



WHAT TO DO IF YOU'RE INJURED AT WORK



Notice

In most cases you must tell your employer about the accident within 15 days, using the Notice of Accident Form.



Support Services

You have the right to information and assistance from an information specialist known as an Ombudsman at the Workers' Compensation Administration.



Claims Information

Contact your employer's Claims Representative.

Your Rights

If you are injured in a work-related accident:

Your employer / insurer must pay all reasonable and necessary medical costs.

You may or may not have the right to choose your health care provider. If your employer / insurer has not given you written instructions about who chooses first, call an ombudsman. In an emergency, get emergency medical care first.

If you are off work for more than seven days, your employer / insurer must pay wage benefits to partially offset your lost wages.

If you suffer "permanent impairment," you may have the right to receive partial wage benefits for a longer period of time.

Employer's Insurer / Claims Representative: Aseguradora del Empleador / Representante de Reclamos:

Name: Laurel Armijo

Phone #: 575-835-6935

Address: 801 Leroy Place Socorro, NM 87801

*Employer must fill in insurer / claims representative information.
El empleador debe completar la información del asegurador / representante de reclamos.*

QUÉ HACER SI SE LESIONA EN EL TRABAJO



Aviso

En la mayoría de los casos usted debe de avisarle a su empleador del accidente dentro de los primeros 15 días usando las formas de Aviso de Accidente.



Servicios de Apoyo

Usted tiene el derecho a información y ayuda contactándose con un especialista en información conocido como "Ombudsman" en la Administración para la Compensación a los Trabajadores.



Información acerca de Reclamaciones

Contáctese con el representante de reclamaciones de su compañía.

Sus Derechos

Si se lastima en el trabajo:

Su empleador / asegurador debe de pagar por los gastos médicos necesarios y razonables.

Es posible que usted tenga, o no tenga, el derecho de escoger el proveedor de servicios para la salud. Si su empleador / asegurador no le ha dado instrucciones por escrito de quien es él que selecciona primero, pregúntele o llame a un ombudsman. En una emergencia, obtenga asistencia médica de emergencia primero.

Si usted está fuera del trabajo por más de siete días, su empleador / asegurador debe de hacerle un pago compensatorio de prestaciones para compensar parcialmente la pérdida de su salario.

Si usted sufre "daño permanente," usted puede tener el derecho a recibir prestaciones parciales de salario por un periodo de tiempo más largo.

If You Need HELP Call: 1-866-967-5667
Ask for an Ombudsman

Si Usted Necesita Ayuda Llame Al:
1-866-967-5667
Pregunte por un Ombudsman



Visit our website at: <https://workerscomp.nm.gov>

For FREE copies of this poster and Notice of Accident Forms call: 1-866-967-5667

EMPLOYER: You are required by law to display this poster where your employees can read it. Post the Notice of Accident forms with it.

The poster without the Notice of Accident forms does not comply with law. You have other rights and duties under the law.

POST FORMS HERE



HUMAN RESOURCES DEPARTMENT

E1.2 form This form is to accompany the ill or injured employee to physician's office or emergency room along with the RMDWC2 and RMDWC2 back forms described below. The employee returns the completed form to his or her supervisor immediately upon completing treatment. These forms provide the supervisor and a Safety Officer basis to discuss the accident or illness with the employee, to determine the events and activities leading up to employee being injured or becoming ill, and to develop a plan for returning to work as soon as possible. The original forms are sent to Human Resources the same day of the accident. Attached are guidelines to help complete the new Employer's First Report of Injury or Illness.

WC1 form The treating physician completes the form. The information given will determine if the employee is able to return to work immediately or has work limitations, which will require a restricted work assignment if one is available. The employee must use this form every time he or she visits the doctor.

WC form This form provides authorization to the medical provider to release information about the employee's injury or the illness to NM Tech, to Risk Management Divisions, Workers' Compensation Bureau or to any other party related to the worker's compensation process. The original form is kept in the Human Resources office.

WC form This form explains to the employee in reporting the alleged on-the-job injury/occupational illness.

WC form This form explains to the employee Workers' Compensation benefits.

Notice of Accident Complete this form when an employee has an injury but does not receive medical attention. Send the original to Human Resources and give a copy to the employee.

WC Approved Pharmacies An employee receiving a prescription medication due to the work related injury or illness must use one of the approved pharmacies on the attached list. No prescription charges will be paid for if prescriptions are filled at any other pharmacy.

In the event the employee is unable to complete any of the required paperwork, the supervisor should accompany the employee to the medical provider to ascertain the extent of the problem and to assure the employee that we are there to help.

The injured employee must follow the prescribed procedures for treatment and reporting in order to be eligible for benefits, under the Workers' Compensation Law. These procedures are as follows:

1. As provided by the New Mexico Worker's Compensation Law, New Mexico Institute of Mining and Technology has elected to designate the healthcare provider to treat workers injured on the job.
2. If you have an accident at work, you should notify you supervisor or department director within fifteen (15) calendar days of that accident.
3. If you do not require treatment, complete the "Notice of Accident" form. Send the original to Human Resources and give a copy to the employee.

4. If you work in Socorro, NM and need medical treatment, you need to go to:

Bhasker Medical Clinic
200 Neel Ave
Socorro, NM 87801
575-835-2940

Presbyterian Medical Group
Hwy 60
Socorro, NM 87801
575-838-4690

Socorro General Hospital
Hwy 60
Socorro, NM 87801
575-835-1140

5. If you work in Albuquerque, NM and need medical treatment, you need to go to:

Concentra
5700 Harper NE
Albuquerque, NM 87109
505-823-9166

Rehabilitation & Occupational Medicine Services
3811 Commons Ave NE
Albuquerque, NM 87109
505-823-8450

Presbyterian Occupational Medicine Clinic
5901 Harper NE
Albuquerque, NM 87109
505-823-8450

6. If you work in Playas, NM, you need to go to:

Hidalgo Medical Services
530 DeMoss St
Lordsburg, NM 88045
575-542-8384

Gila Regional Medical Center
1313 E. 32nd St
Silver City, NM 88061
575-538-4000

Please feel free to call Human Resources at 575-835-5206 or Laurel Armijo at 575-835-6935 if you have any questions regarding the use of these forms.