



WORKERS' COMPENSATION CLAIMS KIT

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've been delivering high-quality, customized insurance products to our customers since our founding. Our company has humble beginnings as an insurance broker based out of Indianapolis. Eighty years later, we still proudly call Indiana home. With over 500 employees, all of our departments— including claims, customer service and loss prevention – are housed in a single corporate office.

We specialize in workers' compensation and transportation insurance. We are rated A+ (Superior) by A.M. Best and offer a range of flexible workers' compensation solutions for all types of businesses.

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



FAX

(317) 715-9639



PHONE

Toll free: (800) 479-0981



ONLINE

protectiveinsurance.com/claim

Email and Fax Claims

If you would like to report a new claim via email or fax, 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, fax or postal mail.



CLAIM REPORTING INSTRUCTIONS *continued*

Phone Claims

Please have the following information available when reporting a claim by phone:

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 the **Wage Statement form** in the appendix.)
- 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 Optum, formerly Helios™.

Optum's First Fill program allows employees to receive injury-related prescriptions at over 70,000 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

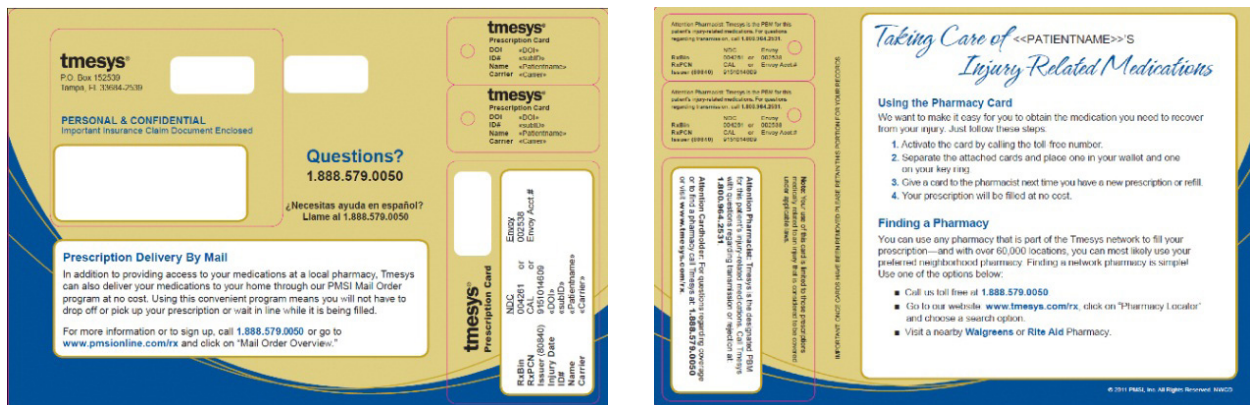
Find a Doctor

- 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.”
- **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 **Optum’s Pharmacy Locator** (helioscomp.com/resources/pharmacy-locator) for a directory of Tmesys network pharmacies.
- You may also call (888) 579-0050.

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.



CLAIM REVIEW INFORMATION

Let Protective help you stay on top of your claims with a complimentary claim history review!

Wondering why your claim ended up the way that it did? Protective is committed to helping you through the claims process every step of the way. Our Claims Department would like to make your experience less stressful by answering any questions you have about the claims filed under your policy or about Workers' Compensation coverage in your state.

Reviewing your claims with one of our skilled specialists will help you understand your risk exposures so you won't face any surprises during your policy renewal.

Contact us today to discuss any of the following topics:

- The status and/or financial details of any of your claims, including how much money has been paid and how much remains in reserve
- Our plan for resolving your current claims
- Your current claim exposures
- The steps we take to investigate claims
- How we decide whether or not to pay a claim
- Other assistance Protective can provide, including Loss Prevention & Safety Services

To discuss your claims, contact David Ghesquiere, Vice President of Workers' Compensation Claims:

Office: (800) 479-0981 x2638

Direct: (317) 429-2638



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.



WELLCARD SAVINGS PROGRAM

With the cost of healthcare on the rise, every little bit of savings helps. Protective offers you the opportunity to participate in the WellCard savings program. This program helps offset the cost of medical expenses like prescriptions, doctor visits, health screenings and more.

