



Authorization

Workers Compensation

The undersigned has filed a claim for workers compensation benefits (hereinafter referred to as the "Claim"). The amount and type of information sought pursuant to this authorization will depend upon the nature of the Claim, but will be used solely to facilitate determination regarding the validity of the Claim and the payment of benefits or the administration of the insurance program under which the Claim has been made. Authorizing the disclosure of information is voluntary, and acceptance of the Claim will not be conditioned upon signing this authorization. This authorization is subject to revocation at any time, except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to Key Risk, P.O. Box 14817, Lexington, KY 40512.

The undersigned authorizes the release of information and communication between my health care provider(s) (including without limitation, medical laboratories, pharmacies, and medical suppliers) and representatives of Key Risk Management Services/ Berkley Insurance Company ("Key Risk").

This release of information applies to all applicable medical records, medical information, bodily fluid and tissue samples, and benefit payment information with respect to any illness, injury, medical history, consultation, prescription, treatment, or benefit, and copies of all applicable records thereof, which may be appropriate or necessary throughout the course of this Claim. This authorization shall specifically include, but shall not be limited to, medical records, medical information and benefit payment information pertaining or relating to the treatment of Acquired Immune Deficiency Syndrome, HIV, mental illness, and drug or alcohol related medical problems.

To comply with federal law, DO NOT include genetic testing or family medical history records.

The undersigned also authorizes the Social Security Administration and the Centers for Medicare & Medicaid Services (CMS), its agents and contractors, to release to Key Risk information concerning my workers compensation injury, entitlement dates and benefit amounts for my dependents and me.

The undersigned further authorizes Key Risk to release any such information as described above to its reinsurers, attorneys, second injury fund consultants, medical laboratories, medical peer review panels, CMS, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, and the undersigned's employer and its excess insurer, to the extent that Key Risk considers doing so to be reasonably appropriate or necessary for purposes of its administration of the Claim or the insurance program under which the Claim has been made.

Information disclosed to Key Risk is from records whose confidentiality is protected by various state or federal laws. Any further disclosure of this information may no longer be subject to certain protections provided under federal privacy regulations. Unless revoked earlier by the undersigned, in writing, this authorization shall be valid for three years after Key Risk has closed the Claim. A copy of this authorization is to be considered as valid as the original.

Employee Information and Signature

| | |
|---------------------------|----------------------|
| Employee Signature: _____ | Date: _____ |
| Employee Name: _____ | Employer: _____ |
| Claim Number: _____ | Date of Birth: _____ |

El abajo firmante ha enviado un reclamo de beneficios de compensación laboral (referido posteriormente como el "reclamo"). La cantidad y tipo de información buscada acorde a esta autorización dependerá de la naturaleza del reclamo, pero será utilizada únicamente para facilitar la determinación en relación a la validez del reclamo y el pago de beneficios o de la administración del programa de seguros bajo el cual el reclamo se ha realizado. Autorizar la revelación de información es voluntario, y la aceptación del reclamo no se condicionará tras haber firmado esta autorización. Esta autorización está sujeta a la revocación en cualquier momento, con la excepción del grado en que cualquier parte haya actuado en confianza al acuerdo. Cualquier revocación deberá enviarse por escrito a Key Risk, P.O. Box 14817, Lexington, KY 40512.

El abajo firmante autoriza la liberación de información y comunicación entre su proveedor médico (incluyendo sin limitación, laboratorios médicos, farmacias, gerentes de beneficios de farmacia y suministros médicos) y representantes de Key Risk Management Services/Berkley Insurance Company ("Key Risk").

Esta liberación de información aplica a todos los registros médicos aplicables, e información de pago de beneficios con respecto a cualquier enfermedad, lesión, historial médico, consulta, prescripción, tratamiento o beneficio y copias de todos los registros aplicables por lo consecuente, lo cual podrá ser apropiado o necesario a través del curso de este reclamo. Esta autorización específicamente incluirá, pero no se limitará a registros médicos, información médica e información de pago de beneficios en relación al tratamiento de SIDA, HIV, enfermedades mentales y problemas relacionados con el abuso de alcohol o drogas.

