



WORKERS' COMPENSATION CLAIMS KIT

UPDATED: JUNE 2022

WELCOME!

Thank you for your Workers' Compensation business. This welcome kit is designed to make the claims reporting and handling process smooth and efficient. We have also provided information on additional programs and resources we offer to help your injured employees recover and return to work as quickly as possible.

Should you have any questions regarding anything outlined in this kit or your policy, please do not hesitate to contact us.

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ABOUT US

We are Protective Insurance.

We specialize in workers' compensation and transportation insurance. We are rated A (Excellent) by A.M. Best and offer a range of flexible products for businesses with a transportation focus.

At Protective Insurance, partnerships matter. The average length of time a workers' compensation policyholder has been with us is five years. As a valued customer, you are more than just a policy to us—we are personally invested in your company's safety and success.

Whether it is loss prevention training resources to help your business cultivate a culture of safety, on-demand safety training or return-to-work program assistance, you can count on Protective Insurance.

If claims should occur, you can rest assured that they will be handled with the attention and precision they deserve due to our adjusters' low claim counts. With an average of 10 years' experience, our claims adjusters know the industry, and they know it well.

Throughout every facet of our business, we are dedicated to providing you with a personalized, hands-on approach, going above and beyond the standard role of what you would expect from your insurance company.

We thank you for the opportunity to be your partner in safety and risk, and look forward to working with you.



CLAIM REPORTING INSTRUCTIONS

If an employee or member of your staff suffers an employment-related injury or illness that involves medical care or loss of work time, please submit all claims within 24 hours of the injury or illness being reported to you. All new reports will be handled by experienced professionals that specialize in First Reports of Injury. We anticipate that you will find them knowledgeable, professional and helpful throughout the reporting process.

CLAIM REPORTING OPTIONS

Report a claim through any method 24 hours a day, 7 days a week.

Your company should report all claims.



EMAIL

newwcclaims@protectiveinsurance.com



PHONE

833-628-2667



ONLINE

protectiveinsurance.com/claim

Email Claims

If you would like to report a new claim via email, please complete and return the **First Report of Injury or Illness form** in the appendix. Per the form's instructions, please attach the additional requested information to your claim report, including a completed **Wage Statement form** and a copy of the **Authorization to Release Information form** signed by the injured worker. Both of these forms are also included in the appendix.

Authorization to Release Information

Submitting an **Authorization to Release Information form** expedites the processing of any claim. Regardless of the method by which you initially report the claim to Protective, please provide this form to your injured worker for his/her signature and return to us via email or postal mail.



CLAIM REPORTING INSTRUCTIONS *continued*

Phone Claims

Employee Information

- Name, address, Social Security number, age, sex, phone number and email address of injured employee
- Name of employer, federal tax ID number, address, phone number and email address
- Hourly/weekly/monthly wage of injured employee
- Work schedule of injured employee (hours per day, days per week, start/end times)

Accident Information

- Date, time, location and description of incident (how, where, why)
- Part of body injured and type of injury (cut, scrape, burn, etc.)
- Name and address of physician and hospital where injured employee was treated
- Has the injured employee returned to work? If so, what was the date of return?
Was there lost work time involved?
- Did anyone witness the incident? Was anyone else involved in the incident?
- If applicable, terminal/station address, phone number and terminal/station manager name
- If applicable, information on vehicle that the injured employee was using (ID number, type, etc.)

MY ACCOUNT

Looking for details about a specific claim or your claim history in one place? Protective's online customer service system, **My Account**, allows our policyholders to view claim details as well as loss run reports. Log on at protectiveinsurance.com/my-account.

To obtain a My Account login, contact your agent.



CLAIMS PROCESS

Protective will provide you with the necessary guidance if any of your workers become injured on the job. Our claims management process is efficient, effective and provides superior support for our customers.

Please see below for full details on our claims process once you report a workplace injury.

