To: **Employee / Worker**

Re: You were injured at work. What now? (Workers’ Grab ‘N Go Kit)

If you suffered a workplace injury or illness, you may be eligible for workers’ compensation benefits. The policy of your employer is to allow the injured worker to make the first choice of health care provider (HCP). If emergency medical attention is required, seek treatment at the nearest emergency room. **If non-emergency medical attention is required, you need to seek treatment with a health care provider of your choice *that accepts workers’ compensation benefits*.**

FORMS WITH THIS WORKER GRAB ‘N GO KIT

1. Notice of Accident (NOA) form (*completed by injured employee - one page –* ***requires signatures***)
2. Disclosure of Health Records form (*one page –* ***requires signature***)
3. Letter to Health Care Provider (*one page – take to the Health Care Provider*)
4. Providers Report of Physical Ability form for completion by the Health Care Provider (*one page front/back or first/second pages – to be taken by you to the Health Care Provider*)
5. First Fill Pharmacy card (*one page – take to the pharmacy for your initial medications*)

**WORKER’S RESPONSIBILITIES**

* You must tell your employer, in writing, when where and how you were injured using the ***Notice of Accident*** (NOA) form. Report injuries as soon after the incident as possible!
* Cooperate with your supervisor during their investigation of the incident.
* Medical reports are necessary for your case. Advise your health care provider that you have a work-related injury, give the name of your employer and the ***Provider’s Report of Physical Ability*** form. Return the completed Provider’s Report of Physical Ability to your employer.
* When you choose your initial selection of health care provider, *please confirm with the provider you have chosen that they accept New Mexico workers’ compensation insurance payments*.
* EMPLOYEES CANNOT USE GROUP HEALTH PLANS FOR WORK RELATED INJURIES OR ILLNESSES COVERED UNDER THE NEW MEXICO WORKERS’ COMPENSATION ACT.

IMPORTANT CONTACT INFORMATION

* Employer’s Workers Compensation Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Workers’ Compensation Claims Administrator: CCMSI, PO Box 30870, Albuquerque, NM 87190-0870

505-837-8700 or 800-635-0679

* The NM Workers’ Compensation Administration, Ombudsman program: 866-967-5667

IMPORTANT GUIDEBOOK

* Find, download, and review the **Worker Guidebook** at <https://workerscomp.nm.gov/Information-For-Workers>