



**FORM 226  
WORKERS' COMPENSATION MEDICAL APPOINTMENTS**

If you are NOT already receiving benefits due to lost time from work you may be entitled to compensation for attending medical appointments outside of work hours according to the CT Workers' Compensation Act Section 31-312. To verify eligibility, please complete this form.

**EMPLOYEE COMPLETES:**

The following are eligible to receive payment; check the category that applies.

- Appointments completely outside of scheduled work hours
- Appointments on scheduled days off
- Appointments partially before or partially after work hours

Your scheduled work hours for date of appointment: \_\_\_\_\_

Time left from home/work: \_\_\_\_\_ Departure Home/Work Address: \_\_\_\_\_

Time returned from appointment: \_\_\_\_\_ Arrival Home/Work Address (if different): \_\_\_\_\_

Note: You are responsible for submitting an accurate accounting of your time taken for medical appointments. **Use code 226 in Kronos for any time taken during scheduled work hours.** Total # of minutes coded to 226: \_\_\_\_\_

**MEDICAL PROVIDER COMPLETES:**

Patient name: \_\_\_\_\_ Date of injury: \_\_\_\_\_ Appointment date: \_\_\_\_\_

Arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Appointment Address: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

Submit completed form to Human Resources – W/C, MC4035 or fax to 860-679-4660 in order to receive payment directly from the Workers' Compensation Carrier. Call 860-679-4589 or 860-679-1483 with questions. Provide a copy to your manager.

**HUMAN RESOURCES COMPLETES:**

Number of Hours: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Adjuster: \_\_\_\_\_ Claim Number: \_\_\_\_\_