- A claims adjuster will contact you within 48 hours to obtain basic information about your employee and transcribe your explanation of the events surrounding the potential claim.
- As the employer, you will be asked to complete a wage statement for the employee. This typically asks for a 52-week pay history. See appendix for wage form. State specific forms may be required.
- Claims will be designated as **records only**, **medical only** or **lost time**:
 - **Records only** consists of claims that involve no financial activity and are simply reported to make Protective aware of a potential claim. These typically arise when an employee reports an incident, but the employee does not need to seek medical treatment and does not miss any work.
 - **Medical only** includes claims where the employee received medical attention, but required no lost time from work.
 - **Lost time** refers to claims that involve any medically excused time away from work.
- All claims will be fully investigated by licensed adjusters who are professionally trained to handle claims in your state. Protective's claims staff has an average of 10 years of experience.
- Protective will provide ongoing communication with the authorized officer of the business during the time that the claim remains open.
- A review of your claim history, cost projections and loss runs are available any time by request.



FIRST FILL PRESCRIPTION INFORMATION

Pharmacy benefits for Protective Insurance are managed through CorVel.

CorVel's First Fill program allows employees to receive injury-related prescriptions at more than 62,000 pharmacy locations nationwide. Your First Fill prescription card can be used to provide you or your workers with necessary medication at no cost while you wait for a claim to be processed. Through First Fill, you can rest assured that you will be receiving the most appropriate medication for your injury at the right time.

To access your card and for detailed employee and employer instructions on setup and usage, please see the **appendix** of this document. Information is provided in both English and Spanish.



FINDING IN-NETWORK DOCTOR/PHARMACY

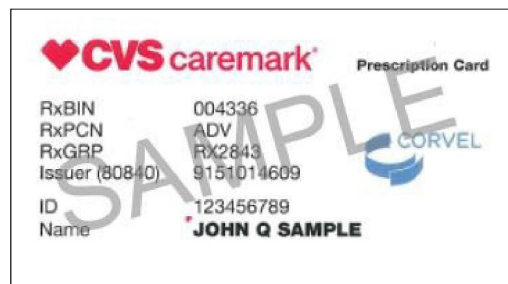
Find a Doctor

- Visit our **Network Providers** page (protectiveinsurance.com/claim/network-providers) and click the “Find a Doctor” link to be taken to our CorVel provider lookup.
- In the “Select a Network” drop-down menu, select “Workers Compensation” (except for customers in California, who should select “California MPN”).
- Note for customers in California: After clicking the “Find a Doctor” link, enter the login ProtectiveMPN under “Online Directory and Panel Services.” Do not change the network in the “Select a Network” drop-down menu.

Find a Pharmacy

- Visit **CorVel’s Pharmacy Locator** (<https://ppolookup.corvel.com/>) to find an in-network pharmacy near you.
- You may also call CorVel Customer Service at **(800) 563-8438**.

See below for an image of what your prescription card will look like.



Find a Physical Therapist

To find a physical therapist in Protective’s preferred network, contact your claims adjuster.

Note for customers in New York: Per 12 NYCRR325-2.3(b), utilization of Protective’s preferred providers is voluntary, and a full list of authorized health care providers is available from the Workers’ Compensation Board. All employees may select or change their provider at any time without jeopardizing their medical or indemnity benefits.



RETURN-TO-WORK PROGRAMS

Protective offers a return-to-work program to help get injured employees back to work faster and save money. The following are some of the reasons why a return-to-work program could benefit your business:

Increase the likelihood of employees returning to work. Injured employees who remain off work longer than six months have only a 50 percent likelihood of ever returning to their job. That likelihood decreases to less than 10 percent if time lost exceeds one year.

Injured employees return to work up to 50 percent sooner. In companies that have well-managed return-to-work programs including transitional duty, up to 90 percent of injured employees go back to work within four days of the injury.

Reduce claims costs up to 70 percent. Not only are lost time days reduced, but studies show medical costs are also reduced.

Faster recovery period. Good return-to-work programs treat work as therapy to help the employee recover up to three times faster than if they stayed at home.

Reduce award costs. The potential for an employee to become totally and permanently disabled is greatly decreased.

Reduce contentious litigation. Employees are less likely to feel their rights have been violated causing them to engage a lawyer.

Avoid hiring and training a replacement worker. Temporary labor can be expensive, especially when the new worker must be trained.

Reduce fraud. Return-to-work programs demonstrate that getting injured doesn't necessarily mean getting paid for being out of work.

Increase employee morale. Return-to-work programs are a testament that employees are a valuable company asset rather than a disposable resource.

It's effective. More than 90 percent of employers using return-to-work programs say they are effective.

If you would like to learn more about a return-to-work program for your business, please contact your agent.



