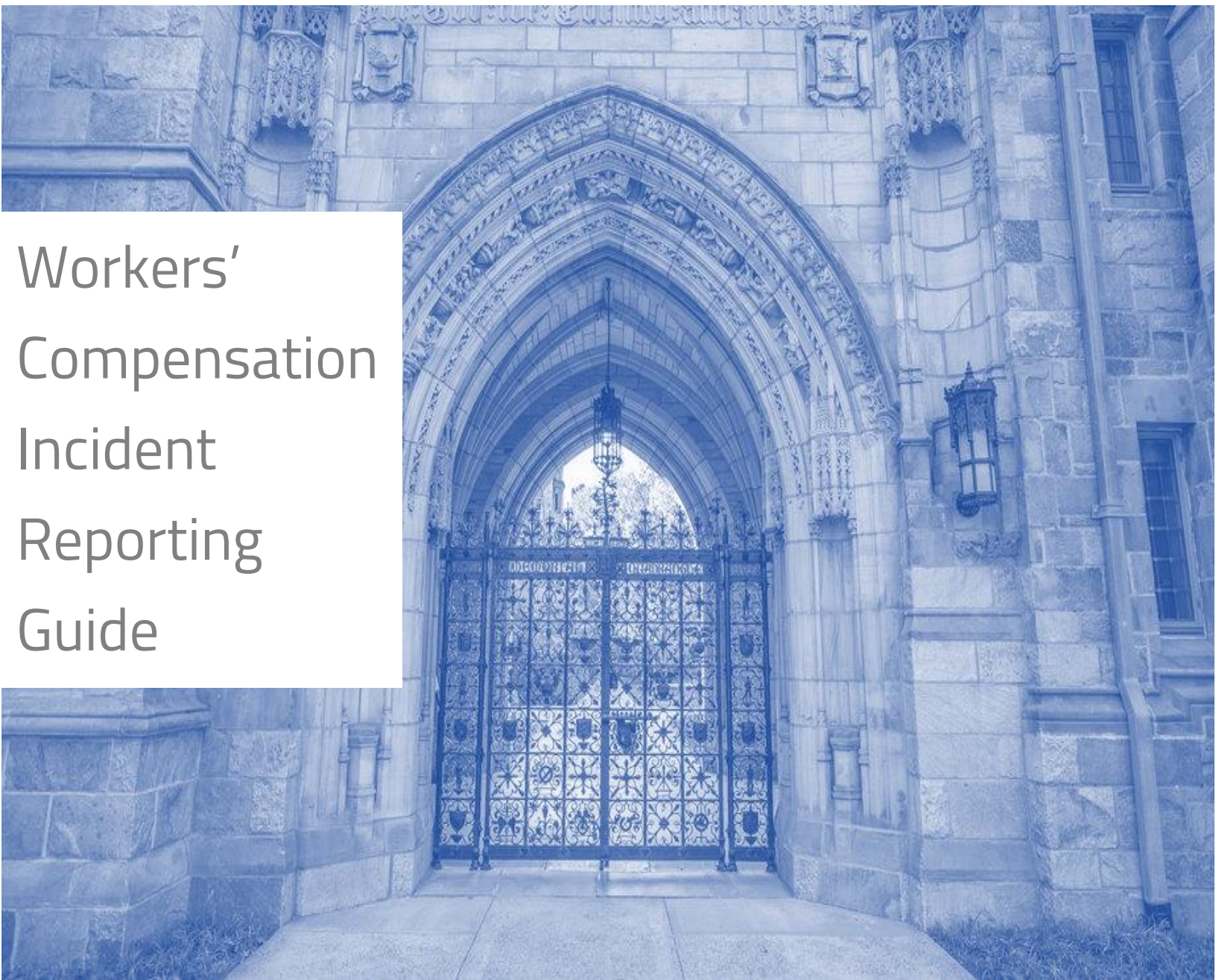




+

Yale

Workers'  
Compensation  
Incident  
Reporting  
Guide



---

## Preface

Incident Reporting in Care<sup>mc</sup> includes three different types of reports – medical and non-medical Incident Reports of Injury/Illness and Initial Treatment Guides – to close the gap between the incident and the First Notice of Loss (FNOL), potentially preventing minor injuries from becoming complex claims and improving return to work results.

## Benefits

- Reduces lag time between incident and processing/reporting thereby reducing overall claim costs
- Provides a guided process for employers and their employees
- Pharmacy info and First Fill Card included in Initial Treatment Guide
- Ease of Use and Functionality – single process application reduces duplicate records while new features provide flexibility
- PPO search and selection pre-fills subsequent forms and reports

## Intake Reports

Incident Reporting includes three reports:

1. A medical Incident Report of Injury/Illness includes information about a workplace incident occurrence that requires immediate medical treatment or there is an expectation of medical treatment in the future.
2. A non-medical Incident Report of Injury/Illness includes information about a workplace incident occurring without medical treatment and with no expectation of medical treatment in the future.
3. You can create an Initial Treatment Guide to make an initial report of a workplace injury, and provide the injured worker with an authorization form to take to the physician's office for initial treatment, and fill an initial prescription.

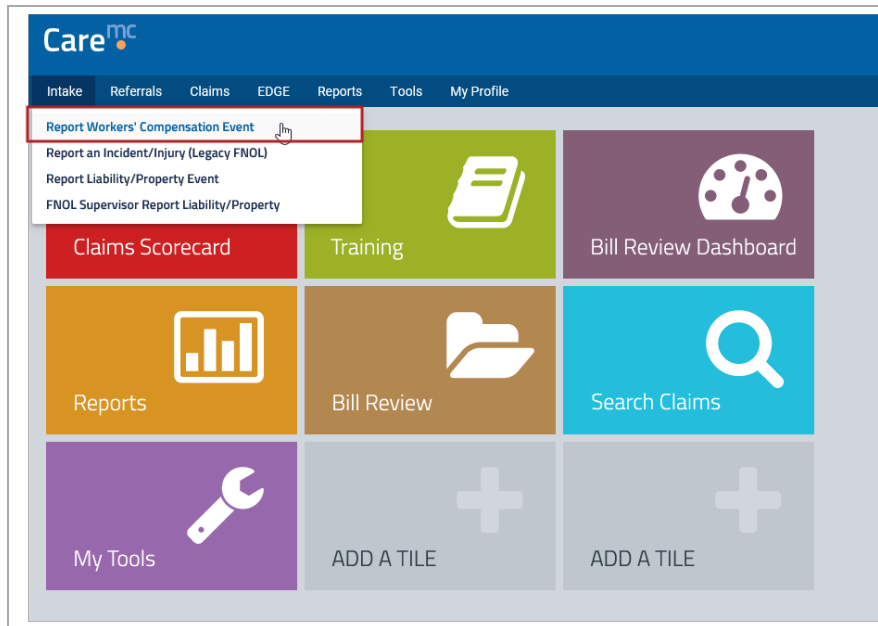
## Terms Used in this Guide

Incident reports commonly referred to as First Report of Injury (FROI) are also called First Notice of Loss (FNOL). Caremc uses the term FNOL.

Claimant, Injured Worker (IW), or Employee all refer to the injured person involved in the incident you are reporting.

## Getting Started

To create a new Intake form, click Intake > Report Workers' Compensation Event



The Claim Intake screen appears.

The screenshot shows the 'Claim Intake' screen. The top navigation bar includes 'Intake', 'Referrals', 'Claims', 'EDGE', 'Reports', 'Tools', and 'My Profile'. The page title is 'Claim Intake' with a 'Create New Form' button. A search bar is present with the text 'Search by Claim Number or Claimant Name' and a 'Search' button. Below the search bar is an 'Advanced Search' link. A table of claims is displayed with columns: Claim Number, Claimant, Date of Injury, Jurisdiction, Source, Status, Customer, Employer Location, Tags, and Action. The table contains six rows of data.

Claim Number	Claimant	Date of Injury	Jurisdiction	Source	Status	Customer	Employer Location	Tags	Action
AB-20-010053	Duck, Donald	09/30/2019	CA	Internet	Completed	ACME Brands	West - Operations		<a href="#">View</a>
AB-20-010052	Donne, James	09/30/2019	OR	Internet	Completed	ACME Brands	East - Manufacturing		<a href="#">View</a>
AB-20-010046	Lauer, Colby	09/24/2019	OR	24/7	Completed	ACME Brands	North - Manufacturing		<a href="#">View</a>
AB-20-010041	Smith, Sam	09/22/2019	OR	Internet	In Progress	ACME Brands	West - Manufacturing		<a href="#">Continue</a>
AB-20-010017	Testing, Testing	08/19/2019	FL	Phone	Completed	ACME Brands	East - Manufacturing		<a href="#">View</a>
AB-20-010012	TFSMATRilleucsf, AutoFName	07/28/2019	OR	24/7	In Progress	ACME Brands	South - Operations		<a href="#">Continue</a>

# Search

When you enter the Claim Intake screen, a list will generate including intake forms in all status types. To narrow the results, you may run a search using the claim number or claimant's name.

Claim Intake

Create New Form

Search by Claim Number or Claimant Name

Search

Advanced Search

If the Search does not narrow the results enough, click on Advanced Search to bring up other filter options you may use.

## Advanced Search

Use Advanced Search to search by additional criteria.

Claim Intake

Create New Form

Search by Claim Number or Claimant Name

Search

Advanced Search

From the Claim Intake screen, click Advanced Search. The Advanced Search screen appears. If you would like intake forms completed through the Legacy FNOL process, click the Include Legacy FNOLs box.

The Legacy FNOLs are read only and cannot be edited or changed.

Claim Intake

Create New Form

Search by Claim Number or Claimant Name

Search

Claim Number

Claimant Last Name

Claimant First Name

Claimant SSN

Source

Employer Location

Created By Last Name

Tags

Date of Birth

Status

Date of Injury From

Creation Date From

☐ Include Legacy FNOLs

Customer

Jurisdiction

Date of Injury To

Creation Date To

Hide Advanced Search

Search

## Advanced Search Fields

Source	Description
Claim Number	Starts with
Claimant Last Name	Starts with

Claimant First Name	Starts with
Claimant SSN	Full or last four (4)
Date of Birth	Equals
Customer	Pick-list
Source	Pick - list
Status	Pick-list
Jurisdiction	Pick-list
Employer Location	Starts with
Date To Date From	Equals
Date of Injury To	Equals
Created by Last Name	Starts with
Creation Date From	Equals
Creation Date To	Equals

# Payroll Feed

If a customer currently has a payroll feed set up with CorVel, a payroll feed check is automatically completed. If a match is found and selected the information populates the appropriate fields.

## Report an Injury

Source \*  
Mail

Contact First Name  
Ima

Contact Last Name  
Supervisor

Contact Callback Number  
503-555-1212

Contact Email  
Ima\_Supervisor@Acme.com

### Injured Employee

First Name \*  
John

Middle

Last Name \*  
Smith

Employee ID Number

Date of Birth  
mm/dd/yyyy

Social Security Number  
- -

☐ SSN is unknown

Date of Injury  
mm/dd/yyyy

Search

Name	SSN	DOB	EEID#	City/State	Customer	Action
John Smith	***-**-1122	04/22	00000000	Portland, OR	Acme	Select

If you cannot find the employee, please continue to Employer Location Search.

Next

1. Select Next.

## Claim Intake

Discard Save as Draft

Customer: N/A Claimant: Martinez, Daniel Claim Number: N/A

Report an Injury

Employer

Incident

Details

Review & Submit

Customer  
Search for or select a Customer

Location

TPA

Address

City

State

Zip

Clear All

Clear Location

Search



When a payroll feed finds the employee and the SSN is a match, you click Select to choose that employee. If the employee is not on the list, click Next without selecting anything to move to the Employer Location search.

Report an Injury

Source \*  
Mail

Contact First Name  
Ima

Contact Last Name  
Supervisor

Contact Callback Number  
503-555-1212

Contact Email  
Ima\_Supervisor@Acme.com

Injured Employee

First Name \*  
John

Middle

Last Name \*  
Smith

Employee ID Number

Date of Birth  
mm/dd/yyyy

Social Security Number  
- -

☐ SSN is unknown

Date of Injury  
mm/dd/yyyy

Search

Name	SSN	DOB	EEID#	City/State	Customer	Action
John Smith	***-**-1122	04/22	00000000	Portland, OR	Acme	Select

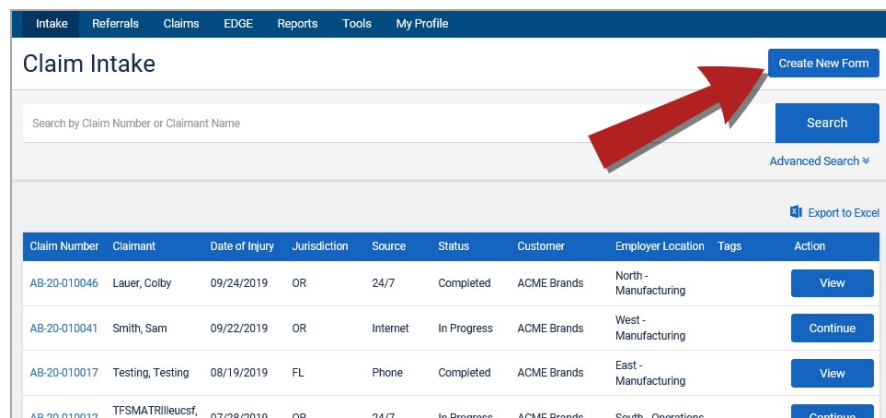
If you cannot find the employee, please continue to Employer Location Search.

Next

6

## Create a New Claim Intake Form

The Claim Intake screen displays a list of claims currently in process or completed. To report an injury click the Create New Form.



The screenshot shows the 'Claim Intake' screen. At the top, there is a navigation bar with links: Intake, Referrals, Claims, EDGE, Reports, Tools, and My Profile. Below the navigation bar, the title 'Claim Intake' is displayed. To the right of the title is a 'Create New Form' button, which is highlighted by a red arrow. Below the title is a search bar with the placeholder text 'Search by Claim Number or Claimant Name' and a 'Search' button. Below the search bar is an 'Advanced Search' link. Below the search bar is a table with columns: Claim Number, Claimant, Date of Injury, Jurisdiction, Source, Status, Customer, Employer Location, Tags, and Action. The table contains four rows of data. The first row is for claim number AB-20-010046, claimant Lauer, Colby, date of injury 09/24/2019, jurisdiction OR, source 24/7, status Completed, customer ACME Brands, employer location North - Manufacturing, and action View. The second row is for claim number AB-20-010041, claimant Smith, Sam, date of injury 09/22/2019, jurisdiction OR, source Internet, status In Progress, customer ACME Brands, employer location West - Manufacturing, and action Continue. The third row is for claim number AB-20-010017, claimant Testing, Testing, date of injury 08/19/2019, jurisdiction FL, source Phone, status Completed, customer ACME Brands, employer location East - Manufacturing, and action View. The fourth row is for claim number AB-20-010012, claimant TFSMATRilleucsf, date of injury 07/28/2019, jurisdiction ND, source 24/7, status In Progress, customer ACME Brands, employer location South - Manufacturing, and action Continue.

Claim Number	Claimant	Date of Injury	Jurisdiction	Source	Status	Customer	Employer Location	Tags	Action
AB-20-010046	Lauer, Colby	09/24/2019	OR	24/7	Completed	ACME Brands	North - Manufacturing		<a href="#">View</a>
AB-20-010041	Smith, Sam	09/22/2019	OR	Internet	In Progress	ACME Brands	West - Manufacturing		<a href="#">Continue</a>
AB-20-010017	Testing, Testing	08/19/2019	FL	Phone	Completed	ACME Brands	East - Manufacturing		<a href="#">View</a>
AB-20-010012	TFSMATRilleucsf	07/28/2019	ND	24/7	In Progress	ACME Brands	South - Manufacturing		<a href="#">Continue</a>

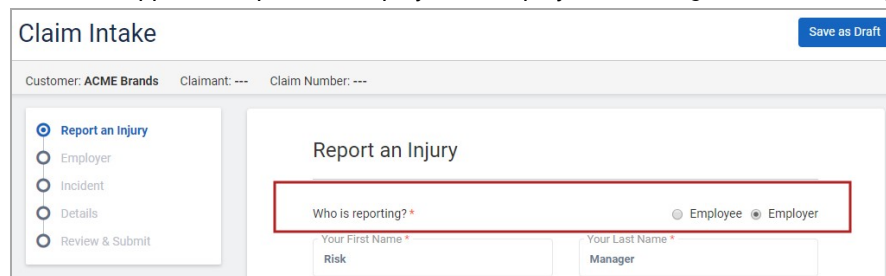
The Report an Injury window will open. The boxes containing a red asterisk are required. Any additional information you are able to complete will help speed up the process.

If there is an information icon next to the box, float over the icon for help in choosing the correct option.



The screenshot shows the 'Where did the incident occur?' form. It has two main fields: 'Accident State' and 'Hire State'. Both fields have a red asterisk indicating they are required. The 'Accident State' field has an information icon (i) next to it. A red arrow points to the 'Accident State' field. A tooltip is visible over the 'Accident State' field, stating: 'This is where the accident occurred. For instance, if a New York employee is traveling to Michigan and suffers an injury in Michigan, Michigan will still apply its workers compensation laws to that injury.'

Select the applicable option of Employee or Employer, reflecting whom is entering the report.



The screenshot shows the 'Report an Injury' form. It has a sidebar with a list of steps: Report an Injury, Employer, Incident, Details, and Review & Submit. The 'Report an Injury' step is selected. The main form area has a 'Who is reporting?' field with a red asterisk, indicating it is required. Below this field are two radio buttons: 'Employee' and 'Employer'. The 'Employer' radio button is selected. Below the radio buttons are two text fields: 'Your First Name' and 'Your Last Name'. Below these fields are two text fields: 'Risk' and 'Manager'. A 'Save as Draft' button is located at the top right of the form.

If the name or phone number is not correct update the information. Indicate who is providing the information, if it is not the supervisor obtain their title.



**Claim Intake** Save as Draft

Customer: **ACME Brands** Claimant: --- Claim Number: ---

- Report an Injury**
- Employer
- Incident
- Details
- Review & Submit

### Report an Injury

Who is reporting? \* ☐ Employee ☒ Employer

Your First Name \*  Your Last Name \*

Your Callback # \*  Ext  Your Email

Are you the employee's supervisor? \* ☐ Yes ☐ No

Provide the injured employee's information. In order to move forward, the information with a red asterisk must be completed.

### Injured Employee

First Name \*  Middle  Last Name \*

Employee ID Number  Date of Birth

Social Security Number  ☐ SSN is unknown

Date of Injury

Search

If the Social Security Number is unknown click the box next to SSN is unknown.

When the SSN is unknown is checked the SSN in the claim profile screen will show SSN Needed as a reminder to update the social security number when obtained.

**Claim Details - Herbert, George: AB-19-010059 [EC]**

Incident/Injury | Contacts | Medical | Financial | Documents/Notes | Legal | Services | Reference | New Service Referral | All

Claim Type: Workers' Compensation				Flags
Status	Active	Date of Incident	01/20/2019	Employer
Multiple Claims	Yes	Date of Hire		East - Manufacturing
SSN	SSN Needed	Marital Status		Customer
Date of Birth	02/15/1980	Jurisdiction State	OR	ACME Brands
Gender	Male	Jurisdiction Claim No		Adjuster
		Policy Effective Date		
		Policy Term Date		Policy

When all known information is input click Search. Care<sup>mc</sup> system searches for [duplicate claims](#) and the form automatically saves as a Draft.

Until the form is completed, the system will automatically save as a draft while the form is in process. You are also able to click on Save as Draft to manually save the information.

Claim Number: ---

### Report an Injury

Who is reporting? \* ☐ Employee ☒ Employer

Your First Name \*  Your Last Name \*

Save as Draft

# Employer

Confirm the Customer information is correct. If not, choose the correct Customer from the list.

Claim Intake

Customer: ACME Brands Claimant: Mouse, Minnie Claim Number: ---

Report an Injury  
Employer  
Incident  
Details  
Review & Submit

Customer: ACME Brands

Location: TPA:

Address: City: State: Zip:

Clear All Clear Location Search

Enter any other known information to narrow the results of the Employer Search. Once all known information is input, click Search. Depending on the information provided the results will show levels of locations for the Customer chosen.

Claim Intake

Customer: ACME Brands Claimant: Mouse, Mickey M Claim Number: ---

Report an Injury  
Employer  
Incident  
Details  
Review & Submit

Customer: ACME Brands

Location: TPA:

Address: City: State: CA - California Zip:

Clear All Clear Location Search

Your search returned 1 location(s).

Location	Address	City	State	Zip	TPA	Action
ACME Brands (1 of 2 Shown)						
ACME Brands (1 of 2 Shown)						
Region 2 (1 of 2 Shown)						
South West (1 of 2 Shown)						
West (1 of 3 Shown)						
West - Operations	2010 Main St.	Irvine	CA	926...	CorVel Enterprise Comp	Select

Review the location choices and click Select for the location applicable for the claim. Care<sup>mc</sup> provides a message asking for verification the selected location is accurate. Click OK to proceed.

Claim Intake

Customer: ACME Brands Claimant: Mouse, Mickey M Claim Number: ---

Report an Injury  
Employer  
Incident  
Details  
Review & Submit

Customer: ACME Brands

Location: TPA:

Address: City: State: CA - California Zip:

Clear All Clear Location Search

Your search returned 1 location(s).

ACME Brands > Acme Brands > Region 2 > South West

Location

West (1 of 3 Shown)

West - Operations

2010 Main St. Irvine CA 926... CorVel Enterprise Comp

Message from webpage

The selected employer is West - Operations, 2010 Main St., ACME Brands

OK Cancel

# Incident Summary

Using the drop down menus, complete the questions with all known information.

Claim Intake

Save as Draft

Customer: **ACME Brands**   Claimant: **Smith, Thomas**   Claim Number: ---

Report an Injury

Employer

**Incident**

Details

Review & Submit

Incident

What is the severity of the injury?

Severity \*

Minor

Moderate

Severe

Type of Care

Where did the incident happen?

The following will provide definitions of the Severity of Injury to help you choose the correct severity level:

Severity	Type of Care
Severe	Emergency Fatality Hospitalized <24 Hrs Initial & Major Med/Lost Time & Perm. Disb. Anticipated In-Patient Out-Patient
Moderate	Clinic Emergency Hospitalized < 24 Hrs Initial & Major Med/Lost Time & Perm.Disb.Anticipated Office Visit

10

Severity	Type of Care
Minor	1st Aid Clinic Emergency Minor: By Employer Minor: Clinic / Hospital No Medical Treatment Office Visit

When all the questions are complete Click Check for Duplicates

Customer: ACME Brands Claimant: Mouse, Mickey M Claim Number: --- [Save as Draft](#)

- Report an Injury
- Employer
- Incident**
- Details
- Review & Submit

Accident State \*  
CA - California

In order to determine the proper Jurisdiction, please select from the following:

Hire State \*  
CT - Connecticut

Primary Work State \*  
CA - California

Jurisdiction: CA - California

When did the incident happen?

Date of Injury \*  
09/30/2019

Who was injured?

First Name \*  
Mickey

Middle  
M

Last Name \*  
Mouse

Employee ID Number  
762934568

Date of Birth  
11/18/1928

Social Security Number  
\*\*\*-\*\*-1928

☐ SSN is unknown

[Check for Duplicates](#)

[Previous](#)

If the system does not find any duplicates, the following message displays:

No matches found based on criteria. Please add/revise criteria or continue to Employer Location Search.

If duplicates are found, a screen displays the possible matching claims:

**Duplicate Check**

Current Intake Information

Claim Number:	AB-20-010057	Claimant:	Mouse, Mickey	SSN:	1928
Date of Birth:	11/18/1928	Employee ID:	762934568	Home State:	---
Date of Injury:	09/30/2019	Primary Body Part:	---	Customer:	ACME Brands
Source:	Internet	Modified By:	Manager, Risk	Modified Date:	10/02/2019
Status:	In Progress				

Does a report below match the same incident / injury you are reporting? If so, click "Select" on the matching entry to discard the current intake, otherwise click the "Ignore & Continue" button.

Claim Number	Claimant Name	DOI	Primary Body Part	State	Source	Status	Action
AB-20-010055	Mouse, Mickey	09/30/2019	Thumb	CA	Internet	Completed	<a href="#">View</a> <a href="#">Select</a>

[Ignore & Continue](#) [Close](#)

From this screen, you can click:

- View - takes you to the details of the possible duplicate. The claim displays as read-only.
- Select - if you want to continue the intake process on the chosen incident. The current intake process will stop and will be automatically archived.

A confirmation screen appears and indicates the new form will be archived and the existing intake claim will be selected. Click Yes.

**Confirm Action**

The following claim intake is going to be discarded and archived in the system:

Claim Number: AB-20-010057

Claimant: Mouse, Mickey

Date of Injury: 09/30/2019

You are about to proceed with the claim intake that you selected in the matching grid:

Claim Number: AB-20-010055

Claimant: Mouse, Mickey

Date of Injury: 09/30/2019

Are you sure you want to proceed?

[Yes](#) [No](#)

To continue to work on the current intake, click Ignore & Continue.

### *Edit Incident Summary*

If you need to edit Accident State, Hire State or Primary Work State within the Incident Summary screen once you have saved and moved onto Details, click on Incident Summary on the side menu and click on Edit Incident Summary. This may only be completed if the intake form has not been saved and submitted.

Incident Summary

Edit Incident Summary

---

Employer Information

Customer:

ACME Brands

Location:

West - Operations

Location

2010 Main St.

Street

Address:

City:

Irvine

State:

CA

Zip:

92614

SIC/NAICS:

---

You will then be able to change any of the state qualifiers for the jurisdiction.

Incident Information

Where did the incident happen?

Accident State \*

NC - North Carolina

In order to determine the proper Jurisdiction, please select from the following:


Hire State \*

NC - North Carolina

Primary Work State \*

NC - North Carolina

Jurisdiction: NC - North Carolina

 **Warning!** If more than one of the chosen States are changed, this may change the Jurisdiction for the claim. Once all changes are complete, make sure the Jurisdiction is set to the correct State.

## Details

### Employee / Claimant

Now the Intake form is ready to enter the employee/claimant information.



Customer: **ACME Brands**    Claimant: **Mouse, Mickey M**    Claim Number: **AB-20-010055**

Incident Summary

Details

**Employee**

Occurrence

State Specific

Customer Specific

Documents

Review & Submit

### Employee / Claimant

#### Employee Information

First Name \*  
Mickey

Middle  
M

Last Name \*  
Mouse

Suffix

Employee ID Number  
762934568

Date of Birth  
11/18/1928

Email Address

Social Security Number \*  
\*\*\*-\*\*-1928

☐ SSN is unknown

Hire Date  
mm/dd/yyyy

Hire State \*  
CT - Connecticut

Gender \*  
Male

Marital Status

State Where Payroll Taxes are Filed

Required fields are marked by a red asterisk \*

Using the Drop Down Menu to make a selection appropriate to the Employee's information. Select the Body Part and Body Part Side and click on Add Body Part. All intake reports must have at least one body part listed. Up to 14 body parts made be added during the intake process. Once all information is provided Click Next.

Address * 123 Main Street		Suite, Apt., Box
City * Hollywood	State * CA - California ