

Need to file a Workers' Compensation claim?

We make the process easy and stress free.

At Great American, we understand that filing a claim can be stressful. That's why we give you multiple ways to report your claim.

Before reporting your claim, please have ready:

- Your policy number
- Complete and accurate information regarding the claim.



Report Online

To use the app, you will first need to register on the Great American Insured Portal

<https://insuredportal.gaig.com>

- 1. Click the Request Access link**
- 2. Complete the Policyholder Registration form**
- 3. Confirm the Insured Portal system generated "Identity Verification" email**

Preregistration Required



Call our reporting center
877-836-1555



We support employers' return to work plans, and make every effort to assist you with yours. Please report a claim as soon as you are aware of it. We are available 24 hours a day, seven days a week!

Thank you for choosing Great American Insurance Group!

Great American Insurance Group, 301 E. Fourth St., Cincinnati, OH 45202. Policies are underwritten by Great American Insurance Company, Great American Assurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, Great American Security Insurance Company and Great American Spirit Insurance Company, authorized insurers in all 50 states and DC. The Great American Insurance Group eagle logo and the word marks Great American® and Great American Insurance Group® are registered service marks of Great American Insurance Company. © 2020 Great American Insurance Company. All rights reserved. 4642-ALT-1 (5/20)



Accident Information:

- Loss date and time of injury
- Date injury/occurrence reported to employer
- Time the accident was reported
- Who was the claim reported to?
- Supervisor name
- City, state, county where accident occurred
- Employer/Insured name, phone number
- What was employee doing at the time of the accident?
- Last date employee worked
- First full work day lost as a result of this injury
- Did the employee receive wage continuation (pay while off work due to injury)?
- Has employee returned to work?
- Date returned
- Was there a witness to the accident?
- Name, address and phone number of witness(es)

Employee Information:

- Name, physical home address, county, and home phone
- Date of birth, Social Security number, gender, marital status
- Regular occupation
- Department where employee regularly works
- State in which the employee was hired
- Name, address, phone number of contact person

Medical Provider Information:

- Name of clinic/doctor's office where employee was treated
- Name of treating physician, address, phone
- Name, address and phone number of hospital where employee was treated following injury

After you report a claim, the Claim Reporting Center:

- Assigns your claim to an Alternative Markets Claim professional who will contact you and your employee to acknowledge the claim and initiate the process.
- Provides you with a copy of the First Report of Injury.
- Sends this report directly to the state either by mail or electronic submission, based on your state's requirements.



EMPLOYER'S REPORT OF OCCUPATION INJURY OR DISEASE INSTRUCTIONS FOR EMPLOYERS

The Pennsylvania Workers Compensation Law as amended in 1972 provides as follows:

ARTICLE IV, SECTION 43B "An Employer shall report all injuries received by employees in the course of or resulting from their employment immediately to the employer's insurer. If the employer is self-insured such injuries shall be reported to the person responsible for management of the employer's compensation program.

"An employer shall report such injuries to the Department of Labor and Industry by filing directly with the department on the form it prescribes a report of injury within forty-eight hours for every injury resulting in death, and within three days* after the date of injury for all other injuries except those resulting in disability continuing less than the day, shift, or turn in which the injury was received. A copy of this report to the department shall be mailed to the employer's insurer forthwith.

"Reports of injuries filed with the department under this section shall not be evidence against the employer or the employer's insurer in any proceeding either under this act or otherwise. Such reports may be made available by the department of other State or Federal agencies for study or informational purposes."

*Not before seven days but no later than 10 days after injury per rules and regulations of the Bureau.

The Accident Reporting Act of 1937 provides as follows:

Section 2 "ANY person, firm, or corporation having knowledge of the occurrence of such personal injury or death to any employee, in the course of or resulting from his employment, who shall fail to make report as aforesaid, shall, upon conviction thereof in a summary proceeding, be sentenced to pay a fine of not more than one hundred dollars (\$100.00), or undergo imprisonment for not more than thirty (30) days, or both, at the discretion of the court. (As amended by Act of March 10, 1937, P.L. 56.)"

The employer's reporting form (DIDC-344,8/77) has been redesigned to provide essential information in a more orderly sequence. The form consists of an original and five carbon copies, each copy serving an essential function as per instructions on the lower one-third part of each copy. The upper two-thirds portion of the report, which includes questions 1 through 37, should be filled out with typewriter or heavy printing in order to assure clear carbon copies. Each question should be answered wherever applicable in order to provide the insurer sufficient information to pay any compensation payments that may be due within the time limitations as provided in the following section:

ARTICLE IV, SECTION 400.1 "The employer and insurer shall promptly investigate each injury reported or known to the employer and shall proceed promptly to commence the payment of compensation due either pursuant to an agreement upon the compensation payable or a notice of compensation payable as provided in section 407, on forms prescribed by the department and furnished by the insurer. The first installment of compensation shall be paid **not later than the twenty-first day after the employer has notice or knowledge of the employer's disability.** Interest shall accrue on all due and unpaid compensation at the rate of ten per centum per annum. Any payment of compensation prior or subsequent to an agreement or notice of compensation payable or greater in amount than provided therein shall, to the extent of the amount of such payment or payments, discharge the liability of the employer with respect to such case."