CONTROLLING YOUR EXPERIENCE MOD

Experience rating is the main pricing component of your workers' compensation policy that you can directly impact. It's essentially a method for determining whether your business' losses are better or worse than expected.

Download our brochure, **Workers' Compensation: Understanding Your Experience Rating & Mod**, to learn how your experience mod is calculated and how to gauge your performance compared to others in your industry. The brochure can be found at protectiveinsurance.com/mod.

Reducing Your Losses and Costs

Proactive accident prevention and claim management are the keys to improving your loss experience and mod. To determine the quality of your safety and loss prevention program, ask yourself the following questions:

Do you have a robust hiring and orientation program?

Perform a job analysis that includes specific tasks and any physical requirements. Hire employees who are both mentally and physically fit for the job. Train each employee on the requirements of the job as well as their responsibility for safety, and enforce compliance with these responsibilities.

Do you have a written safety program?

A written safety program should include, but not be limited to: safe vehicle operation, proper lifting techniques, safe use of tools and equipment, warehouse/dock safety and regulatory compliance. Identify who is responsible for the program and communicate the requirements to workers. Most importantly, the policy should include rewards and disciplinary measures with worker sign off.

Do you have training and regular safety meetings about specific topics such as safe driving, lifting, slips and falls, etc.?

The main objective of a safety meeting is either to remind employees of safe practices they have already learned, or to introduce and build awareness of new techniques, new equipment or new regulations that must be observed. Conducting a successful and interesting safety meeting takes planning on the part of the individual in charge. Be sure to document attendance with a sign-in sheet.



CONTROLLING YOUR EXPERIENCE MOD *continued*

Do you investigate all incidents using root cause analysis and corrective action techniques?

The scene of the accident or injury is the best place to gather information for later analysis. The incident analysis should be conducted by someone with a solid understanding of what facts to gather, what to look for, how to determine root causes and what steps to take next. Use a form to document your findings.

Do you have a behavior observation program and provide on-the-spot feedback to workers?

Observe workers on the road driving and while walking and working to determine if they are taking safety training to heart. It also creates an opportunity to provide feedback on performance and correct unsafe behaviors as they happen. Use a form to document your findings.

Do you require seatbelt usage and/or have high visibility seatbelts?

An alarming number of contractors are killed, paralyzed or seriously injured in motor vehicle accidents because of not wearing their seatbelts. Seatbelt usage should be mandatory. Consider installing high visibility seatbelts or use retrofit sleeves to heighten awareness.

Do you require slip-resistant shoes?

Slips and falls may seem like minor incidents but they can escalate into very serious injuries that can keep you off the road and cost you a significant amount of money. Even a small spot of water on smooth concrete is as slippery as walking on ice. Wear appropriate slip-resistant shoes, periodically check the condition of the soles and replace them as they wear down.

Do you have a formal written return-to-work program?

Implement a return-to-work program that is appropriate for the scope of the injured employee. Provide transitional duty programs that help injured employees return to a productive position as soon as medically approved. Work closely with your claims adjuster to understand what's available under law in your state.

If you would like to learn more about available resources to help you control your experience mod, please contact your agent.



INSURANCE FRAUD INFORMATION

While the majority of Workers' Compensation claims are truthful, the National Insurance Crime Bureau reports that billions of dollars of false claims are submitted each year. To help you detect possible workers' compensation fraud, experience shows a claim may be fraudulent if two or more of the following factors are present:

Monday morning

The reported injury occurs first thing on Monday morning, or it occurs late on Friday but doesn't get reported until Monday.

Employment change

The reported accident occurs just before or after a strike, layoffs, the conclusion of a big project or the end of a seasonal job.

Job termination

If an employee files a post-termination claim:

1. Was the alleged injury reported by the employee prior to termination?
2. Did the employee exhaust their unemployment benefits prior to claiming workers' compensation benefits?

History of changes

The employee has a history of frequently changing physicians, addresses and places of employment.

Medical history

The employee has a pre-existing medical condition similar to the alleged work injury.

No witnesses

The accident has no witnesses and the employee's description does not logically support the cause of injury.

Conflicting descriptions

The employee's description of the accident is significantly different from the medical history or first report of injury.



INSURANCE FRAUD INFORMATION *continued*

History of claims

The employee has a history of multiple suspicious or litigated claims.

Treatment is refused

The employee refuses a diagnostic test or procedure to confirm the nature/extent of the injury.

