

MIDDLE GEORGIA STATE UNIVERSITY

Department of Human Resources
100 University Parkway
Macon, GA 31206
Telephone: 478-471-2010

My signature below indicates that I have been advised that as an employee of Middle Georgia State University, I am covered by the Georgia’s Worker’s Compensation Law and have received a copy of the **OFFICIAL NOTICE** that is posted in my department. I understand that I am to immediately report all on-the-job injuries *regardless of the extent of the injury* to my supervisor or manager. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment is necessary, I will receive emergency treatment as soon as possible. All follow-up care, however, must be received through the Managed Care Organization listed on the **OFFICIAL NOTICE** which is posted in my work area.

I further understand that I must receive all non-emergency treatment through the Managed Care Organization listed on the **OFFICIAL NOTICE**. If I obtain non-emergency medical treatment from outside the Managed Care Organization, I will be responsible for the medical expenses. I understand that during my treatment, I am expected to provide to my supervisor or Human Resources written medical updates from my treating physician each time I have a medical appointment related to my injury.

During my treatment, I acknowledge that I may change to another authorized treating physician one time by contacting the Managed Care Organization. Any further change of physician will require the approval of Risk Management and the Nurse Care Manager.

I understand that any questions I have regarding the above information should be discussed with my supervisor or Human Resources.

Signature of Employee

Date

Printed Name