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Employee Incident Report

Your health and safety while working is first and foremost. Treatment should be sought out as soon as possible if you are injured on the job. Once treatment is received, please complete this form to ensure the incident/injury is documented. Documentation is essential for treatment costs to be covered by workers compensation.

Printed Name: _____ RN__ RT__ RCP__ CNA__

Are you reporting an incident or on-the-job injury ?

Location of incident/injury: _____ Unit: _____

Date and time of incident/injury: _____

- Describe the incident/injury in detail: (including events that occurred immediately before)

- If applicable, identify bodily injury sustained: _____

- First and last name of supervisor at time of incident/injury: _____

- Full name(s) of witness(es): _____

- To whom did you report the injury: _____

- Did you seek medical attention: Yes: _____ No: _____ Not at this time: _____

- Name of treating physician: _____ Phone #: _____

- Signature of Employee: _____ Date: _____

The incident report should to be completed and faxed to our office within 24 hours of the incident.

Cost of Prescriptions: If applicable, once your incident/injury report has been reported to Workman's Compensation, you will be assigned a claims number. Using your Workman's Compensation claim number and your social security number, your pharmacy will bill Express Scripts (Workman's Compensation Insurance Fund) directly. You will not have to pay out-of-pocket for prescriptions.

Any invoices that you may receive due to the incident/injury should to be forwarded to our office. The actual invoice (not a faxed copy) is necessary for submission to Workman's Compensation.