



Berkley
INDUSTRIALCOMP

| a Berkley Company

CLAIMS KIT





WELCOME TO BERKLEY INDUSTRIAL COMP!

Our Commitment to You

When an accident happens, we are committed to being there when you need us most. We know that the claims process can be confusing for everyone involved. That is why we believe in the importance of taking a proactive, personal approach to explain the process.

What does Claims mean to us? It means promptly investigating the incident, ensuring treatment is appropriate while related, and working to bring resolution to the claim through a successful return to work. Where settlement is appropriate, it means settling claims in a fair and timely manner. Claims is more than a Department. It is a team commitment to a solution driven, outcome focused approach.

How You Can Support Our Commitment

For the best outcome for all those involved, we request your timely participation in the claims process. It is your responsibility as the employer to send us the completed First Report of Injury (FROI). Claims can be easily reported by calling MedCall at 855-963-3225 (learn more on page 9). If you wish to utilize our portal to report a claim, you can access the sign in on our website at www.berkindcomp.com.

Berkley Industrial Comp highly encourages drug screenings to the extent of the law in your state. A drug screening should be included in the immediate medical treatment of every injured worker.

If you have any questions, please reach out to our Business Engagement Team by calling 800-448-5621 ext. 1159901 or via the virtual attendant by clicking on the green circle on the bottom right of our website.

We look forward to our partnership.

Sincerely,



Gregory R. Hamlin
SVP, Chief Claims Officer



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INDUSTRIAL**COMP**

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STEPS TO REPORT A CLAIM

HOW TO SUBMIT A FROI

At Berkley Industrial Comp, we pride ourselves on quick responsiveness to all inquires, especially when an incident occurs. Berkley Industrial Comp can help you through the workers' compensation process if you have an injured worker. Our primary concern is helping the injured worker get the care needed to get back to work in a timely manner.

To report your Workers' Compensation injury, please submit a First Report of Injury promptly (within 24 hours) following an injury. A report can be submitted to the Claims Team by entering the information through the **web portal at portal.berkleyindustrial.com (requires pre-registration).**



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CALL
PORTAL
EMAIL

855-963-3225
berkleyindustrial.com
firstreport@berkleyindustrial.com

MEDCALL COMPLETES THE FROI

If you utilize MedCall, the First Report of Injury is completed by their team. It is sent to Berkley Industrial Comp and the employer.

DON'T FORGET

Keep anything that might be important and submit items to the Claims Department A.S.A.P. – this could include items such as internal report documents, medical slips, pictures, etc.

PRESCRIPTION DETAILS

The Smith Rx provides injured workers with immediate access to an initial dose of medication to treat their work-related injury. There is no out-of-pocket cost to the injured worker and the program provides a 10-day supply of medication.

QUESTIONS/CONCERNS

Contact a Claims Specialist.

claimssupport@berkleyindustrial.com

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

These guidelines help organize the investigation of accidents and incidents involving employees, tools, equipment or material. All accidents and incidents should be investigated, regardless of how minor. The same conditions that cause a minor incident could lead to a major accident. The unsafe acts of workers and the unsafe conditions that cause accidents can be identified and corrected. It is your responsibility to find them, name them and correct them. This form should be completed during the shift that the incident occurs.

EMPLOYEE DATA

NAME OF EMPLOYEE _____ SSN _____
DATE OF BIRTH _____ JOB TITLE _____
DEPT _____ SHIFT HOURS _____
TIME ON PRESENT JOB _____ OVERTIME _____

INCIDENT DATA

DATE OF INCIDENT _____ TIME OF INCIDENT _____ DATE REPORTED _____
ADDRESS WHERE ACCIDENT OCCURRED _____
ON EMPLOYER PREMISES? Y/N ____ REPORTED TO WHOM _____
TITLE _____ DID EMPLOYEE RETURN TO WORK? _____
BRIEF DESCRIPTION OF INJURY/ILLNESS (BURN, FRACTURE, STRAIN, CUT, ETC.) _____

BODY PARTS AFFECTED _____
TREATMENT PROVIDED BY: DOCTOR ____ EMERGENCY ROOM ____ PLANT NURSE ____ SUPERVISOR ____
DID EMPLOYEE RECEIVE FULL PAY FOR THE DAY OF INJURY? _____
LIST ANY WITNESSES _____

INCIDENT DETAILS

JOB OR ACTIVITY AT THE TIME OF INCIDENT _____
DESCRIBE CLEARLY WHAT OCCURRED. INCLUDE DIAGRAM IF NEEDED.