Para cumplir con leyes federales NO incluya pruebas genéticas o registros de antecedentes médicos familiares.

El abajo firmante también autoriza a la Administración de Seguro Social y los Centros de Medicare y Servicios (CMS, por sus siglas en inglés), sus agentes o contratistas, a liberar información a Key Risk en relación a mi lesión de compensación de trabajadores, fechas de derecho y cantidad de beneficios. El abajo firmante además autoriza a Key Risk a liberar cualquier porción de dicha información médica a sus aseguradoras, abogados, consultores de fondo de segundas lesiones, o a paneles de revisión médica, CMS, agencias de seguro estatal o de fraude, vendedores de administración de tratamiento, organizaciones industriales contra el fraude o del cumplimiento de la ley, organizaciones de investigación y reporte estadístico al grado que Key Risk considere hacerlo de manera apropiada o necesaria para propósitos de su administración del reclamo o programa de seguro bajo el cual el reclamo se haya realizado.

La información de sus registros revelada a Key Risk cuya confidencialidad es protegida por varias leyes estatales y federales. Cualquier divulgación adicional de esta información no podrá estar sujeta a ciertas protecciones provistas bajo las regulaciones de privacidad federales. A menos que se revoque antes por el abajo firmante, por escrito, esta autorización será válida por tres años después de que Key Risk haya cerrado el reclamo. Una copia de esta autorización será considerada válida como el original.

Firma del empleado

Firma del empleado: _____ Fecha: _____
Nombre del empleado: _____ Empleador: _____
Número de reclamo: _____ Fecha de nacimiento: _____



Letter of Introduction to Physician

Workers Compensation

Date: _____

Name of Provider: _____

Street Address or P.O. Box : _____

City, State Zip: _____

Dear Provider:

_____, an employee of, _____, has reported a possible work related injury or illness. We have filed a workers compensation claim with our carrier, Key Risk. Any authorization for treatment or referrals for additional treatment must be directed to Key Risk's claim call center at **866.847.8872**.

Key Risk will be responsible for making all compensability decisions regarding this workers compensation claim. If the claim is compensable, all medical bills will be paid directly by Key Risk under our workers compensation policy. Therefore, please forward all medical bills and medical reports (**note: bills cannot be processed without the appropriate supporting medical reports**) directly to:

**Key Risk
P.O. Box 14817
Lexington, KY 40512**

The injured employee understands that if the claim is found not to be a compensable claim, he or she will be responsible for all bills related to your treatment.

We appreciate your cooperation and assistance. If you have any questions, please contact Key Risk's client service call center at **866.847.8872**.


Employer

Employer Signature: _____

Date: _____

First Fill Prescription Form for Injured Workers



 **Instructions for: Employer** **Required Information*

Please complete this form before providing to Injured Worker

*Last Name, First Name: _____ *Date of Birth: _____ *Date of Injury: _____

*Employer Name: _____ *Social Security Number: _____

Instructions for: Injured Workers

To fill your initial (first) prescriptions for a workers' compensation injury, follow these easy steps:

- 1 Present this form at your local pharmacy within 15 days of the date you were injured
- 2 Locate a participating pharmacy closest to you by scanning the QR code to the right or visiting the website below

For assistance use the following tools:


 1-800-758-5779  www.healthsystems.com/pharmacy-search




Scan the QR code to visit our Pharmacy Search tool and locate a network pharmacy near you.

Instructions for: Pharmacists

Your pharmacy has contracted to participate in the Healthsystems Pharmacy Network. To dispense the patient's first fill for their workers' compensation prescription:


- 1 Indicate that this is a new workers' comp injury; do not process under an existing injury
- 2 Call the Healthsystems Customer Service Center:
 1-800-758-5779
- 3 Process using the **Member ID #** provided by Healthsystems

Prescription Processing Information:
Transmit prescription using the following

Healthsystems Customer Service Center:
 1.800.758.5779 (press 1 for retail pharmacy option)

BIN: 012874 **Carrier/Customer ID:** Key Risk

***Member ID:**
(provided by Healthsystems CSC representative)

 **Required Information*

Formulario de receta de primer llenado para trabajadores lesionados



Instrucciones para: Empleador

**Información requerida*

Por favor llene este formulario antes de entregárselo al Trabajador Lesionado

*Apellido, Nombre:

