

Billing

WORKERS' COMPENSATION - SHOW YOUR PURPLE CARD

University of Connecticut School of Dental Medicine residents who sustain work-related injuries should be treated at the location where the injury occurred as if they were an employee of that location. There are specific handling instructions for each site that needs to be followed.

Resident Procedures:

1. All residents should seek immediate medical attention from Employee Health at the facility of injury.
2. When care cannot be obtained from Employee Health, residents should proceed to the Emergency Department.
3. All residents should present their UConn School of Dental Medicine/CAHC purple card (see sample below) confirming they are a resident or fellow in a UConn School of Dental Medicine sponsored GME program.
4. Notify CAHC at 860-676-1110 within 24 hours of injury. If after hours, leave a voice message with your contact information and date of injury.
5. Follow up as instructed with Employee Health at the hospital where the injury occurred.

Sample Purple Card

<p><i>UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE/DENTAL MEDICINE RESIDENT/FELLOWSHIP PROGRAMS</i></p> <p><i>EMPLOYER</i> CAPITAL AREA HEALTH CONSORTIUM 270 FARMINGTON AVE., SUITE 352 FARMINGTON, CT 06032-1994</p> <p>Phone 860-676-1110 Fax 860-676-1303 health.uconn.edu/graduate-medical-education/</p>	<p>PROCEDURE - WORK RELATED INJURY</p> <p>Seek medical help immediately at current facility. Go to Occupational Medicine. Off hours - go to Emergency Department. Identify yourself as a CAHC Employee (UConn Resident) and that your injury is work related at the local site. <u>DO NOT USE YOUR INSURANCE CARD. MAKE SURE YOU ARE NOT BILLED PERSONALLY.</u></p> <p>Notify CAHC (860-676-1110) within 24 hours of injury.</p> <p><u>FOLLOW UP AS INSTRUCTED WITH OCCUPATIONAL MEDICINE AT FACILITY WHERE INJURY OCCURRED.</u></p> <p>Provider: UConn residents are to be treated as employees of the site where the injury occurred. Participating sites are Connecticut Children's Medical Center, Hartford Hospital, Hospital of Central Connecticut, UConn John Dempsey Hospital, Saint Francis Hospital & Medical Center. Fax Notification of Injury immediately to CAHC at 860-676-1303. See health.uconn.edu/graduate-medical-education/billing for billing instructions specific to your facility.</p>
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FORMS REQUIRED BY CAHC

Practitioner/Medical Provider - Complete form and fax within 24 hours.

Notification of Injury Forms:

[Connecticut Children's.pdf](#)

[Hartford Hospital.pdf](#)

[Hospital of Central Connecticut.pdf](#)

[Saint Francis Hospital and Medical Center.pdf](#)

[UConn Health John Dempsey Hospital.pdf](#)

AUTHORIZATION FORM REQUIRED IF TREATMENT OUTSIDE OF YOUR FACILITY IS REQUIRED

[Authorization Form](#)

- Use this form to allow resident/fellow to seek treatment outside your facility
- Complete and give a copy to the resident
- Fax to provider if known at time of injury

HANDLING INSTRUCTIONS (HOSPITAL SPECIFIC)

UConn John Dempsey Hospital

[Registration, Practitioner and Billing Procedures.pdf](#)