

Return to Work Form

Employee Name:	Appt Date:
Diagnosis:	
Treatment/Progress:	
Work Status: <input type="checkbox"/> Return to Regular Work – Date:	<input type="checkbox"/> Totally Disabled <input type="checkbox"/> Has Temporary Restriction(s) **write detail(s) below**
Additional comments/or restriction(s), if needed:	
Estimated date to Resume Full Duties:	
Physician Signature:	Date:
Physician (Print Name):	
Physician Address:	Phone:
Next Appointment:	With:

Triad Group, LLC-T100068 is our Workers' Compensation third party administrator and partner in returning our injured employees back to work as soon as medically feasible. If you have any questions or are in need of requesting authorization for services, please do not hesitate to call: Triad: 1-800-337-7419.

Thank you for treating our injured employee.



Tompkins County Department of Human Resources has revised its Workers' Compensation Insurance Program and Claims processing procedures.

All medical Claims, C-4 Forms and/or correspondence, pertaining to an employees' injury should be sent directly to:

Triad Group, LLC

Attn.: Stanne Nourse

400 Jordan Road

Troy, NY 12180

1-800-337-7419

The completed, Return To Work Form (on back) must be submitted to:

Tompkins County Human Resources

Attn.: Sherry Murray, Employee Leave Associate

125 East Court St.

Ithaca, NY 14850

1-607-274-5530

1-607-274-5401 (Fax)

Please Note: Tompkins County is committed to a safe work environment for our employees, and look forward to receiving your documentation as well as a "restriction free" return to work or "out of work" (with a timeline) note. Employees able to return with or without restrictions must have a return to work plan including any necessary accommodations approved by their Supervisor prior to returning to work. Should you have any questions, please contact: Sherry Murray, Employee Leaves Associate, 607-274-5530 or smurray@tompkins-co.org



NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on getting medication under a workers' compensation claim.

Our third party administrator: Triad Group, LLC, has an agreement with AWPRX to make available the medications workers may receive for their work-related injury. This does not change your right to get the medication necessary to treat an injury. It only means that you must obtain that medication from a participating AWPRX pharmacy. A Complete listing of the participating pharmacies may be obtained direct from Triad Group, LLC (1-800-337-7419).

When obtaining prescriptions in relation to work related injuries or conditions please provide your pharmacy with:

- Workers' Compensation Group # TRD999
- BIN Number: 610237
- PCN: AWPRX

If you are obtaining your medication through a workers' compensation claim, you need to obtain that medication from one of these pharmacies unless you have a medical emergency and it is not reasonably possible to purchase the medications you need for that emergency. Also, ordering by mail or telephone, is not an option.

All pharmacies are required to keep a sufficient stock of medication on hand so that they can service you without undue delay.

These pharmacies will directly bill Triad Group, LLC so you will not have to pay out of pocket.

You may obtain additional information about RX Processing by calling AWPRX @ 1-888-700-0185.

If you or your pharmacy have any questions, please call Triad Group, LLC at 1-800-337-7419.