition that if not immediately diagnosed or treated could lead to serious physical or mental disability or death; or (b) Medical services that are immediately necessary to alleviate severe pain. "Emergency care" does not include follow-up care, except when immediate care is required to avoid serious disability or death.