Late reporting

The employee delays reporting the claim without a reasonable explanation.

Hard to reach

You have difficulty contacting a claimant at home when they are allegedly disabled.

Moonlighting

Does the employee have another paying job or do volunteer work?

Unusual coincidence

The employee has tried to borrow money from coworkers or the company, or requested pay advances.

Hobbies

The employee has a hobby that could cause an injury similar to the alleged work injury.

Remember, these warning signs are simply indicators. If you suspect a claim to be fraudulent, please contact us.



LOSS PREVENTION & SAFETY SERVICES

Protective's Loss Prevention & Safety Services Team is comprised of specialists who use a collaborative approach to partner with our insureds to address their specific safety and risk management needs. We understand that no two companies are the same and solutions must be tailored to fit each company's unique needs.

Our Loss Prevention & Safety Services Department is committed to staying on top of the latest trends, regulations, emerging issues and best practices affecting workforces across the country.

Loss Prevention offers a variety of resources on the Protective website for our policyholders. These include:

- Publications such as *Shield*, our quarterly risk management magazine
- Online training from J.J. Keller Training On Demand and Impact Training Solutions, along with Protective's Safety Solutions videos
- Safety handouts from our Resource Library
- Management tools to help you build a safety culture and optimize your business, including OSHA compliant safety plans, accident and injury toolkits, incident reporting & analysis assistance and more
- Safety supply discount programs and a slip resistant shoe program

To access these and more resources, visit protectiveinsurance.com/loss-prevention or contact your agent.

First Report of Injury or Illness Form

CLAIM REPORTING INSTRUCTIONS

1. Fill out this First Report of Injury or Illness form in its entirety, with the injured employee if possible.
2. Send an email to NewWCClaims@protectiveinsurance.com listing the policy number, insured name, claimant name and date of injury. Include the following attachments:
 - Completed First Report of Injury or Illness Form
 - Copy of the **Authorization to Release Information** form, signed by the injured employee
 - Completed **Wage Statement** form
 - Copy of the injured employee's most recent W-2
 - Photocopy of a valid photo ID for the injured employee
3. In the subject line of the email, include the policy number, insured name, claimant name and date of injury.
4. Utilize the **First Fill Prescription Program** as needed.

Or report your claim via phone:

Phone: (800) 479-0981





WORKERS' COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP)	OSHA CASE NUMBER (IF APPLICABLE)	
	EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)	
	POLICY NUMBER	EMPLOYER FEIN

INSURED PRIMARY CONTACT

NAME/ TITLE	
PHONE NUMBER	EMAIL ADDRESS

EMPLOYEE/WAGE

NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED/SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION/JOB TITLE	
EMAIL ADDRESS	# OF DEPENDENTS		EMPLOYMENT STATUS	
PHONE			FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
RATE PER: <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER	AVERAGE WEEKLY WAGES	# DAYS WORKED/WEEK	DID SALARY CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

OCCURRENCE/TREATMENT

TIME EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANNOT BE DETERMINED	LAST DATE WORKED	DATE EMPLOYER NOTIFIED	DATE DISABILITY BEGAN
DATE OF INJURY/ILLNESS		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED
SUPERVISOR NAME		DID INJURY/ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHONE (A/C, NO, EXT):		ALL EQUIPMENT, MATERIALS OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED				
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
		DATE RETURN(ED) TO WORK		
HOW INJURY OR ILLNESS/ADNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL		IF FATAL, GIVE DATE OF DEATH		
		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFFSITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR: CLINIC/HOSPITAL <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> OVERNIGHT HOSPITALIZATION <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED
WITNESS NAME:		WITNESS NAME:		
PHONE (A/C, NO, EXT):		PHONE (A/C, NO, EXT):		
DATE ADMINISTRATOR NOTIFIED:				

EMPLOYER SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

CLAIM #: _____

EMPLOYER:	
EMPLOYEE:	DATE OF INJURY:

For claims in Arizona, Connecticut, Iowa and Michigan, please provide the following:
Taxable marital status: _____ ***Number of dependents:*** _____

Instructions: Enter employee's gross weekly wages earned **PRIOR** to the **date of injury**.

