

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

MANAGED CARE ORGANIZATION PROCEDURES

OFFICE NOTICE

This business operates under the Georgia Workers’ Compensation Law.

WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the workers’ lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about worker’s compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee’s claim.

The insurance company providing coverage for this business under the
Workers’ Compensation Law is:

DOAS

Insurer Name

200 Piedmont Avenue SE, Suite 1220 West Tower, Atlanta GA 30334
address

404-636-6245 or 877-656-7475
phone

Your employer has enrolled with the certified Workers’ Compensation Managed Care Organization (WC/MCO) listed below to provide all the necessary medical treatment for workers’ compensation injuries. The effective date is shown below. If you had an injury prior to the effective date listed below you may continue to receive treatment from your current non-participating authorized physician until you elect to utilize the services of the WC/MCO.

Each employee will be furnished with a publication which explains in detail how to access the services of the WC/MCO and provides a complete list of the medical providers available. In addition, each employee will be given a wallet-sized card which contains information on the services of the WC/MCO including a 24-hour toll-free phone number with recorded messages of information on how to utilize these services.

NAME OF WC/MCO AMERISYS

MAILING ADDRESS PO BOX 616648, ORLANDO, FLORIDA 32861

GEOGRAPHICAL SERVICE AREA Sixty (60) mile radius from the employer’s location

NAME OF CONTACT PERSON Cheryl Gulasa RN (For WC/MCO questions)

PHONE NUMBER OF CONTACT PERSON 407-373-6566

ADDRESS OF CONTACT PERSON PO BOX 616648, ORLANDO, FLORIDA 32861

24-HOUR TOLL-FREE PHONE NUMBER (to report injuries) 877-656-7475 once injury is

Reported call Amerisys Triage 800-900-1582 (option 2)

EFFECTIVE DATE OF WC/MCO 08/01/2002

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS’ COMENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation
(O.C.G.A § 34-9-18 and § 34-9-19).

WC-P3 (7/2022)