



SISC I

SELF-INSURED SCHOOLS OF CALIFORNIA

WORKERS' COMPENSATION

EMPLOYMENT ENTRANCE EXAMINATION REQUEST FOR REIMBURSEMENT

Please provide all information requested below (include any applicant found to be ineligible through the medical assessment process). Attach copies of patient invoices and billing statements from the approved provider for assessments performed during the quarter. Request for reimbursement and backup documentation must be received by the SISC Finance department within 60 days after the close of the quarter being submitted. Any requests submitted beyond the 60 days will not be reimbursed. See the back of this form for more information regarding eligible charges.

If you have any questions concerning the medical assessment, please contact SISC Risk Management Services. For questions concerning your district's reimbursement for the cost of the assessment please contact the SISC Finance department.

District: _____		Phone Number: _____		
For Quarter Ending _____ Mar. _____ June _____ Sept. _____ Dec. 20_____				
Prepared by: _____ (Please type or print)		Date Submitted for Payment: _____		
Employee Name	SS Number	Date of Hire	Job Title	Date of Assessment
Total Assessments:				
See reverse for reimbursement rate X				\$
Total Reimbursement:				\$

Positions Eligible for Reimbursement

SISC will reimburse member districts one-half the cost of an assessment performed in connection with the following positions:

Certificated Employees

- (1) Classroom Teacher - Industrial Education
- (2) Classroom Teacher - Physical Education
- (3) Special Day Class - Severely Handicapped

Classified Employees

- (1) Bus Driver
- (2) Campus Guard
- (3) Child Day Care or Extended Day Care Aide
- (4) Custodian
- (5) General Cafeteria Worker
- (6) Grounds Worker
- (7) Head Cook or Cook Manager
- (8) Instructional Aide
- (9) Maintenance Worker
- (10) Mechanic
- (11) Parts Technician
- (12) Senior Security Officer
- (13) Sergeant of Security
- (14) Warehouse/Delivery Worker
- (15) Yard Duty Aide
- (16) Office and Clerical Workers

Assessment Items Eligible for Reimbursement (see reimbursement rate below)

Functional Capacity/Strength Test
General Physical Exam
Urinalysis Dipstick

Items Not Eligible for Reimbursement

(This is only a partial list. Contact SISC Workers' Compensation department if you have questions.)

Asbestos/Lead Examinations
TB Chest X-ray

Blood Work
TB Skin Test

DOT Examination
Drug Screens

Hearing Test
X-rays

PROVIDERS

Central Valley Occupational
4100 Truxtun Avenue, Suite 200
Bakersfield CA 93309
Phone: (661) 632-1540
Contact: Carol Parks
Maximum Reimbursement Rate \$70

Memorial Occupational Medicine
3838 San Dimas Street, Suite B100
Bakersfield CA 93301
Phone: (661) 325-0088
Contact: Steve Laird
Maximum Reimbursement Rate \$70

Functional Ergonomics
4140 Truxtun Avenue, Suite 300
Bakersfield CA 93309
Phone: (661) 328-0692
Contact: Rosie
Maximum Reimbursement Rate \$70

High Desert Medical Group
43839 North 15th Street West
Lancaster CA 93534
Phone: (661) 951-3320
Contact: Sharon Kunsman
Maximum Reimbursement Rate \$70