

HOW TO REPORT A CLAIM

Print each of the following 6 pages prior to watching the Claim Reporting Video. This 11 minute video will take you through our claim reporting process as it tracks each form in order printed. Click link below if you have trouble opening cut & paste into internet browser:

<http://vimeo.com/highrevmedia/review/35618885/a2c4b4cf9d>

(Note: Forms revised as of 4/2014 content will follow video.)

FOR EMERGENCIES

1. GET EMPLOYEE TO THE NEAREST EMERGENCY FACILITY. INFORM LOCATION TO ORDER POST-ACCIDENT DRUG SCREENING.
2. Immediately submit claim paperwork to: claims@insuredsolutions.net or fax 678-262-3201. Or notify us of the incident on our website: www.insuredsolutions.net.
3. Go to step #2 below.

FOR NON-EMERGENCIES

1. SEND OR TAKE EMPLOYEE TO APPROVED DOCTOR OR FACILITY. INFORM LOCATION TO ORDER POST-ACCIDENT DRUG SCREENING.
2. Report claim immediately by completing: **State First Report of Injury**, **Investigation Forms (steps #3,4,5 below)**, & **Carrier Supplemental Form**.
3. Have Supervisor complete & sign: **Supervisor Incident Investigation Report**.
4. If Witness is available, have **Witness Statement** completed & signed.
Note: Also, include statements which affirms the witness did *not* see or hear of the accident.
5. Have Injured Worker complete & sign: **Injured Employee-Accident Investigation Report** using the accompanying CHECKLIST guide parts **A** & **B** where shown.
6. EMAIL OR FAX THE ABOVE FORMS: CLAIMS@INSUREDSOLUTIONS.NET or FAX: 678-262-3201
7. Insured Solutions will review the completed State First Report of Injury and Investigation forms and will contact you if additional information is needed.

NOTE: Our Insured Solutions Nurse Case Manager will complete a Triage Summary for the carrier by contacting:
1) You the client 2) Medical Provider 3) injured employee

Remember:

1. If Employee refuses care, they must complete the **REFUSAL OF DOCTORS CARE FORM**.
*Please send employee for post-accident drug screening.
2. If Employee refuses Drug Screen, notify our office and take action based on your written Drug Free Workplace Program guidelines. (Immediate Suspension without PAY is preferred.)