Week #	Period Ending Date	Gross Weekly Wage	Week #	Period Ending Date	Gross Weekly Wage
EXAMPLE	01/02/2014	\$600.00	EXAMPLE	03/05/2014	\$700.00
1			28		
2			29		
3			30		
4			31		
5			32		
6			33		
7			34		
8			35		
9			36		
10			37		
11			38		
12			39		
13			40		
14			41		
15			42		
16			43		
17			44		
18			45		
19			46		
20			47		
21			48		
22			49		
23			50		
24			51		
25			52		
26			53		
27			54		
Total:			Total:		

Along with this completed form, include:

- the required copy of the employee's W2 form AND
- a copy of the two most recent state quarterly wage reports or a copy of the employee's federal tax return.

Submit all documents via one of these methods:

- Email: wage@protectiveinsurance.com
- Mail: Protective Insurance Company
- P.O. Box 7099, Indianapolis, IN 46207

Or submit online:

Authorization for the Release of Protected Health Information

The undersigned ("I") hereby authorizes Protective Insurance Company, its subsidiaries, affiliates, officers, and employees (collectively, "PIC") to release any and all information contained in my Workers' Compensation claim file, **Claim #** _____, including, but not limited to, my complete health record (i.e. information relating to diagnoses, treatments, consultations, and claims payments with respect to any and all physical and mental health care services provided to me, my personally identifiable information (i.e. name, address, birthdate, and social security number), and my earnings or other insurance benefits) to _____ for the purpose of responding to a Subpoena or such other document request received by PIC. I acknowledge that my complete health record may include sensitive information pertaining to diagnoses, treatments, and consultations with respect to alcohol and drug abuse, mental health or psychological conditions, sexually transmitted diseases, and HIV/AIDS. I expressly request that the designated records custodian of PIC disclose full and complete protected medical information to _____.

I understand that this authorization pertains to records whose confidentiality is protected by either Federal Regulations (42 C.F.R. Part 2) or State Law (IC 16-39-2); provided, however, that, I acknowledge and agree that once such records are released pursuant to this authorization, such records (a) are no longer protected by federal privacy laws, (b) are not protected by the records provider, and (c) may potentially be redisclosed by the party who receives such records.

I understand that I may refuse to sign this authorization and that any benefits provided by PIC are not conditioned on signing this authorization.

I understand that I may revoke, in writing, this authorization submitted to PIC, except to the extent that PIC has already taken action in reliance on it. If not previously revoked, this authorization shall expire upon the earlier date that is one (1) year from the date of signature noted below or the life of the claim.

A photocopy of this authorization shall be as effective and as valid as the original.

I further understand that in executing this authorization, information obtained may be used in legal proceedings and that I have waived the right for such information to be privileged.

By signing this authorization, I represent that I have read and understand this information.

Claimant's Printed Name

Claimant's Signature (Insured, otherwise authorized person)

Date

Claimant's Address

Reclamación #:**Autorización para divulgar datos**

Yo autorizo y pido que todos los datos protegidos por cualquier médico, hospital, clínica u otra instalación médica o similar con licencia o por cualquier otra organización, institución o persona que tenga expedientes o conocimientos sobre mí, sobre mi salud (incluso datos relacionados al consumo de drogas y alcohol y cualquier información relacionada con mi historial mental y físico, mi condición y los consejos dados o tratamientos proporcionados) y sobre mis ingresos u otras prestaciones del seguro, sean divulgados a la aseguradora Protective Insurance Company y a todo representante debidamente autorizado por la misma. Yo pido de forma expresa que el gestor de expedientes designado en todo ente regido por HIPAA (Ley de Responsabilidad y Transferibilidad de Seguros Médicos) divulgue todos mis datos médicos protegidos con el motivo de gestionar cualquier reclamación de prestaciones.

El presente consentimiento será sujeto a revocación en cualquier momento, con la excepción de que un ente o una persona que iba a divulgar los datos ya haya actuado al respecto. Si no se revoca antes, el presente consentimiento vencerá tras la terminación de toda reclamación entre el reclamante y la aseguradora Protective Insurance Company y cualquier representante debidamente autorizado por la misma.

Yo entiendo, además, que al ejecutar la presente autorización, los datos obtenidos con base en la misma serán utilizados para evaluar y gestionar toda y cualquier reclamación al seguro ante la cual yo ya he renunciado mi derecho de mantener la confidencialidad de tal información.

Una fotocopia de la presente autorización tendrá el mismo efecto legal y la misma validez que el documento original.