WAS EMPLOYEE PERFORMING NORMAL JOB DUTIES? Y/N ____
WHAT ACT, FAILURE TO ACT OR CONDITION(S) CONTRIBUTED MOST DIRECTLY TO THIS
HAPPENING? PLEASE DESCRIBE ANY UNSAFE ACTS OR UNSAFE CONDITIONS _____

SUPERVISOR _____ DATE _____ MANAGER _____ DATE _____

DATE FORM COMPLETE AND BY WHOM _____

Please send all medical bills/supporting documentation and non-medical invoices to:
Berkley Industrial Comp, PO Box 14817, Lexington, KY 40512
Our electronic payer ID is J1524 via Jopari



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INFORME DE INVESTIGACIÓN DE INCIDENTES PARA EL SUPERVISOR

Estas instrucciones ayudarán a organizar la investigación de accidentes e incidentes que involucran a los empleados, herramientas, equipos o materiales. Todos los accidentes e incidentes deben ser investigados, independientemente de su causa o tamaño. Las mismas condiciones que provocan un incidente menor podrían conducir a un accidente grave. Los actos sin precaución de los trabajadores y las condiciones sin seguridad causan accidentes que se pueden identificar y corregir. Es su responsabilidad encontrar, definir y corregir toda índole de situación falta de seguridad. Este formulario informativo debe completarse durante el turno en que ocurra el incidente.

DATOS DE LOS EMPLEADOS

NOMBRE DEL EMPLEADO _____ NUMERO SOCIAL _____
FECHA DE NACIMIENTO _____ TÍTULO PROFESIONAL _____
DEPARTAMENTO _____ HORAS DE TRABAJO _____
TIEMPO DE TRABAJO _____ HORAS EXTRAS _____

DATOS DE INCIDENTES

FECHA DEL INCIDENTE _____ TIEMPO DEL INCIDENTE _____ FECHA REPORTADO _____
DIRECCIÓN DONDE OCURRIÓ EL ACCIDENTE _____
¿EN LAS INSTALACIONES DEL EMPLEADOR? S/N _____
TÍTULO DE LA PERSONA A QUIEN SE LA INFORMO _____
¿REGRESÓ EL EMPLEADO AL TRABAJO? _____
DESCRIPCIÓN DE LA LESIÓN O ENFERMEDAD (QUEMADURA, FRACTURA, DEFORMACIÓN, INCISIÓN, ETC)

PARTES DEL CUERPO AFECTADAS _____
TRATAMIENTO: MÉDICO __ SALA DE EMERGENCIA __ ENFERMERO DE PLANTA __ SUPERVISOR __
EMPLEADO RECIBIÓ PAGO COMPLETO POR EL DÍA EN EL QUE SE ACCIDENTO/LESIONO? _____
LISTA DE TESTIGOS _____

DETALLES DEL INCIDENTE/S

TRABAJO O ACTIVIDAD EN EL MOMENTO DEL INCIDENTE _____
DESCRIBIA CLARAMENTE LO QUE OCURRIÓ INCLUYA DIAGRAMA SI ES NECESARIO

¿EL EMPLEADO REALIZABA TAREAS LABORALES NORMALES? S/N _____
QUÉ ACTIVIDAD O FALTA DE ACTIVIDAD CONTRIBUYÓ MÁS DIRECTAMENTE A QUE SUCEDIERA EL
ACCIDENTE/INCIDENTE? POR FAVOR DESCRIBA CUALQUIER ACTO O FALTA DE MEDIDA DE SEGURIDAD
QUE CONTRIBUYO AL ACCIDENTE/INCIDENTE.

SUPERVISOR _____ FECHA _____ GERENTE _____ FECHA _____

FECHA COMPLETADA Y POR QUIEN _____

Envíe todas las facturas médicas / documentación de apoyo y facturas no médicas a:
Berkley Industrial Comp, PO Box 14817, Lexington, KY 40512





Prescription Benefits for your Workers Compensation Claim

Welcome to SmithRx!

Your employer's workers compensation carrier has chosen SmithRx to provide pharmacy benefits for their injured workers. Below is your First Fill card that will allow you to receive injury-related prescriptions at your local pharmacy.

What do I need to do?

If you need a prescription filled for a work-related injury or illness, visit an in-network pharmacy and provide this card to the pharmacist. Please ensure the card is completed in full before providing it to the pharmacist. The pharmacist will fill your prescription **at no cost to you**.

May I fill prescriptions at my usual pharmacy?

Most pharmacies, including all major chains, are included in this network. To find out if your preferred pharmacy is in network, please call: **(844) 414-0701**.

Is this my permanent card?

This card is valid for one-time use. You have 7 days from the date your injury was reported to utilize this card. If your workers compensation claim is accepted, you will receive a permanent pharmacy card in the mail. Once you receive it, please use the permanent card going forward.



SmithRx is the designated
PBM for this patient

Employer:** _____

First Name:** _____ Last Name:** _____

Date of Birth:** _____

Social Security Number: _____ *Please provide directly to Pharmacist*

Date of Injury: _____

NOTE TO PHARMACISTS:
ENTER RXBIN, RXPCN, AND GROUP

MEMBER ID # FORMAT IS DATE OF INJURY
AND SSN COMBINED AS FOLLOWS:
YYMMDD123456789

IF NO SSN, ALL 9s CAN BE USED

Pharmacist Support
844-414-0703

Rx Bin **019025**

Rx PCN **8001002**

Rx Group **AMIGFF**

** are required fields

Note to Cardholder: Present this card to the pharmacy to receive medication for your work related injury

Note: Your use of this workers compensation benefits card is limited to those prescriptions medically related to a workers compensation injury (covered under applicable state workers compensation laws).

