

NOTICE TO DOCTOR REGARDING FIRST AID TREATMENT

Dear Treating Physician:

Date: _____

We are sending Mr./Ms. _____, to you to be seen for an industrial injury that occurred on: _____.

Please be advised that our workers' compensation carrier is:

TRINDEL INSURANCE FUND
P. O. BOX 2069
WEAVERVILLE CA 96093
(530) 623-2322

Please note if this injury falls under the definition and treatment guidelines of "**First Aid**", we would like to handle this incident as such. Based on Labor Code Section LC 5401(a), **First Aid is defined as:**

Any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, or other minor industrial injury which do not ordinarily require medical care. This one-time treatment, and follow-up visit for the purpose of observation, is considered first aid even though provided by a physician or registered professional personnel. "Minor industrial injury" shall not include serious exposure to a hazardous substance as defined in subdivision (i) of Labor Code Section 6302.

Additionally, as the physician/facility rendering the First Aid treatment, you are required to complete a *Doctors' First Report of Injury* and provide it to our claims administrator, Trindel Insurance Fund. Please write across the top of the form "**FIRST AID**".

PLEASE DO NOT SEND A COPY OF THE DOCTORS' FIRST REPORT OF INJURY TO THE EMPLOYER.

Your billing should be mailed directly to our claims administrator. It will be processed and paid according to the California Official Medical Fee Schedule.

If this incident/injury does not meet the criteria of "First Aid", please proceed as you normally would when reporting and treating a workers' compensation injury. Please forward your *Doctors' First Report of Injury* to Trindel Insurance Fund along with any treatment requests and billing.

Please note that if at all possible we want to bring our employee back to work in a modified or alternate job while he/she is recovering. This will keep our employee active, and help them so they will not lose any income. We would like to partner with you to come up with work suitable for our employee to accommodate any restrictions he/she may have.

In order to help us accommodate our employee in a modified or alternate job, please complete the attached "Work Ability" form and give it back to the employee to return to his/her supervisor as soon as their appointment is completed. Or, you may fax the Work Ability form to Trindel Insurance at (530) 623-5019.