Firma del reclamante (la persona asegurada u otra persona autorizada) Fecha

Nombre y apellidos del reclamante, en letra de molde Fecha



Injured Worker's First Fill Prescription Form

Employee Name: _____

Date of Injury: _____ SSN: _____

Injured Worker Instructions



On your first Pharmacy visit, please give this notice to any pharmacy listed on this insert. This will expedite the processing of your approved workers' compensation prescriptions, based on the parameters established by **Protective Insurance Company**. With the CorVel pharmacy program, you do not need to complete any paperwork or claim forms. Simply present this CorVel First Fill Prescription Form to the pharmacy. You should not incur any costs or co-pays at the pharmacy and you will be allowed up to a 14-day supply of most medications.

Notice to Injured Worker and Pharmacy

This temporary First Fill card is only valid if used within 30 days of the reported date of injury. Temporary eligibility through this program allows for a one-time fill of prescription medications. For assistance with processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438**.

Pharmacy Instructions

For assistance processing claims please contact the CorVel Pharmacy Department at **(800) 563-8438**. Please use the BIN, PCN, and RxGroup number below to process an online/electronic claim to CorVel:

	
BIN:	004336
PCN:	ADV
RxGroup:	RXFFWC8348243
Member ID:	See below to generate ID

To generate member ID: The Injured Worker's 9 digit social security number plus 8 digit date of injury will be used as their 17 digit member identification number when processing their First Fill Prescription: XXXXXXXXXXXMMDDYYYY

Below is a sample listing of some of the over 62,000 Participating Pharmacies in the CorVel Network. Please call **(800)563-8438** for a participating pharmacy near you.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith's Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Duane Reade	Ingles Pharmacy	Raley's Drug Center	Von's Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred's Pharmacy	Longs Drug Store	Safeway Pharmacy	Walgreens Pharmacy
Giant Eagle Pharmacy	Marc's Pharmacy	Sav-On Drug Store	Wegman Pharmacy



Opioid Safety: What you need to know

Opioid misuse and abuse is a growing concern in our country. You may be taking (or have taken) a prescribed opioid such as oxycodone or hydrocodone to help relieve pain. Drugs like these are generally safe when taken exactly as directed for a limited period, but can become harmful—even fatal—if misused. It's important to be informed about the risks and benefits of opioid medication use should your doctor prescribe them to manage your pain.

Prescription opioids can help to manage short-term pain that may occur after a surgery or recent injury. But they may not work as well to manage chronic pain long-term. In addition, you're more likely to overdose or become addicted when using opioids for a long time. An overdose can cause serious health problems or even death. There may be other treatments available with less serious risks. Work with your doctor to find the safest, most appropriate ways to manage your condition.



As many as
1 in 4
taking prescription
opioids struggle with
addiction when opioids
are used long-term.¹

Safety tips to consider when you are prescribed opioid medication:

- Always take your medication exactly as instructed by your doctor.
- Never share your opioids with others.
- Avoid alcohol and certain medications that may interact with your opioids.
- Review your medication list with your doctor or pharmacist.
- Follow up regularly with your doctor.
- Store opioids in a secure place, ideally a locked location.
- Dispose of unused opioids properly. Check with your pharmacy regarding safe disposal methods.

Please note: Some insurance plans may allow opioid fills with a limited day supply. Please call **CorVel Pharmacy Solutions at 800-563-8438** with any questions regarding your plan.

1. Prescription opioid overdose data. U.S. Centers for Disease Control and Prevention. Last updated August 1, 2017. <https://www.cdc.gov/drugoverdose/data/overdose.html>. Accessed January 10, 2018.

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

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**Injured Worker's
First Fill Prescription Form**
Administrado por CorVel (800) 563-8438

Nombre del Trabajador Lesionado: _____

Fecha de Lesión: _____ **Núm. de S.S.:** _____

Instrucciones Para El Trabajador Lesionado

Favor de entregar este aviso en su primera visita a cualquier Farmacia listada en este folleto para acelerar el proceso de sus recetas aprobadas por Compensación Laboral, basados en los parámetros establecidos por **Protective Insurance Company**. Con el programa de farmacia de CorVel, usted no necesita completar ningún tipo de papeleo o formas de reclamación. Simplemente presente a la farmacia esta Hoja de Información de Despacho de Receta Inicial de CorVel. Usted no debe de incurrir en ningún gasto o copagos en la farmacia y usted será permitido obtener hasta 14 días de suministro de de medicamentos.