What are the advantages?

- WellCard savings is **free**. There are no registration or usage fees.
- Members see savings of up to **50 percent off prescription drugs** and up to **30 percent off medical visits**, as well as discounts on dental and vision healthcare.
- An average of **20 percent can be saved on prescription drugs** by using the WellCard Savings mail order service.
- Get help when you need it most by calling the **24/7 doctor telephone service**.
- **Family members** are automatically included in the program.
- The program is HIPAA compliant so all of your personal information is **safe and secure**.

How does it work?

There are more than 59,000 pharmacies and more than 350,000 physicians across the country in the WellCard savings network. After you enroll in the program, find a participating pharmacy or physician near you by visiting **our WellCard page** (protectiveinsurance.com/WellCard) and clicking “Log In.” At the time of service, present your WellCard Savings card to receive the discount.

To enroll, visit **WellCard’s website** (wellcardsavings.com/NewUsers) and click the “Register Now” button. Be sure to use **HPSBAL** as your Group ID. If you have any questions about this program, please contact your agent.

This plan is not insurance. The plan does not make payment directly to the providers of medical services. You are obligated to make payment for services but you will receive a discount from those providers contracted with the plan. The name and address of the discount medical plan organization is AccessOne Consumer Health, Inc. 84 Villa Rd, Greenville, SC 29615 (800) 896-1962. This plan is not available in the following states: AK, MT and VT.



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 DVDs and 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 fax or phone:

Fax: (317) 715-9639

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)	
	EMPLOYER'S PHONE NUMBER	EMPLOYER FEIN

CARRIER/CLAIMS ADMINISTRATOR

<input type="checkbox"/> PROTECTIVE INSURANCE	AGENT NAME:	
<input type="checkbox"/> SAGAMORE INSURANCE	AGENT PHONE NUMBER:	POLICY NUMBER:

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	FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	EMPLOYMENT STATUS	
PHONE			DID SALARY CONTINUE? <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		

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:

- Fax: 800-248-8955
- Email: wage@protectiveinsurance.com
- Mail: Protective Insurance Company
P.O. Box 7099, Indianapolis, IN 46207

Or submit online:

Medical Billing Address:

*Protective Insurance
PO Box 7099
Indianapolis, IN 46207*

Authorization to Release Information

I authorize and request the disclosure of all protected information by any licensed physician, hospital, clinic or other medical or related facility, insurance company, government organization, Social Security Administration, employer, or other organization, institution or person that has any records or knowledge of me, my health, (including any information relating to use of drugs or use of alcohol and any information relating to mental and physical history, condition, advice or treatment), my earnings or other insurance benefits to release this information to Baldwin and Lyons, Protective Insurance Company, and all duly authorized representatives. I expressly request that the designated records custodian of all entities covered under HIPAA disclose full and complete protected medical information for the purposes of administering any claims for benefits.

This consent shall be subject to revocation at any time except to the extent that the entity or person which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will expire upon final termination of all claims between the claimant and Baldwin and Lyons, Protective Insurance Company, and any duly authorized representatives.

I further understand that in executing this authorization, information obtained by it will be used for evaluating and administering any and all insurance claims made for benefits and that I have waived the right for such information to be privileged.

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

Claimant's Signature (Insured, otherwise authorized person)

Date

Claimants Printed Name

Date

(Version Date: 10/2012)



Optum
PO Box 152539
Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.





Most pharmacies, including all major chains such as Walgreens, CVS, Rite Aid, Walmart, Target and more, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Protective Insurance Company

CARRIER/TPA

EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER

DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	PROFF		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

tmesys®

IMP14-16103

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.





La mayoría de farmacias, incluyendo las grandes cadenas tal como Walgreens, CVS, Rite Aid, Walmart, Target y mas, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

**¿Tiene alguna pregunta?
¿Necesita ayuda?**



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Protective Insurance Company

PORTADORA _____ EMPLEADOR _____

NOMBRE DEL TRABAJADOR LESIONADO _____

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL _____ FECHA DE ALA LESION (AAMMDD) _____

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk
1-800-964-2531**

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	PROFF		

NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.