

The provider should photocopy this document while returning the original to the employee for use with all providers.

## Your Workers' Compensation Claim Ticket

This document shall act as your Identification Card for your workers' compensation insurance coverage. ***It is important to present this document upon arrival to any medical provider that is treating you for your work related illness or injury.*** If you have any questions regarding your workers compensation coverage or seeking care from a medical provider please contact adjuster listed below.

### EMPLOYEE INFORMATION



Patient's Name: \_\_\_\_\_  
 Participant: Washington County  
 Account Name: The Local Government Work Comp Fund  
 Date Of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Claim #:  
 Part of Body: Contact WC Adjuster

**THIS CLAIM TICKET DOES NOT CERTIFY  
 COMPENSABILITY OR GUARANTEE PAYMENT**

### EMPLOYEE RIGHTS AND RESPONSIBILITIES

You have the right to seek medical treatment from a medical provider of your choice listed below.

Facility	Address	City	State	Zip	Phone
Dr. Erin Bryant Doctor's Care	2811 West Market Street	Johnson City	TN	37614	423-928-2135
Dr. Michael Anders - Medworks of Johnson City	200 Med Tech Parkway, Ste. 108	Johnson City	TN	37614	423-915-5033
Dr. Thomas Avonda - Family Medical Assoc.	917 West Walnut Street	Johnson City	TN	37614	423-439-6464
Rebecca Sharrits, MD First Assist Urgent Care	395 Forest Cir. Ste. 100	Jonesborough	TN	37659	423-753-0721

Should there be need for a referral to another physician or specialty care you must contact the adjuster for prior authorization.

### RESTRICTED DUTY MAY BE AVAILABLE

Please contact Michelle Stewart @ 423-753-1, 22 to confirm and coordinate a return to restricted duty work.

It is your responsibility to notify both your supervisor and/or handling adjuster of any change in your work status. You should always obtain a work status report from your treating doctor after every office visit.

### EMPLOYER INFORMATION

#### SUPERVISOR

**If employee is severely injured call 911 for ambulance transportation to the nearest emergency center.**

You are responsible for making sure that your employee presented a claim ticket in order to obtain the necessary treatment.

Take a copy of this claim ticket with you to the clinic.

You are responsible for completing the first report of injury within 24 hours of notice of the injury. (Regardless whether the employee receives medical treatment or not.)

### PROVIDER INFORMATION

Please note that all inquiries concerning the compensability of a claim or questions concerning the payment of any billings should be directed to the handling adjuster.

#### Claims Contact Information

- Medical Only Adjuster Karla Bailey  
Phone: 615-360-1389 Fax: 615-360-5698
- WC Claims Adjuster Tish Harrington  
Phone: 615-360-0242 Fax: 615-360-5698
- Claim Supervisor Tina Lee  
Phone: 615-360-1379 Fax: 615-360-5698
- Claim Manager Karen Baskin  
Phone: 615-360-5685 Fax: 615-360-5698

Claim Ticket Valid for Date of Injury and Body Part Only

### PRECERT INFORMATION

Contact Careworks at 1-800-322-1276 for all requests for precertification including nurse case manager.

### BILL REVIEW

Questions concerning Bill review should be directed to Michael Hopkins at Careworks at 615-515-2415.

### PROVIDER BILL SUBMISSION

**All bills should be submitted to the following address:**

Careworks  
 Attn: Alternative Service Concepts  
 2000 Mallory Lane, Suite 130-601  
 Franklin, TN 37067

### DIAGNOSTIC STUDIES

Scheduling Services provided by : One Call Medical: 1-800-872-2875.

### DURABLE MEDICAL EQUIPMENT INFORMATION

Scheduling Services provided by MSC: 1-800-848-1989.

### PHARMACY INFORMATION

Please note all national pharmacies are participants in the prescription drug program.

Prescription Drug Card

Mitchell ScriptAdvisor

Temporary Prescription Benefit Card  
 Please contact Mitchell ScriptAdvisor at 1-866-846-9279 for the  
 Member ID #

Member Name:	
Member ID #:	
Rx BIN:	019082
PCN:	MPS