

WORKER'S COMPENSATION COMMISSION (WCC)

Department of Labor

P.O. Box 9970 Tamuning, Guam 96931

Email Address: wcc@dol.guam.gov

Tel: (671) 300-4571/77 Fax: (671) 475-6811

EMPLOYEE (PUBLIC)

WHAT TO DO IN CASE OF A WORK INJURY -

1. **REPORT** the accident immediately to your employer regardless of whether or not you need medical treatment. Request form GWC-201 (Notice of Employee's Injury/Illness or Death) from your employer. Complete form and provide copy to your employer. Make sure you retain an acknowledged copy of your report. You **MUST** report your injuries **IMMEDIATELY**.
2. If you need immediate medical treatment, obtain form GWC-101A/B (Authorization for Medical Examination and/or Medical Treatment) from your employer. Your employer will issue only the first (initial) authorization. All other (subsequent) authorizations (including prescriptions) shall be issued by WCC. Unless it is an emergency situation, this form is to accompany you to Guam Memorial Hospital Authority (GMHA). **DO NOT USE YOUR PERSONAL HEALTH INSURANCE** and **DO NOT PAY FOR ANY MEDICAL SERVICES YOU RECEIVED**.

GOVGUAM EMPLOYEES: are to be sent to the GMHA for the initial medical treatment pursuant to 17 GAR Div. 2 Chap. 10 §10107(b) unless otherwise authorized by WCC. Any referrals after this initial treatment must be authorized by WCC.

PLEASE ADVISE EMPLOYEE TO GO DIRECTLY TO WCC AFTER CHECKING OUT OF GMH.

IMPORTANT: If you obtain medical treatment without first requesting from your supervisor/employer or WCC, you may not be reimbursed for any out-of-pocket medical expenses, unless you have been refused such authorization by your employer. 22 GCA §9108

You **SHOULD** always obtain or request for authorization before receiving any medical treatment unless your injuries are such that emergency care is required.

WARNING: Misrepresentation of facts in order to obtain or evade liability of worker's compensation benefits shall be guilty of a misdemeanor.