Questions? Call 844-414-0701



Beneficios Farmacéuticos para su Reclamo de Compensación Laboral

¡Bienvenido a SmithRx!

La aseguradora de compensación laboral de su empleador ha elegido a SmithRx para proporcionar beneficios de farmacia a sus trabajadores lesionados. A continuación, encontrará su tarjeta de Primer Surtido, que le permitirá recibir recetas médicas relacionadas con su lesión en su farmacia local.

¿Qué debo hacer?

Si necesita surtir una receta médica por una lesión o enfermedad relacionada con el trabajo, visite una farmacia dentro de la red y entregue esta tarjeta al farmacéutico. Asegúrese de que la tarjeta esté completamente llenada antes de entregársela al farmacéutico. El farmacéutico surtirá su receta sin costo para usted.

¿Puedo surtir mis recetas en mi farmacia habitual?

La mayoría de las farmacias, incluidas todas las cadenas principales, están incluidas en esta red. Para saber si su farmacia preferida está en la red, llame al: **844-414-0701**.

¿Esta es mi tarjeta permanente?

Esta tarjeta es válida para un solo uso. Tiene 7 días a partir de la fecha en que se reportó su lesión para utilizar esta tarjeta. Si su reclamo de compensación laboral es aprobado, recibirá una tarjeta de farmacia permanente por correo. Una vez que la reciba, utilice la tarjeta permanente de ahí en adelante.



SmithRx es el PBM designado para este paciente

Empleador:** _____

Nombre:** _____ Apellido:** _____

Fecha de nacimiento:** _____

Número de Seguro Social: Por favor, entréguelo directamente al farmacéutico.

Fecha de la lesión: _____

** Los campos marcados con son obligatorios
Nota para el titular de la tarjeta: Presente esta tarjeta en la farmacia para recibir medicamentos relacionados con su lesión laboral.

NOTA PARA FARMACÉUTICOS:
INGRESE RXBIN, RXPCN, Y GRUPO

EL FORMATO DE NÚMERO DE IDENTIFICACIÓN DE MIEMBRO ES FECHA DE LESIÓN Y NÚMERO DE SEGURO SOCIAL COMBINADOS DE LA SIGUIENTE MANERA:
AAMMDD123456789

SI NO HAY SSN, SE PUEDEN USAR
TODOS LOS 9

Soporte para Farmacéuticos
844-414-0703

Rx Bin **019025**

Rx PCN **8001002**

Rx Group **AMIGFF**

Nota: El uso de esta tarjeta de beneficios de compensación laboral está limitado a aquellas recetas medicamente relacionadas con una lesión de compensación laboral (cubiertas por las leyes de compensación laboral estatales aplicables).

¿Preguntas? Llame al 844-414-0701



TOP 5 REASONS TO USE MEDCALL

1 FREE SERVICE

- Provided to all Berkley Industrial Comp Policy Holders
- First Report of Injury provided by MedCall making it easier on insured

2 TOP-NOTCH TELEMEDICINE

- Board Certified ER Physicians
- Minimum 10 years experience in the ER

3 SAVES TIME AND MONEY

- Berkley Industrial Comp covers the initial and follow up call so it does not affect the insured's EMOD
- Diagnosed on jobsite instead of costly time for injured worker and supervisor to travel to a clinic or ER

4 CUTS DOWN ON FRAUDULENT CLAIMS

- Injured worker immediately speaks to ER doctor
- Intake is very thorough with specific injury-related questions
- Call is recorded to verify facts after a claim is filed
- Timely reporting of claim

5 EASY TO USE:

Call

855-963-3225

WWW.BERKLEYINDUSTRIAL.COM

SAVE MONEY

SAVE TIME

FOCUS CARE

RETURN TO WORK PROGRAM

Keep your injured workers on the job instead of paying them to stay at home. Allowing an injured worker, who has temporary physical limitations, to return to work is one of the greatest methods of controlling workers' compensation costs.



BENEFITS TO THE EMPLOYEE

- + Still can be productive
- + Remains part of the work team
- + Receives needed support from co-workers
- + Less likely to suffer from related depression

BENEFITS TO THE EMPLOYER

- + Reduced Workers Compensation costs
- + Reduced lost work time due to injuries
- + No need for a fill-in employee
- + Improved employee attitude

If you have any questions about modified/light duty please feel free to contact us. We can provide assistance with identifying modified positions that might work for your organization.

ReEmployAbility

HOW DOES IT WORK?

ReEmployAbility arranges a transitional duty opportunity with a local nonprofit organization in the injured employee's community.

These organizations provide supervised volunteer assignments that can meet the medical requirements as outlined by the employee's treating physician.

WHAT CASES ARE APPROPRIATE?

The program is appropriate for employees with occupational or non-occupational disabilities where the employee has been released to modified duty and would benefit from a short-term transitional assignment.

Berkley Industrial Comp partners with ReEmployAbility to provide better service to our insureds and assist injured workers in returning to work.