PRESCIENTNATIONAL

# Workers' Compensation
# Medical Provider Authorization & Billing Instructions

| | |
|---|---|
| Patient Name: | |
| Employer: | |
| Injured Body Part: | |
| Date of Injury: | |

Dear Medical Provider,

This letter will verify and authorize initial treatment for the above-mentioned employee's work-related injury. Please be advised that our Workers' Compensation administrator is **Prescient National Insurance Services, LLC**.

1. Please initial/sign the enclosed Transitional Duty Task List and return to Prescient National Insurance Services; please also return a copy to the injured worker to hand to their Supervisor. This will help in finding modified duty work within the limitations and capabilities outlined.

2. Confirm with the injured worker's Supervisor to determine whether or not a Post-Accident Drug Test is required. If yes, Prescient National recommends a 10-panel drug screen is performed to include the following substances:
   - Cocaine
   - Marijuana
   - Opiates (codeine, morphine, hydrocodone, hydromorphone)
   - PCP
   - Amphetamines (both prescribed and street amphetamines)
   - Benzodiazepines
   - Methadone
   - Oxycodones (oxycontin, Percocet)
   - Barbiturates
   - Buprenorphine

3. Submit all charges on CMS 1500 (red form), UB04 form, or accordingly on each state's industrial commission approved form. **Please include the claim number, medical notes and W-9 form.**
   Bills can be submitted using any of the following options:
   Secure file upload: www.prescientnational.com/file-upload
   Encrypted or secured email: vendoremails@prescientnational.com
   Fax: (704) 927-2867
   Mail: Prescient National Insurance Services, Attn: Claims, 217 South Tryon Street, Charlotte, NC 28202
   **Please do not send any invoices to the employer or injured worker*

4. Approved Providers: All Prescient National claims have the following partners associated:
   - Mitchell Medical Network
   - Helios Pharmacy Network

5. As a result of prescription cards issued to injured workers from our Pharmacy Benefits Manager, **ALL PHYSICIAN DISPENSED MEDICATIONS** are **NOT AUTHORIZED/HONORED** by Prescient National Insurance Services.

If you have questions, please call Prescient National Insurance Services at (704) 927-2860 or 1-866-710-0908.

Thank you,

X _____

Employer Representative

# Transitional Duty Task List: General Industry

Evaluating Physician: Please indicate tasks you feel are within the current physical capacities of the employee you are treating. All tasks have been classified as sedentary or sedentary/transitional and can be used to accommodate most types of injuries. Physical capacities of each task are available by fax.

- ☐ Manage incoming calls
- ☐ Make signs & posters
- ☐ Shred designated materials
- ☐ Stuff envelopes
- ☐ Make copies
- ☐ Distribute mail
- ☐ Update bulletin boards, newsletters
- ☐ Routine clerical work
- ☐ Data entry
- ☐ Greet guests & direct to appropriate department or staff member
- ☐ Manage inventory
- ☐ Organizing & filing
- ☐ Parking lot surveillance
- ☐ Pick up trash on property
- ☐ Cleaning/housekeeping
- ☐ Water and care for plants
- ☐ Conduct or assist with safety inspections
- ☐ Paint
- ☐ Other: _____

_____

_____

Comments: _____

_____

_____

Employee Name: _____

Signature: _____
Evaluating Physician

Date: _____