Instrucciones Para La Farmacia

Por favor utilice el BIN, PCN, y el número de RXGroup abajo indicado para procesar una reclamación para CorVel en línea cibernética/electrónica:



BIN: 004336
PCN: ADV
RxGroup: RXFFWC8348243
Member ID: See below to generate ID

Para Generar el Número de Identificación de Miembro: Los nueve dígitos de Seguro Social del Trabajador Lesionado más los 8 dígitos de la Fecha de Lesión serán utilizados como los 17 dígitos de **Número de Identificación de Miembro** cuando esté procesando el Primer Despacho de Receta: **XXXXXXXXMMDDYYYY**

***Para asistencia procesando reclamaciones por favor comuníquese con **Soluciones de Farmacia CorVel** al (800) 563-8438 ***

Hay más de 62,000 Farmacias Participantes en la Red de CorVel. Vea abajo para una lista de ejemplo. Para localizar una Farmacia cerca de usted llame al (800)563-8438.

CostCo Pharmacy	H.E.B. Pharmacies	Meijer Pharmacy	Smith's Food & Drug Centers
CVS	Hy-Vee Pharmacy	Publix Pharmacy	Target Pharmacy
Duane Reade	Ingles Pharmacy	Raley's Drug Center	Von's Pharmacy
Drug Mart	Kroger Pharmacy	Rite Aid Pharmacy	Wal-Mart Pharmacy
Fred's Pharmacy	Longs Drug Store	Safeway Pharmacy	Walmart Pharmacy
Giant Eagle Pharmacy	Marc's Pharmacy	Sav-On Drug Store	Wegman Pharmacy

Seguridad en el uso de opioides: lo que usted debe saber

El uso incorrecto y el abuso de opioides es un problema cada vez mayor en nuestro país. Es posible que esté tomando (o haya tomado) un opioide recetado, como oxicodona o hidrocodona, para ayudar a aliviar el dolor. Por lo general, esos medicamentos son seguros si se toman exactamente como se indican durante un periodo limitado, pero pueden ser peligrosos, e incluso mortales, si se utilizan de manera incorrecta. Es importante que conozca los riesgos y los beneficios del uso de medicamentos opioides en caso de que su médico se los recete para manejar su dolor.

Los opioides pueden ayudar a manejar el dolor a corto plazo después de una cirugía o una lesión reciente. Sin embargo, quizás no tengan la misma eficacia para manejar el dolor crónico a largo plazo. Además, si los usa durante un tiempo prolongado, existe una mayor probabilidad de que tenga una sobredosis o desarrolle una adicción. Una sobredosis puede ocasionar problemas de salud graves o incluso la muerte. Puede haber otros tratamientos disponibles que presenten riesgos menos graves. Consulte a su médico para encontrar las maneras más seguras y adecuadas de manejar su afección.



1 de cada 4

Personas que toman opioides recetados luchan contra la adicción cuando estos medicamentos se usan a largo plazo.¹

Consejos de seguridad para tener en cuenta cuando lo recetan un medicamento opioide:

- Siempre tome sus medicamentos exactamente como lo indico su médico.
- Nunca comparta sus opioides con otras personas.
- Evite consumir alcohol y determinados medicamentos que pueden interactuar con sus opioides.
- Revise su lista de medicamentos con el médico o farmacéutico.
- Asista regularmente a las consultas de seguimiento con su médico.
- Guarde los opioides en un sitio seguro, de ser posible un lugar cerrado.
- Deseche correctamente los opioides sin usar. Consulte a su farmacia acerca de los métodos de eliminación seguros.

Tenga en cuenta lo siguiente: es posible que algunos planes de seguro autoricen el surtido de suministros de opioides para una cantidad limitada de días. Llame a **CorVel Pharmacy Solutions at 800-563-8438** si tiene preguntas sobre su plan.

1. Información acerca de la sobredosis de opioides recetados. Centros para el Control y Prevención de Enfermedades de EE. UU. (U.S. Centers for Disease Control and Prevention). Se actualizó por última vez el 1 de agosto de 2017. <https://www.cdc.gov/drugoverdose/data/overdose.html>. Acceso obtenido el miércoles, 10 de enero de 2018.