

Emergency Treatment: Essential Information for Employers

Please complete during initial emergency treatment and submit to Prescient National with First Report of Injury.

Employee Name: _____ Date of Accident: _____

Employee Date of Birth (if available): _____ Employee SSN (if available): _____

Place of Accident: _____

Employee transported by: Ambulance Private vehicle

If ambulance, name of EMS service: _____

Did EMS administer pain medication? Yes No Unknown

Employee who accompanied injured worker to Emergency Room: _____

Phone number: _____

Hospital providing emergency services: _____

Was employee seen at another facility prior to ER (i.e., Urgent Care, local hospital)? Yes No

If yes, name of facility: _____

Please complete the following activities:

Inform Charge Nurse this is a workers' compensation injury and inquire if a drug test can be performed.

If drug test was not performed, notify Prescient National ASAP at 1-866-987-0042

If able, have employee sign drug test release and give to Charge Nurse.

Communicate with employee's emergency/family contact.

Name: _____ Phone: _____

Ask for details of care and expected length of hospital stay.

Notes:

Report claim on prescientnational.com/report-a-claim or prescientnational.intellifroi.net*

*Registered users only

Email this form to claims@prescientnational.com

REMINDER: If a drug test was not performed, notify Prescient National ASAP at 1-866-987-0042

Prescient National Insurance Services, LLC

PO Box 32788 · Charlotte, NC 28232

(704) 927-2860 · prescientnational.com

Medical & Drug Test Authorization

The undersigned person hereby consents to, and by the Authorization or any photocopy hereof authorizes the collection of and release to Prescient National Insurance Services, their designated laboratory, Medical Review Officer or any other agent or employee of Prescient National Insurance Services by any hospital, medical clinic, physician, or any other provider of medical services, treatment, or supplies of any and all laboratory specimens, i.e. blood and/or urine, collected on _____ for the purpose of drug and/or alcohol testing by an independent laboratory.
(Date of injury)

The undersigned understands and hereby acknowledges that the information above or certain portions thereof, may be protected from disclosure without this signed Authorization by Federal and State privacy and confidentiality laws. Further, the undersigned person understands and acknowledges that the refusal to sign this Authorization could affect their workers' compensation claim and/or employment based on state statutes, laws and/or any employment agreement in effect.

This Authorization shall automatically expire without express revocation on the 31st day after the signature date of this authorization; and prior to such time shall be subject to revocation with respect to all or any particular records at any time by the undersigned person in writing delivered to the holder of such records except to the extent that action has already been taken in reliance upon this Authorization.

Date: _____ Injured Employee: _____
(Print Name)
Injured Employee: _____
(Signed Name)
Witness: _____
(Print Name)
Witness: _____
(Signed Name)

The undersigned person DOES NOT consent to the above authorization and understands that the refusal of a drug and/or alcohol test could negatively affect his/her workers' compensation claim and/or employment.

Date: _____ Injured Employee: _____
(Print Name)
Injured Employee: _____
(Signed Name)
Witness: _____
(Print Name)
Witness: _____
(Signed Name)

Billing Information for Emergency Treatment

Employee Name: _____ Date of Accident: _____

Employee Date of Birth: _____ Employee SSN: _____

Employer Name: _____

Registration Staff,

This letter will verify that the above-mentioned employee has been injured on the job. All bills must be accompanied by medical notes and should be sent to the Workers' Compensation administrator:

Prescient National Insurance Services
PO Box 32788
Charlotte, NC 28232

You may also securely upload files online at www.prescientnational.com/file-upload for faster processing.

*Please do not send any medical bills to the patient.

PLEASE NOTE: This is a workers' compensation injury and medical notes are REQUIRED to be included with all bills for payment. Bills without medical notes will be denied and returned without payment.

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

Workers' Compensation Claim | Emergency Room Visit To Do List

IMMEDIATE ACTION

1. Transport the injured worker to the hospital by calling 911 or through another safe means of transportation.
2. Go with the injured worker or meet them at the hospital.
 - a. Inform Registration Staff that this is a workers' compensation injury and all bills and medical notes should be sent to Prescient National:
Prescient National Insurance Services Securely upload medical notes & bills:
PO Box 32788 or www.prescientnational.com/file-upload
Charlotte, NC 28232
P: (704) 927-2860 F: (704) 927-2867
 - b. If able, have the injured worker sign the Medical & Drug Test Authorization for the drug test and hand to the Charge Nurse.
 - c. Explain to the Charge Nurse that this is a workers' compensation claim and inquire if a drug test can be performed; charges will be honored and paid within 30 days.
3. Assist with phone calls to the injured worker's family that are necessary or requested.
4. Get as much information as possible on the injured worker's expected treatment and length of hospital stay. Document information on the Emergency Treatment: Essential Information for Employers form and submit to Prescient National with First Report of Injury.

TO DO By end of injury day

1. **If the facility refuses to perform a drug test, contact Prescient National to speak with our Nurse Analyst as soon as possible to discuss details of the drug testing request and any other pertinent medical information you may know.**

Call: **1-866-987-0042**

Have available:

- Full name of injured worker with correct spelling
- Date of birth
- Social Security Number
- Hospital location name (if treated at a different hospital initially, both locations are needed)
**If you reach voicemail, please leave ALL above information on a recorded voicemail message.*

2. Report the claim to Prescient National.
Online: www.prescientnational.com/report-a-claim
Intelligent Claim Reporting Platform: prescientnational.intellifroi.net **Registered users only*
3. Obtain pictures of the accident scene prior to its spoilage. Pictures from a mobile device are acceptable.