*Fecha de nacimiento:

*Fecha de lesión:

*Nombre del Empleador:

*Número de seguro social:

Instrucciones para: Trabajadores lesionados

Para llenar sus recetas iniciales (primeras) por una lesión de indemnización por accidente laboral, siga estos sencillos pasos:

- 1 Presente este formulario en su farmacia local dentro de los 15 días posteriores a la fecha en que se lesionó
- 2 Localice la farmacia participante más cercana a usted escaneando el código QR a la derecha o visitando el sitio web a continuación

Para obtener ayuda utilice las siguientes herramientas:

1-800-758-5779 www.healthsystems.com/pharmacy-search



Escanee en código QR para visitar la herramienta de Búsqueda de Farmacias en nuestro sitio web y encontrar una farmacia de la red cerca suyo.

Instrucciones para: Farmacéuticos

Su farmacia ha firmado un contrato para participar en la red de farmacias de Healthsystems. Para dispensar la primera receta médica de indemnización por accidente laboral del paciente:

- 1 Indique que se trata de una nueva lesión de indemnización por accidente laboral; no la procese bajo una lesión existente
- 2 Llame al Centro de atención al cliente de Healthsystems:
 1-800-758-5779
- 3 Procesar utilizando el # de ID de miembro proporcionado por Healthsystems

Información de procesamiento de recetas:

Transmita la receta utilizando lo siguiente

Centro de atención al cliente de Healthsystems:

1.800.758.5779 (presione 1 para la opción de farmacia minorista)

BIN:

012874

ID de Aseguradora/Ciente:

Intrepid Direct Insurance

***ID de miembro:**

(proporcionado por un representante de atención al cliente de Healthsystems)



**Información requerida*

Key Risk is the workers compensation insurance carrier for your employer. In the event of a workplace incident, our claim intake team is available 24/7 to provide immediate assistance and connection to an emergency-trained physician if any medical treatment is needed.

When You Call to Report an Injury/Illness:

- The team will ask a few questions and handle the claim filing process for you.
- Your employer will be automatically notified.
- You will be immediately connected to an emergency-trained physician if medical treatment is needed.
- If on-going medical care is needed, a referral will be made to an appropriate local provider.


For life-threatening injuries, call 911. While waiting for an ambulance to arrive, you can also call in for additional assistance from our emergency-trained physician.

In the event of needle sticks or other blood-borne exposures, notify your employer and seek immediate treatment at your closest medical center for evaluation.

When Calling, Be Prepared With:

- Employer Name
- Policy Number
- First & Last Name
- Date of Birth
- Social Security Number
- Home Address
- Phone Number
- Email Address

Provided below are two copies of your workers compensation insurance card for reporting a claim. **It is best practice to keep this in a work bag and/or wallet for easy access.** For your convenience additional copies of this card can be provided from your employer. Your card is valid only as long as your insurance remains in force. If you have any questions regarding the status of this insurance policy, please reach out to your employer.




Report a Workers Compensation Claim

Report an Injury or Illness 24/7:
1.866.687.0710 (English)
1.866.787.2810 (Spanish)

Call 911,
for any
life-threatening
injuries.

Employer:

Policy #:



Report a Workers Compensation Claim

Report an Injury or Illness 24/7:
1.866.687.0710 (English)
1.866.787.2810 (Spanish)

Call 911,
for any
life-threatening
injuries.

Employer:

Policy #:

The use of MedCall services and mobile app is limited to employers with an in-force workers compensation policy issued by a Key Risk administered carrier ("Covered Employer"), and a Covered Employer's employees who are covered under such policy and may have suffered an injury during the course and scope of their employment with the Covered Employer. Telemedicine and claims intake services are administered by MedCall Advisors, an independent telemedicine treatment provider. Access to MedCall Advisors services are provided as a service convenience to employers insured by Key Risk to support immediate claim reporting and access to medical care for their employees. Key Risk is not responsible nor liable for any advice, course of treatment, diagnosis or any other information, products or services obtained from MedCall Advisors. Additional information about MedCall Advisors can be found at the following link: <https://medcalladvisors.com/>