

Summary of Documents

CLAIM AUTHORIZATION FORM-must be completed by the officer of company and returned to Monument in order to receive claim status and monthly reports.

POSTING NOTICES **MUST BE POSTED IN A LOCATION FOR ALL EMPLOYEES TO VIEW

DWC-7- English and Spanish

MPN NOTIFICATION FORM-must be posted with the DWC-7-English and Spanish

****Medical Provider Network-(MPN)**-can be accessed by going to www.Monumentllc.com. Click on the red Monument MPN tab in the upper right hand corner of the home page.

NEW HIRE DOCUMENTS

TIME OF HIRE PAMPHLET-included with new hire information

- Includes- List of DWC Information & Assistance Offices

MPN NOTIFICATION FORM-included with new hire information

****MPN ACKNOWLEDGEMENT FORM-Important!**

- New Hire is to sign form, a copy is given to new employee, signed original copy is to be placed in personnel file

TIME OF INJURY DOCUMENTS

Form 5020-Employers Report of Occupational Injury or Illness-completed at the time of injury and emailed/faxed to Athens

DWC-1-Workers' Compensation Claim Form-must be provided to injured worker within 24 hours of reporting the injury

MPN NOTIFICATION FORM-copy given to injured employee at time of injury

****MPN ACKNOWLEDGEMENT FORM-Important!**

- Injured employee signs form, copy given to employee, signed original copy is provided to Athens

PHARMACY FIRST FILL FORM-provided to injured worker to have their first fill of medications paid without out of pocket expense.