IPEP REPORTING PROCEDURES

EMPLOYEE IS INJURED

If Injury results in death or overnight hospital stay call IPEP immediately at 800-382-8837.

COMPLETE FORMS AND SUBMIT TO IPEP

1. FIRST REPORT OF INJURY (Completed by Employer)

2. SUPERVISOR'S INCIDENT REPORT (Completed by Employer)

3. MEDICAL AUTHORIZATION FORM (Completed by Employee)

ipepclaims@ipep.com

fax 765-868-3310

IS TREATMENT REQUIRED?

YES

NO

DIRECT EMPLOYEE TO DESIGNATED OCC HEALTH CLINIC OR ER

CLAIM IS SET UP AS A RECORD ONLY WITH IPEP

CONTACT IPEP FOR ANY REFERRALS

CONTACT IPEP ASAP IF TREATMENT BECOMES NECESSARY