If, while on the job, an employee suffers an injury or illness resulting from work or the work environment that requires first aid or non-emergency medical care, the employee should notify his/her supervisor as soon as possible and report to the Biola Health Center to obtain treatment. The Biola Health Center is normally staffed from 8:00 a.m. to 5:00 a.m., Monday through Friday. The center will either treat your injury or direct you to an authorized medical facility close to campus. If you are injured when the Biola Health Center is closed, or for a life threatening emergency, call Campus Safety, ext. 5111 or (562) 777-4000.

**Medical Facility**

**Immediate Medical Center**  
15330 Valley View Ave., Ste. 1  
La Mirada, CA 90638  
(562) 802-0208  
24 hours per day, 7 days a week

**Alternate Medical Facility**

**St. Jude Heritage Medical Group**  
2720 N. Harbor Blvd., Ste. 130  
Fullerton, CA 92835  
(714) 449-6200  
Mon-Fri: 7am-10 pm/ Sat-Sun: 10am- 10pm  
Must have a Medical Authorization Form

All work related injuries or illnesses must be report to Human Resources as soon as possible along with the required injury/illness report. Illnesses such as cold or flu are not covered under workers’ compensation and injuries or illnesses taking place on lunch periods may not be covered. If a work injury or illness requires more than simple first aid, workers’ compensation paperwork must be completed as soon as possible. The reported information will enable the university to review the circumstances surrounding the injury/illness, take corrective action, and where required, report recordable injuries and illnesses to OSHA.

Where a doctor determines that the injury requires time off work and/or a limitation of work activities, all documentation, including a release to return to work, should be submitted to the employee’s supervisor and Human Resources.

Biola's workers' compensation insurance carrier pays all medical costs up to $10,000 for an accepted claim. If a work injury/illness causes an employee to miss more than three days of work, the workers' compensation insurance will pay two-thirds of the employee’s average wage, subject to minimums and maximums set by state legislature, starting after the third day of missed work. Accrued sick, personal, or vacation time may be used to make up the remaining one-third of lost wages. If the employee is hospitalized or is disabled for more than 14 calendar days, the insurance carrier will pay lost wages starting on the first day.

For the initial workers' compensation doctor visit, the injured employee will record the hours lost as regular time worked. Employees will need to use paid leave for subsequent visits for any doctor appointments that are scheduled during their normal work hours. If an employee has run out of paid leave, he/she should attempt to schedule visits outside of their normal work hours.

Biola's workers’ compensation carrier is a part of the Medical Network Provider (MPN). An injured employee needs to have an authorization slip and go to one of the facilities listed above for his/her first appointment. Employees are allowed to request a different doctor within the MPN after the initial doctor visit.
If an employee has pre-designated his/her own physician for workers’ compensation treatment, he/she can still go to one of the facilities listed above for treatment or to his/her own physician. In order for an employee to go to a pre-designated physician, he/she must first report to HR and have a doctor signed pre-designation form on file before the date of injury.

Workers’ Compensation fraud is a felony. “Any person who makes or causes to be made any knowingly false or fraudulent materials statement or material representation for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony and may be punished by imprisonment in county jail for one year, or in state prison for up to five years, and/or fined up to $150,000 or double the value of the fraud (whichever is greater), and ordered to pay restitution for any medical evaluation or treatment.” (Insurance Code Sec. 1871.4)