

Claim Reporting Web Form Instructions

Visit www.prescientnational.com and click on "Report a claim"



Browser requirements: Microsoft Edge, Mozilla Firefox, Google Chrome, or Safari. *Internet Explorer is NOT supported – use Microsoft Edge instead.*

***If you experience technical difficulties while completing the form, please call (704) 927-3274 for assistance.**

Step 1: Employer Information

Employer Name*

Employer Address*

City* State* Zip*
 AK

Is the accident address different from employer address?
 Yes

Policy Number

Employer Contact Name*

Employer Contact Email Address*

Employer Contact Phone*

 **Enter Employer Information in Step 1.**

*Fields marked with * denotes required fields.*

The Employer Contact Email denoted here will receive the claim number and additional claim forms, if necessary.

Step 2: Claimant Information

Last Name*

First Name* Middle Name

Claimant's Preferred Language

Address*

City* State* Zip*
 AK

County*

Home Phone
 e.g. 7048675309

Work Phone
 e.g. 7048675309

Date of Birth (MM/DD/YYYY)*
 mm / dd / yyyy

Social Security Number (Digits only, No dashes)*
 e.g. 123456789

Gender*

Smoker*


Marital Status

Number of Dependents

Height
Feet Inches

Weight (approximate in lbs.)

How satisfied is claimant with their job?*

 **Enter Claimant Information in Step 2.**
Claimant SSN, home address, and birthdate are required.

[Next](#)

Step 3: Accident Information

Date of Injury* Time of Injury*

Date the Employee reported injury to Employer*

Did more than one day pass between date of injury and date injury was reported to the Employer?
 Yes

Whom was the claim reported to?*

Body part injured?*

Diagnosis of Injury*

Cause of Injury*

Accident Description*

On employer's premises?* Are there any witnesses?*

Please attach photo or video of accident scene
 No file selected.

 **Enter Accident Information in Step 3.**

In this section, you can upload witness statements and photos/videos from the accident scene.

Step 4: Employment Information

Supervisor name* Supervisor phone number*

Describe claimant's occupation and job duties:*

Attach detailed job description:
 No file selected.

Class Code Date of Hire

Employment Status* Number days worked per week*

Number of hours worked per day* Shift

Is Employee paid salary or by the hour?*

 **Enter Employment Information in Step 4.**

In this section, you will be able to upload a job description.

Step 5: Subrogation

Are there any other contributing parties that may have caused the accident?*

Do you have a police report?*

 **Enter Subrogation Information in Step 5.**

In this section, you will be able to upload a police report (if applicable).

Step 6: Medical Treatment

Type of treatment received:*

 **Enter Medical Treatment Information in Step 6.**

Step 7: Return to Work Information

Was the employee paid for the date of injury in full? * Has the employee been out of work? *

 Enter Return to Work Information in Step 7.

[Next](#)

Step 8: Additional Questions

Do you have any reason to question the injury or accident?*

 Enter Additional Information in Step 8.

Was a Post-Offer Medical Questionnaire completed?*

Was a Post-Accident Drug Screen completed?*

Do you know of any prior or ongoing medical conditions?*

Has the employee ever injured this body part in the past?*

Do you know of any concurrent employment?*

Was there a safety violation?*

Do you know of any prior workers' compensation claims the employee has filed?*

Additional Comments:

Attachment :

No file selected.

[Back](#)

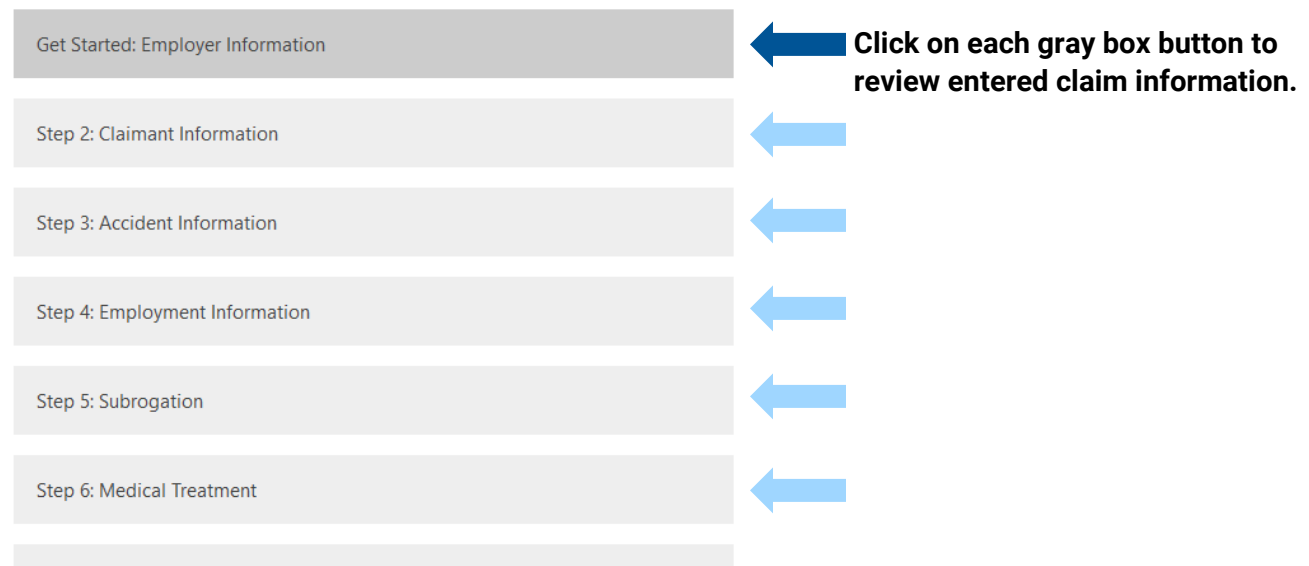
[Review](#)

