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 800-448-5621 (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.berkleyindustrial.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 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

Gregory R. Hamlin
SVP, Chief Claims Officer

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Berkley INDUSTRIALCOMP

STEPS TO REPORT A CLAIM

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.

HOW TO SUBMIT A FROI

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 https://app.berkindcomp.com/ (requires pre-registration).**

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CALL 800-448-5621
PORTAL berkleyindustrial.com
EMAIL 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

HealtheSYSTEMS 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

Berkley INDUSTRIALCOMP®

berkleyindustrial.com | 800-448-5621

CLAIMS CHECKLIST

EVERYTHING YOU NEED, ALL IN ONE PLACE

Submit complete, accurate claims from the start so your employees get the care they deserve, faster.

1. Employee Information

- ☐ Full Name
- ☐ Social Security Number (SSN)
- ☐ Date of Birth (DOB)
- ☐ Marital Status
- ☐ Occupation
- ☐ Employee Home Address

2. Employment Details

- ☐ Employment Location
- ☐ Employment Class Code
- ☐ State of Hire
- ☐ Date of Hire
- ☐ Employment Status

3. Wage Information

- ☐ Average Weekly Wage
- ☐ Pay Rate
- ☐ Days Worked per Week
- ☐ Hours Worked per Day
- ☐ Full Pay for Last Day Worked

4. Injury Details

- ☐ Date & Time of Loss
- ☐ Loss Description
- ☐ Injury Type
- ☐ Injury Description
- ☐ Side of Body Affected
- ☐ Accident Location
- ☐ Date Employer Notified
- ☐ Initial Medical Treatment

Complete submissions = smoother process.

Our dedicated team is ready to advocate for your employees from day one.

QUESTIONS?

CONTACT OUR SUPPORT TEAM DIRECTLY. 800-448-5621

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

Berkley INDUSTRIALCOMP
a Berkley Company

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 tamano. Las mismas condiciones que provocan un incidente menor podrían conducir a un accidente grave. Los actos sin precaucion de los trabajadores y las condiciones sin seguridad causan accidentes que se pueden identificar y corregir. Es su responsabilidad encontrar, definir y corregir toda indole de situacion 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___
TITULO 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 ACIDENTE/INCIDENTE? POR FAVOR DESCRIBA CUALQUIER ACTO O FALTA DE MEDIDA DE SEGURIDAD QUE CONTRIBUYO AL ACIDENTE/INCIDENTE.

_____

_____

_____ _____

SUPERVISOR **FECHA** **GERENTE** **FETCHA**

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

Berkley INDUSTRIALCOMP
a Berkley Company

First Fill Prescription Form

for Injured Workers

Berkley INDUSTRIALCOMP®
a Berkley Company

Healthe SYSTEMS

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

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

For assistance use the following tools:

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

Instructions for: **Pharmacists**

Your pharmacy has contracted to participate in the Healthesystems 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 Healthesystems Customer Service Center: 1-800-758-5779
3. Process using the **Member ID #** provided by Healthesystems

Prescription Processing Information:

Transmit prescription using the following

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

BIN: 012874

Carrier/Customer ID: Berkley Industrial Comp

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

*Required Information

The injured worker, in many states, has the free, full and absolute choice in the selection of a pharmacy or pharmacist.
The above information is provided if the injured worker needs assistance in locating a pharmacy.

Formulario de receta de primer llenado

para trabajadores lesionados

Berkley INDUSTRIALCOMP® a Berkley Company

Healthe SYSTEMS

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.healthesystems.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 Healthesystems. 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 Healthesystems: 1-800-758-5779
3. Procesar utilizando el **# de ID de miembro** proporcionado por Healthesystems

Información de procesamiento de recetas:

Transmita la receta utilizando lo siguiente

Centro de atención al cliente de Healthesystems:

1.800.758.5779 (presione 1 para la opción de farmacia minorista)

BIN: 012874

ID de Aseguradora/Cliente: Berkley Industrial Comp

***ID de miembro:**

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

**Información requerida*

El trabajador lesionado, en muchos estados, tiene la elección libre, plena y absoluta en la selección de una farmacia o farmacéutico. La información anterior se proporciona si el trabajador lesionado necesita ayuda para localizar una farmacia.

24/7/365 PHYSICIAN CARE

Berkley INDUSTRIALCOMP

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

- 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 | 800-448-5621

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.

WWW.BERKLEYINDUSTRIAL.COM **PH** 800.448.5621 **FAX** 205.874.8292 **EMAIL** firstreport@berkleyindustrial.com