

Columbia University Medical Center

Environmental Health & Radiation Safety/ Human Resources Workers Compensation
Environmental Health & Safety
(212) 305-6780 (212) 305-3819 (212) 870-2652

WHAT YOU MUST DO IF YOU ARE INJURED ON THE JOB.

- Report the injury to your supervisor promptly**
- Seek medical attention as soon as possible** - your options include:
 - The Occupational Health Service, 1st Floor Harkness Pavilion
 - Monday-Friday, 8:30 AM – 4:00 PM; Telephone (212) 305-7590
 - You must bring your *CPMC photo-identification card*
 - New York Presbyterian Hospital Emergency Room, 1st Floor Vanderbilt Clinic
 - Private physician authorized by the Worker's Compensation Board

Tell the physician you were injured at work. Make sure the doctor is authorized by the Worker's Compensation Board to treat work-related injuries and will file all the necessary medical reports.

Do not pay the doctor or hospital, and do not let them charge your medical treatments to your health plan, unless it is an emergency. Save all receipts for treatments (emergency room, prescriptions ...).

Advise the doctor to send the report ("C-4" form) and bills to the University's insurance carrier:

CHUBB Services Corporation
P.O. Box 1618
Warren, NJ, 07059
Phone (908) 903-2000 Fax (908) 903-7840

Fill out the Columbia University Accident Report Form in order to receive any Workers' Compensation benefits. You can get this form from your supervisor or on the HR website. It must be completed by you and your supervisor without delay and faxed it to (212) 870-3329 for processing directly to Shawn Kincaid, Columbia University, HR Benefits Department. Keep a copy of this form. Chubb Services will then send a formal "C-2" Form (Report of Accident) to the New York State Workers' Compensation Board. Late reporting may delay processing your claim.

Remember ... In addition to filing the necessary forms, you must provide your supervisor with medical documentation (physician's note) to cover any absence, as well as keep him/her properly informed with respect to your anticipated return to work date.

Do not fill out a disability form (DB-450) unless you receive a "C-7" (Notice of Controverted Claim) from the insurance carrier (CHUBB Services Corporation)