 Click this button to review all information entered.

Review Page

Expand each of the steps by clicking on each gray box:

Please review the claim report details entered. To view information from each step, click on the heading to expand each section. If you need to make an edit to any of the sections, please do so on this page. Once you've completed your review of the claim report details, click the "Send" button at the bottom of this page to submit the claim to Prescient National.



Get Started: Employer Information

Step 2: Claimant Information

Step 3: Accident Information

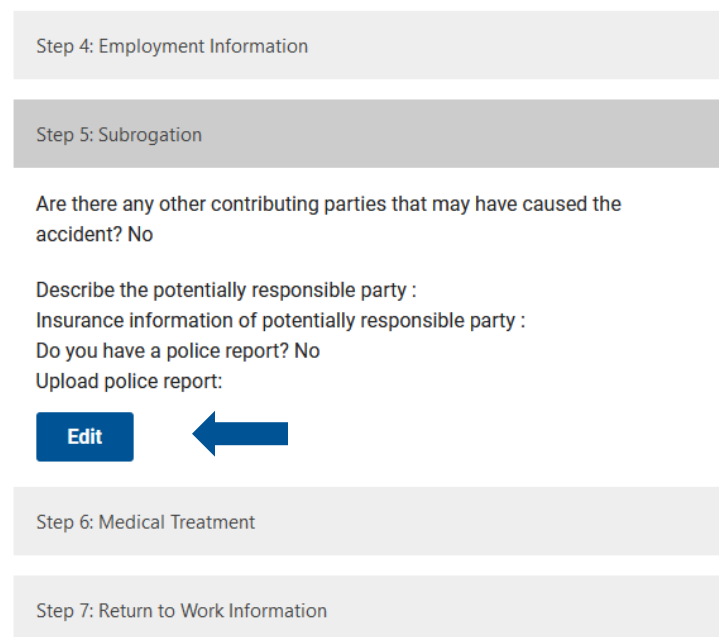
Step 4: Employment Information

Step 5: Subrogation

Step 6: Medical Treatment

Click on each gray box button to review entered claim information.

If you need to make an edit to any of the fields, click on the "Edit" button within the section.



Step 4: Employment Information

Step 5: Subrogation

Are there any other contributing parties that may have caused the accident? No

Describe the potentially responsible party :

Insurance information of potentially responsible party :

Do you have a police report? No

Upload police report:

Edit

Step 6: Medical Treatment

Step 7: Return to Work Information

Step 7: Return to Work Information

Step 8: Medical Treatment

Please PRINT this page before submitting the claim to Prescient National for a detailed claim submission record.

After submitting this form, you will receive a confirmation message on the following page. If you do not receive a confirmation message, your form has not been successfully received by Prescient National. Please call 1-866-710-0908 if you need to speak to a representative regarding issues with submitting the online claim report.

Back

Send

← **After reviewing entered claim information, go to File → Print in your browser window to save a detailed copy of the claim report for your records.**

← **Click on the "Send" button to submit the first report of injury to Prescient National.**

After the First Report of Injury has been successfully received by Prescient National, you will receive a message similar to the below image. **If you did NOT receive a confirmation message, your First Report of Injury Form has **not been submitted to Prescient National. You will need to complete the claim report process again.***

Your First Report of Injury submission for Jane Doe, Date of Injury 2021-01-01 12:30 PM, has been successfully received.

Following submission, the injured employee may receive a Claims packet via mail, if necessary, including the assigned claim number and any necessary forms to fill out and return for completion of the claims investigation. The employer will receive the assigned claim number and any necessary claims information via email.

Should you have any questions or concerns, please contact our Claims department at 1-866-710-0908 or claims@prescientnational.com. For more information regarding the Claims process, please visit www.prescientnational.com.

Thank you for submitting the First Report of Injury for Jane Doe, Date of Injury: 2021-01-01 12:30 PM, Employer: ABC Company

*If you experience technical difficulties, please call (704) 927-3274 for assistance. Please keep your website browser open in case screenshots are needed for troubleshooting.