Needless to say, accuracy in completion of all questions is very important, especially concerning the dates in the first section of the top of the report. The identification information in the upper right-hand corner must be completed in all instances. In order to provide a clear understanding on the use of this reporting form, an explanation of each copy follows.

1. ORIGINAL COPY

Special attention is directed to instructions on the reverse side of this copy which must be followed in all instances. If there is any possibility at all that the injured employee will be entitled to disability benefits (loss time beyond the seven-day waiting period) the wage information must be completed so the insurer can immediately compute the proper compensation rate due the employee. If lost time is not involved and the claim only involves medical expenses, then the wage information is not necessary for the insurer.

Once the original copy has been completed as fully as possible, it should be signed by the person making out the report whose full name should be indicated under question 11. The original report is then sent immediately to your workers' compensation insurer whose name and address should already be printed or stamped in the block in the lower right-hand corner.

Nothing should be inserted in the column along the right-hand side of the report as this is for Bureau use only in connection with statistical coding.

2. BUREAU COPY

In accordance with the rules and regulations of the Bureau, the Bureau copy of this report is to be sent to the Department at the address indicated in the upper left-hand corner **not before seven days but no later than 10 days after the date of injury** (see instructions on the reverse side of the original copy).

While it is necessary to send the original copy of the report immediately to your insurance carrier, the Bureau copy should be held for at least seven days so that the information at the bottom of this copy can be checked. This will serve to advise the Bureau if the claim involved lost time or is otherwise compensable and avoid the necessity of communication with the employer or insurance carrier. At least one of the blocks under question 1 should be checked.

Since the Bureau copy will not be sent to the Department for seven days, the purpose of question 2 is to advise if there had been a change of status of the claim since the original copy was sent to the insurance carrier. Probably one of the most common example of this would be where an employee lost not time from work initially but by the time the Bureau copy is due to be sent he is losing time from work. Not only should this information be indicated under question 2, but this insurance carrier should also be notified in the event disability may be involved: **NOTE:** This should not be confused with the Change of Status Report (salmon colored) which is only used in the event the employer has already sent the Bureau copy to the Department. (Example: Reopening of a previous claim.)

3. EMPLOYER COPY

Article IV, Section 439, provides as follows:

"Every employer shall keep a record of each injury to any of his employees as reported to him or of which he otherwise has knowledge. Such record shall include a description of the injury, a statement of any time during which the injured person was unable to work because of the injury, and a description of the manner in which the injury occurred. These records shall be available for inspection by the department or by a governmental agency at reasonable times."

This report has been designed to comply with OSHA reporting requirements and, if completed properly, should serve as a copy for OSHA.

4. MEDICAL COPY

The medical copy is designed to expedite medical information to the insurance carrier so that it can properly evaluate the claim and make payments where applicable with the time limits of the Workers' Compensation law. In order to accomplish this, the medical copy must either be sent directly to the physician treating the injured employee or given to the employee to take on his first trip to the physician. It is important that this copy get into the hands of the treating physician as soon as possible and, if mailed, should be done on the day the report of injury is prepared.

The copy contains instructions to the physician which are self-explanatory.

5. CHANGE OF STATUS REPORT (Salmon Colored)

THIS COPY IS TO BE USED ONLY WHERE THE EMPLOYER PREVIOUSLY REPORTED THE INJURY TO THE BUREAU AND, FOR REASONS CHECKED IN THE APPLICABLE BLOCK, THE CLAIM STATUS HAS CHANGED. The most common example of this is where an employee's disability has recurred requiring the reopening of his claim. It is important the Bureau be advised immediately of any such change in order to reactivate its records. Any such change should also be reported to the insurance carrier and this can be accomplished by sending a photostat of this copy to the insurance carrier.

6. INSURED EMPLOYEE'S COPY

This copy must be sent or personally handed to the injured employee after it has been completed by the employer. This will serve as a notice to the employee that the employer is reporting his claim as required. This will also allow the employee to check the accuracy of the information on the report. In addition, the employee is given a resume on the reverse side of this form of what to expect from his claim.

The proper use of this employer's reporting form and its copies will provide the required and essential information to all parties involved so that the injured employee's compensation claim can be handled in accordance with the law and the rules and regulations of the Bureau of Occupational Injury and Disease Compensation.

Attention is called to the full address of the Bureau in the upper left-hand corner of the report and to the toll free telephone number. The Bureau encourages the use of the telephone in the event an employee, an employer, or an insurance carrier has any question concerning a workers' compensation matter.

**WORKERS' COMPENSATION
MEDICAL REPORT FORM**

THIS FORM IS TO BE FILED WITH THE EMPLOYER OR INSURER ACCORDING TO INSTRUCTIONS PROVIDED ON THIS FORM.

Name of employee _____

Name of employer _____

Name of insurer _____

WCAIS claim number _____ Date of birth _____

Employee SS# XXX-XX-____-____-____ Date of injury _____

Or
WC ID number _____

Date of report _____

Provider name _____

Provider address _____

Contact person _____ Telephone _____

Health care providers shall complete and submit the appropriate HCFA billing form and needed documentation to the employer. If the employer is covered by an insurer, the appropriate billing form and documentation is to be sent to the insurer. The LIBC-9 form and required accompanying documentation shall be submitted within 10 days of commencing treatment and at least once a month thereafter, as long as treatment continues. **If a provider does not submit the required medical reports in the prescribed format, the employer/insurer is not obligated to pay for such treatment until the required report is received by the employer/insurer.**

Documentation shall include (where pertinent) claimant's history, diagnosis, description of treatment and services rendered, physical findings and prognosis including whether or not there has been recovery enabling the claimant to return to work with or without limitations, and specific restrictions, if any, regarding return to work. Bills for follow-up visits should include progress/office notes to support the diagnosis and codes billed.

Providers may not charge for documentation supporting a claim for payment. Providers may charge their usual fee for special reports specifically requested by the employer/insurer. All patient information shall be submitted with the knowledge of the patient and must be maintained as confidential by the employer/insurer. The employer/insurer shall not be liable to pay for treatment until the required documents have been provided.

Listed on the reverse are guidelines for the completion of billing forms and submission of records.

BILLING FORM GUIDELINES:

Requests for payment of medical bills shall be made either on the HCFA Form 1500 or the UB92 Form, or any successor forms required by HCFA/CMS. Forms must be signed or typed with the name of the provider. Name and signature (if signature is used) must match.

Cost-based providers shall submit a detailed bill including service codes and rev codes consistent with the service codes and rev codes submitted to the Bureau of Workers' Compensation on the detailed charge master.

Until a health care provider submits bills on one of the forms specified above, employers/insurers are not required to pay for the treatment billed.

MEDICAL REPORT FORM GUIDELINES:

This form must be submitted within 10 days of initial treatment and monthly thereafter, and must be accompanied by documentation to support the billing.

Suggested supporting documentation:

Physicians — Office notes

Physical/Occupational therapists — Daily treatment records/notes with physician referral

Pharmacies — NCD#, amount dispensed, RX#

DME vendor — Medicare/HCPC code, certificate of medical necessity

Chiropractors — Treatment notes

Ambulance providers — Medicare codes, notes/reports

X-ray/MRI facilities — Reports

Lab Facilities — Test results

Anesthesia services — ASA code, base/time units, anesthesia record

Hospitals — Records from area providing the service (e.g. emergency, outpatient surgery...)

Inpatient hospital admissions — H&P, discharge summary, operative report (if applicable)

CORFs & Rehabilitation Centers — Daily treatment notes, including physician orders

Ambulatory surgery centers — Notes and reports

General for all providers: Use the most appropriate and specific HCFA/CMS coding on billing.
When using miscellaneous codes, include detailed description of services.

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information
Services**
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

**REMEMBER: IT IS IMPORTANT
TO TELL YOUR EMPLOYER
ABOUT YOUR INJURY**

The name, address and telephone number of your employer's workers' compensation insurance company, third-party administrator (TPA), or person handling workers' compensation claims for your company, are shown below.

Employer Name: _____ **Date Posted:** _____

IF INSURED:
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of Insurance Company: _____ Name of TPA (Claims administrator): _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

Insurer Code: _____

IF SELF-INSURED
(Complete all applicable spaces)

**IF SOMEONE OTHER THAN SELF-INSURER IS
HANDLING CLAIMS:**
(Complete all applicable spaces)

Name of person handling claims at
the self-insured: _____ Name of TPA (Claims administrator): _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

Insurer Code: _____

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Hearing Impaired
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Email
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*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*

Establishing a Managed Care Panel

Great American Insurance Group has contracted with Procura/Optum to provide customizable Physician and Clinic Networks for our insureds. These networks provide injured workers with industry leading care and medical treatment at significant cost savings to employers.

Most states have specific guidelines governing the right for an employer or employee to direct care in the event of an industrial injury. Some states require the establishment of a Medical Panel for the initial treatment of work-related injuries. Due to the significant cost savings associated with Medical Panels, Great American – Alternative Markets recommends that employers establish medical Panels for all work locations.

Mandatory Panel States: GA, PA, TN, VA

Medical Provider Network (Opt-in): California

Medical Panels will need to be established BEFORE you have your first claim. Please fill out the below questionnaire listing all work locations and send to:

AlternativeMarketsAccountServices@GAIG.COM

Once received, you will be contacted by a member of our account services team to discuss the needs of your business and how to best construct the medical panel that will deliver appropriate coverage to your employee population.

Questionnaire

Named Insured: _____

Location: _____

Address: _____

Contact name: _____

Contact phone number: _____

Employee count: _____

Current network: Yes No