

# Charlotte-Mecklenburg Schools

Workers' Compensation Coordinator  
Instructions for Completing an  
Electronic First Notice of Loss (FNOL)  
Claim

- Log on to CareMC website
  - [www.caremc.com](http://www.caremc.com)
  - Must use your personal user id and password
  - Note: If your last log in was more than 30 days, you will need to reset your password
  - This replaces the current paper forms
- Complete required information
- **Claims should be filed within 24 hours of injury or report of injury**



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Claims Professionals

Employers

Case Managers

Healthcare Professionals

Patients



Care<sup>mc</sup> offers industry leading information management tools to help consolidate and coordinate **healthcare** and **claims management** activities.

#### ▶ LOGIN

Username:

Password:

GO

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June 4, 2009

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FNOL 142841-NC drafted 6/17/2009 2:05:00 PM by ecemp

\* indicates required information

IC File No.	(will be filled in later)
Emp. Code No.	9956
Carrier Code No.	
Employer FEIN	91-9922343
Carrier File No.	

## Employee

Employee's Name - First Name *	Marcia
Middle Initial	
Last Name *	Morgan
Address - No. & St. *	PO Box 5
City *	Raleigh
State *	NC - North Carolina
Zip Code *	27602 -
Home Telephone *	(919) 418-7101 x
Work Telephone	(919) 418-7100 x
Social Security Number	111-22-3333
Sex	<input type="radio"/> Male <input checked="" type="radio"/> Female
Date of Birth	3/31/1965 (mm/dd/yyyy)

## Employer

Employer's Name *	<input type="text" value="LEA"/>
Telephone Number *	<input type="text" value="(919) 555-1212"/> x <input type="text"/>
<b>Employer's Address - No. &amp; St.</b>	<input type="text" value="LEA ADDRESS"/>
City	<input type="text" value="LEA CITY"/>
State	<input type="text" value="NC - North Carolina"/> ▼
Zip Code	<input type="text" value="27601"/> - <input type="text"/>
1. Give Nature of Employer's Business	<input type="text" value="PUBLIC SCHOOL SYSTEM"/>

## Insurance Carrier

<b>Insurance Carrier - Name</b>	<input type="text" value="NORTH CAROLINA"/>
Policy Number	<input type="text"/>
<b>Carrier's Address - No. &amp; St.</b>	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="NC - North Carolina"/> ▼
Zip Code	<input type="text" value="27601"/> - <input type="text"/>
Carrier Telephone Number	<input type="text"/> x <input type="text"/>
Fax Number	<input type="text"/>

## Time And Place

2. Location of plant where injury occurred	1212 Main Street, Raleigh
County	Wake
Department	Wakefield High
State if Employer's premises	<input checked="" type="radio"/> Yes <input type="radio"/> No
3. Date of injury *	6/17/2009 (mm/dd/yyyy)
4. Day of week	Wednesday
Hour of day	2 : 15 <input type="radio"/> AM <input checked="" type="radio"/> PM
5. Was employee paid for entire day?	<input checked="" type="radio"/> Yes <input type="radio"/> No
6. Date disability began	(mm/dd/yyyy)
7. Date you or your supervisor first knew of injury? *	6/17/2009 (mm/dd/yyyy)
8. Name of Supervisor - First Name	Steve
Middle Initial	
Last Name	Szuchy

## Person Injured

9. Occupation when injured	TEACHER
10.(a) How long employed by you	15 Years
(b) Wages per hour	\$ 23 per hour
11.(a) No. hours worked per day	8 per day
(b) Wages per day	\$ 184 per day

(c) No. of days worked per week  per week

(d) Average weekly wages with overtime \$  per week

(e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated value \$  per  
- Choose one -

### Cause And Nature Of Injury

12. Describe fully how injury occurred and what employee was doing when injured\*

Employee was cleaning engine #15 when she slipped on step and fell caus

(Statement made without prejudice and without vouching for correctness of information)

13. List all injuries and specify body parts involved(e.g. right hand or left hand)

Nature of Injury

Strain

Part of Body

Lower Back Area (incl. lumbar & lumbosacral)

14. Date & hour returned to work

(mm/dd/yyyy)

:   AM  PM

15. If so, at what wages?

\$  per

Hour

16. At what occupation

TEACHER

17. Are you continuing the employee's salary in full

Yes  No

18. Was employee treated by a physician

Yes  No

## Fatal Cases

19. Has injured employee died  Yes  No

20. If so, give date of death (and submit Form 29)  (mm/dd/yyyy)

**Employer name** - Completed by

Date Completed  (mm/dd/yyyy)

Signed by *Not applicable*

Official Title

## OSHA 301 Information

Case Number from Log

Date Hired  (mm/dd/yyyy)


Time Employee began work on date of incident  :   AM  PM

If off-site medical treatment provided, please enter facility information

Name of facility

**Address** - No. & St.

City

State  

Zip Code  -

Telephone  x

ER Visit?  Yes  No

Overnight stay?  Yes  No

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

FORM 19 (8/1/08)

SELF-INSURED EMPLOYER OR CARRIER MAIL TO:  
NCIC - CLAIMS ADMINISTRATION  
4335 MAIL SERVICE CENTER  
RALEIGH, NORTH CAROLINA 27699-4335  
HELPLINE: (800)688-8349  
WEBSITE: HTTP://WWW.COMP.STATE.NC.US/

## Additional Notes

\* please limit to 1000 characters

## Contact Information

For Questions Regarding This FNOL

\* indicates required information

Name (First, MI, Last) \*

Steve

Szuchy

Phone \*

(804) 418-7108

ext.

Fax

Email Address

steve\_szuchy@corvel.com

Pay Customer

Mega Stores #2

Administrative Claim Number

## Additional Employer Questions

For TCS Profiling

\* indicates required information

Was the injured employee in the course and scope of employment when injured? \*

No  Yes

Current employment type? \*

Full Time

Were there any accident confirming witnesses to this Incident or Injury?

No  Yes  UNKNOWN

In what state did this injury/disease occur? \*

NC-North Carolina

What is the severity level of this injury? \*

Minor

What was the cause of the injury (NCCI)? \*

Fall, Slip or Trip Injury From Different Level (Elevation)

In what state was employee hired? \*

NC-North Carolina

Does the employer question the validity of this claim? \*

No  Yes

Question claim validity reason

(please limit to 254 characters)

Save As Draft

Complete

▲ TOP

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- All information, including detailed instructions can be obtained on benefits website

[www.cms.k12.nc.us/jobs/benefits](http://www.cms.k12.nc.us/jobs/benefits)