RISK ADMINISTRATION SERVICES, INC.

Employee Injury Report

IMPORTANT:
Your claim for benefits cannot be fully processed until your questionnaire is returned.

Last Name First Name MI	Birth Date ____/____/____	SSN: ____-____-____	Sex: ___M ___F	Marital Status ___Single ___Married	# of Children under 21 ____

PO Box/Street Address/City/St/Zip | Phone#:

Where were you hired? | Length of time employed:

Date of Injury (mm/dd/yy) ____/____/____ Time: ____:____ AM PM (circle one) | Date you first reported injury: ____/____/____ | Name and Title of Person you reported to:

Where were you when injury occurred? | Describe how and what happened to cause this injury:

Witnesses, Names and Address:

1. _____
2. _____

Note all injuries from this accident: (you must be complete)

Was your injury the result of someone else's negligence? ☐ Yes ☐ No

If yes: Name: _____ Address: _____ Phone: _____

Insurance Co.: _____ Policy or Claim No.: _____

Name and Addresses of all doctors and hospitals treating you:

1. _____
2. _____
3. _____

Date of first medical treatment: ____/____/____	Date of most recent treatment: ____/____/____	Are you still under doctor's care? ☐ Yes ☐ No	Are you working? ☐ Yes ☐ No

Did you miss work? ☐ Yes ☐ No	Dates of lost time:	Were you paid for any part of time lost? ☐ Yes ☐ No	**TRUCKING QUESTION ONLY:** Where did your Employer/Company administer your Qualification Tests? (City & State) City_____ State_____

At the time of your injury, were you employed anywhere else? ☐ Yes ☐ No

If Yes: Name:_____Address:_____ Duties:_____

Have you had previous problems or treatments to this body area or areas? ☐ Yes ☐ No
If so, please describe and include the dates you experienced the problems or treatments.

1. _____
2. _____
3. _____

Have you ever suffered any injuries either work or non-work related before? ☐ Yes ☐ No
If so please explain:

Have you ever filed a Workers' Compensation claim? ☐ Yes ☐ No
When:_____
Where:_____

Name and address of your former employers:
1. _____
2. _____
3. _____

Please list name and address of your group health insurance:

Name and Address of your family physician:

Are you covered by your spouse's health insurance? ☐ Yes ☐ No

Employee Signature:

Date:

OFFICES IN SOUTH DAKOTA AND MINNESOTA
Mailing Address: PO Box 89310, Sioux Falls, SD 57109-9310
P. 800.732.1486 F. 877.884.6573
www.rascompanies.com

modern medical

RAS
RISK ADMINISTRATION SERVICES, INC.

Instant Access Pharmacy Program

Employer:
Immediately upon receiving notice of injury, fill in the information to the right and give it to your injured employee.

Injured Worker:

1. If you need a prescription filled for a work-related injury or illness, go to a Modern Medical participating network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

ATTENTION INJURED PARTY:

Use of this prescription form is restricted to prescriptions for your allowed condition only. To receive your medication coverage, present this form to a network pharmacy. This is for a one-time prescription fill. If you require additional prescriptions, a permanent card will be mailed to you. For questions, please call Modern Medical at 800-547-3330.

Pharmacist:

1. Please process this prescription through Catamaran.
2. For questions regarding transmission, rejections or if you encounter any problems processing this prescription, please call Modern Medical's pharmacy department at **800-547-3330.**

Instant Access
For Your First Prescription Fill RAS

Name: Center School District

Employer: _____

RxBIN: 610011

RxPCN: IRX

Group #: B31156

Member ID: _____

(Member ID is month & year of injury and last 4 digits of claimant's Social Security number (i.e. 0720136789)

catamaran

Use our "Find a Pharmacy" search tool at *modernmedical.com* or call us at *800-547-3330* to locate the closest network pharmacy

Common chains participating in the pharmacy network:

- Access Health
- Acme
- Ahold
- Albertsons
- Albertsons/Sav-On
- Aurora Pharmacy
- Bashas
- Bi-Lo Pharmacy
- Bioscrip
- Brookshire Brothers Food & Pharmacy
- Brookshire's
- City Market
- Costco
- CVS
- Dillon Pharmacies
- Family Care
- Farm Fresh
- Food Lion
- Foodarama Supermarkets
- Fred's Pharmacy
- Giant Eagle Pharmacies
- Hannaford Brothers
- Harris Teeter
- Hy-Vee
- Ingles Market
- JH Harvey
- Kash N' Karry
- Kerr Drug
- King Soopers
- Kinney Drugs
- K-Mart
- Kroger
- K-VATT-T Food Stores
- Leader Drug Stores
- Lewis Drugs
- Life Check
- Long's Drug Stores
- Major Value
- Medicap Pharmacies
- Medicine Chest Pharmacies
- Meijer
- Northeast Pharmacy Services
- Pamida Pharmacy
- Pavilion Plaza Pharmacy
- Perlmart
- Pharmacy Express
- Publix Super Markets
- Raley's
- Randall's Food & Drug
- Rite Aid
- Ross Park Pharmacy
- RxPride
- Safeway Pharmacies
- Save Mart Supermarkets
- Sav-Mor Drug Stores
- Shopko Stores
- Smith's Pharmacy
- Spartan Stores
- Super D Drugs
- Supervalue
- Target
- The Medicine Shoppe
- The Vons Companies
- Thrifty White
- Tom Thumb Randall's Food & Drug
- True Care
- U Save Pharmacy
- United Supermarkets
- Unity Pharmacies
- Walgreens
- Wal-Mart
- Wegmens
- Winn-Dixie Stores