



CONSTRUCTION CLAIMS MANAGEMENT, INC.

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P.O. Box 244202 • Montgomery, AL 36124-4202 • Phone: (334) 834-0283 or 1-800-372-1801 • Fax: (334) 834-9293

When an employee reports an on-the-job injury, you need to file a workers' compensation claim. Emergency Injuries - Dial 911. After hours assistance - Dial 334-834-0283 or 1-800-372-1801 and follow the directions from the voice system for assistance.

1. Assist your employee in obtaining prompt medical care

- ***In an emergency***, the employee should seek immediate medical care at the nearest emergency room or urgent care clinic and notify you as soon as possible thereafter.
- ***In all other instances***, the employee should inform you of the injury before seeking medical care. You should provide first aid on-site, if necessary. Then refer the employee to an approved medical provider. (OPTION #3 FOR APPROVED PROVIDER LIST)
- ***Request a post-accident drug screen on the Employer Authorization for Treatment Form (OPTION #2) and send with the injured worker **Drug Screens must be conducted within 32 hours of accident*****
- ***In the event of an emergency, fax or email the Employer Authorization for Treatment Form directly to the medical provider***

2. File a claim with Construction Claims Management (CCM), the claims service provider for the Alabama Home Builders Self Insurers Fund, IMMEDIATELY after a work-related injury occurs. If you DO NOT have your employee's Social Security Number, CALL CCM AT 1-800-372-1801 FOR INSTRUCTIONS FIRST.

- ***Complete and Submit*** an Employer's First Report of Injury online through your Member Login (OPTION #4A)
- OR-
- ***Print*** the First Report of Injury form on the ahbfund.com website under the "INJURED EMPLOYEE" tab
- ***Fax*** the completed form to (334) 834-9293
- ***Or Email*** the completed form to firstreport@hbaa.org

3. Conduct an initial investigation immediately while the information is readily available – Take the necessary corrective action to prevent the injury from occurring again. Gather any of the following information to be available upon contact from the CCM Claims Department:

- A determination of the reasons why the accident occurred
- The circumstances surrounding the accident
- Any available evidence or photographs
- Identification of any other potential responsible party
- Identification of any faulty equipment or evidence (Preserving any evidence from further damage)
- Interviews of all witnesses in the accident area, asking them to write down their statements. Interviews should be conducted in a time-sensitive manner.
- Witness statements should be signed and dated.

If the investigation suggests that your employee's injury is not work related or seems questionable in nature, please provide the details in a separate memo filed along with the Employer's First Report of Injury form. If the First Report of Injury form is completed online via your Member Login, the memo will need to be faxed or emailed to CCM separately. If you have additional information regarding a previously submitted First Report of Injury form, please email CCM at firstreport@hbaa.org or call (334) 834-0283 or 1-800-372-1801 with your questions or concerns.

- 4. Complete all Adjuster requested paperwork in a timely manner and fax to CCM at (334) 834-9293 or mail to cmmmedrecords@hbaa.org.**
- 5. Promptly send in any medical documentation and/or bills to CCM at cmmmedrecords@hbaa.org.**
- 6. Direct all medical providers to CCM for any treatment approval**
- 7. Immediately forward to CCM any documentation received or served: attorney letters, lawsuits, etc.**