KRHA Self Insurance Fund

(for members and their injured workers)

IN THE EVENT OF A WORKPLACE INJURY

EN CASO DE UNA LESION EN EL LUGAR DE TRABAJO

Employer

1. Triage the injured worker and direct them to medical care if necessary. A copy of this form should be sent with the injured worker to expedite the process.

2. Managers, fill out and submit the First Report of Injury as soon after the injury as soon as possible. The report can be found online at https://www.krha.org/page/ReportClaim.

3. Collect statements from witnesses and/or save any video of the incident.

KRHA

4. Once submitted, a representative of KRHA SIF will reach out to the operator's point of contact with a claim number and talking points to review with the injured employee.

5. A KRHA representative will also reach out to the injured employee to obtain a statement, discuss ongoing medical, and expectations for satisfactory claim resolution. If the employee is Spanish speaking please confirm so that we can arrange for an interpreter.

Employees

6. Please make sure to contact your employer after your initial visit to discuss any possible work restrictions that are put in place by the provider.

   Asegúrese de comunicarse con su empleador después de su visita inicial para analizar cualquier posible restricción laboral que establezca el proveedor.

7. A representative from KRHA will be reaching out to collect a statement and discuss the claims process and the keys to successful resolution of your claim.

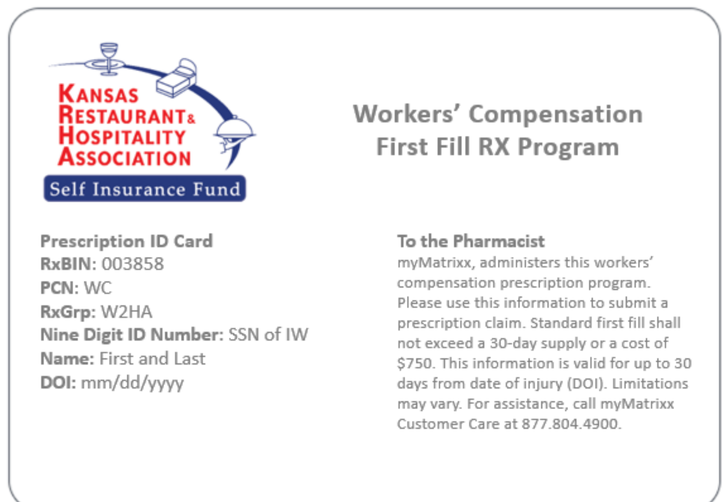
   Un representante de KRHA se comunicará con usted para recopilar una declaración y discutir el proceso de reclamos y las claves para una resolución exitosa de su reclamo.

Provider, this is a workers' comp. claim under Kansas jurisdiction. KRHA SIF is the carrier and this serves as authorization of the initial visit for this injured worker.

3500 N Rock Rd, Bldg 1300
Wichita, KS 67226
P: 316-267-8383
F: 316-267-2221
E: claims@krha.org

Please send all referrals and follow up appointment requests for approval.

Respectfully,
Josh Sears / Vice President of Risk Management



*** Please note, if this form is used to fraudulently obtain medical treatment unrelated to work it will be turned in for investigation of fraud and abuse.
*** *Tenga en cuenta que si este formulario se utiliza para obtener tratamiento médico de manera fraudulenta y no relacionado con el trabajo, se entregará para la investigación de fraude y abuso.*