

# Sedgwick Claims Kit Pennsylvania





P.O. Box 14779 | Lexington, KY 40512 | Toll Free: 866-738-9201 | Fax: 859-280-3275







#### **Dear Insured:**

We would like to welcome you as a policyholder of Southern Insurance Company. Sedgwick is your Claims Administrator and we are pleased to be able to provide you with workers' compensation claims handling services. Please follow the below instructions for filing a new claim and note the claim kit attachment.

### Where do I report a claim?

> Phone: 855-728-5277 (855-7ATLAS7) OR;

**Email:** <u>6200AtlasGeneralInsurance@sedgwickcms.com</u> OR:

**Fax:** 866-383-3296

Where do I send my injured employee for medical treatment?

**▶ Website:** <u>www.sedgwickproviders.com</u>

### Sedgwick Claim Kit Attachments:

• Employer Posting Notice (LIBC-500)

Express Scripts First Fill Temporary Pharmacy Card

### Need a loss run?

**Email us:** Lossruns@atlas.us.com

#### Have more questions?

Visit Pennsylvania's Bureau of Workers' Compensation website at: <a href="http://www.portal.state.pa.us/portal/server.pt/community/workers%27">http://www.portal.state.pa.us/portal/server.pt/community/workers%27</a> compensation/10386 Or.

Contact the Atlas Customer Care Team @ Sedgwick - One of our friendly Client Services Associates will be happy to assist you.

**Phone:** 866-738-9201

**Email:** AtlasTeam@Sedgwickcms.com

We appreciate your business and believe that communication is critical for successful claims administration. We encourage you to contact us if you have any questions.

www.Atlas.us.com/claims



### REMEMBER: IT IS IMPORTANT TO TELL YOUR EMPLOYER ABOUT YOUR INJURY

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name:	Date Posted:		
IF INSURED: (Complete all applicable spaces)	IF SOMEONE OTHER THAN INSURER IS HANDLING CLAIMS: (Complete all applicable spaces)		
Name of Insurance Company:	Name of TPA (Claims administrator):  Address:		
Address:			
Telephone Number:	Telephone Number:		
Insurer Code:			
IF SELF-INSURED	IF SOMEONE OTHER THAN SELF-INSURER IS HANDLING CLAIMS:		
(Complete all applicable spaces)	(Complete all applicable spaces)		
Name of person handling claims at	Name of TPA (Claims administrator):		
the self-insured:			
Address:	Address:		
Telephone Number:	Telephone Number:		
Insurer Code:			

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services 717.772.3702 Claims Information Services toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447

**Hearing Impaired** toll-free inside PA TTY: 800.362.4228

toll-free inside PA TTY: 800.362.4228 local & outside PA TTY: 717.772.4991

**Email** ra-li-bwc-helpline@pa.gov



## Workers' Compensation Temporary Prescription ID Card



### >>> To the Injured Worker:

On your first visit, please give this notice to any pharmacy listed on the back side to speed processing your approved workers' compensation prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the Express Scripts Patient Care Contact Center at 1-866-590-5882.

### **Atencion Trabajador Lesionado:**

Este formulario de identificación para servicios temporales de prescripción de recetas por compensación del trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es).

Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de Express Scripts, en el teléfono 1-866-590-5882.

### To the Pharmacist:

Express Scripts administers this workers' compensation prescription program. Please follow the steps below to submit a claim. Standard claim limitations include quantity exceeding 150 pills or a day supply exceeding 14 days. This form is valid for up to 30 days from DOI. Limitations may vary. For assistance, call Express Scripts at 1-866-590-5882.

#### Pharmacy Processing Steps

- Step 1: Enter bin number 003858
- Step 2: Enter processor control A4
- Step 3: Enter the group number as it appears above
- Step 4: Enter the injured worker's nine-digit ID number
- Step 5: Enter the injured worker's first and last name
- Step 6: Enter the injured worker's date of injury

Í	Express Scripts
ID #:	
	ID number; present to the pharmacy at the ou will receive a new ID number shortly.
Date of Injury:	MM/DD/YYYY
Group #: <u>GJC6200</u>	
Employee Date of Birth:	1

**Thank you** for using a participating retail network pharmacy. Even though there is no direct cost to you, it's important that we all do our part to help control the rising cost of healthcare.

Please see other side for a list of participating retail network pharmacies.

>>> To the Supervisor: Please fill in the information requested for the injured worker.

Employee Information			
First	M		Last
S	treet Address or	PO Box	
City Employer Name		State	ZIP





## **Participating Retail Network Pharmacies**

A & P Drug Emporium Drug Fair Acme Pharmacy Albertson's Drug Town Albertson's/Acme Drug World Albertson's/Osco Eckerd Albertson's/Sav-On **Econofoods** Amerisource **EPIC Pharmacy** Bergen Network **Anchor Pharmacies** FamilyMeds Arrow Farm Fresh Aurora Farmer Jack **Bartell Drugs** Food City Bigg's Food Lion Bi-Lo Fred's Bi-Mart Gemmel BJ's Wholesale Giant Club Giant Eagle **Brooks** Giant Foods **Brookshire Brothers** Hannaford **Brookshire Grocery** Harris Teeter Bruno H-E-B Carrs Hi-School Cash Wise Pharmacy Coborn's Hy-Vee Costco Jewel/Osco Cub Kash n Karry **CVS** Keltsch D&W Kerr Dahl's **Kmart** Dierbergs Knight Drugs **Discount Drugmart** Kroger LeaderNet (PSAO) Doc's Drugs

**Dominicks** 

Longs Drug Store

Major Value Schnucks Marsh Drugs Scolari's Medic Discount Medicap Medistat Meijer Minyard NCS HealthCare Neighborcare Network **Pharmaceuticals** Northeast **Pharmacy Services** Osco P & C Food Markets Pamida Park Nicollet Pathmark **Pavilions** Price Chopper **Publix Quality Markets** Raley's Randalls Rite Aid Rosauers Rx Express RXD Safeway Sam's Club Sav-On Save Mart

Sedano Shaw's Shop 'N Save Shopko ShopRite Snyder Stop & Shop Sun Mart Super Fresh Super Rx Target **Texas Oncology** Srvs The Pharm Thrifty White Times Tom Thumb Tops Ukrop's **United Drugs** United Supermarkets Vons Waldbaums Walgreens Wal-Mart Wegmans Weis Winn Dixie

