



Dexter Consolidated Schools

PO Box 159

Dexter, New Mexico 88230

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To: Dexter Staff
From: Jeannie Harris
RE: Important Information Regarding NM Workers Compensation

TIMELY REPORTING

The New Mexico Workers' Compensation Law, section 52-1-29 (A) NMSA, requires an injured worker to give written notice of an accident. The notice of accident must be provided within 15 days of when the worker knew or should have known of the accident occurrence. A notice of accident must be provided to the Employer, and Employer's agent, or another person acting within supervisory capacity.

If you have an accident at work please complete a Notice of Accident Form (located at each school office). Ask your supervisor to sign and date the form. After it is signed, keep one copy and give your Employer or supervisor the other copy.

PERSONNEL ASSESSMENT FEE

All employers covered by the New Mexico Workers' Compensation Act must pay the workers' compensation personnel assessment fee. The fee is an administrative payment to the State (a tax) and is not for payment of or to provide insurance coverage.

NOTICE OF FIRST SELECTION OF HEALTH CARE PROVIDER

If you are injured while on the job, you are to:

1. Immediately notify your supervisor of the injury whether or not medical attention is required.
2. If emergency medical attention is required, seek emergency treatment at the nearest emergency room or urgent care facility. If non-emergency medical attention is required, **you will need to seek treatment with a health care provider of your choice.**
3. Immediately after your treatment, notify your supervisor or designated workers' compensation contact and provide the name of the physician or clinic that is treating you as well as a physician note explaining your work restrictions and status.

Under current workers' compensation law, the Employer has the right to select the first health care provider or can transfer that right to the injured worker. **The policy of your Employer is to allow the injured worker to make the first choice of health care provider.**

If, after 60-days the Employer wishes to exercise their right to change you to a different health care provider than the one you first selected, your adjuster at CCMSI will notify you in writing.

If you have any questions regarding this matter, please contact your adjuster at:

CCMSI
P.O. Box 30870
Albuquerque, NM 87190-0870
Telephone: (800) 635-0679

Or you can call an ombudsman at the New Mexico Workers' Compensation Administration: at (866) 967-5667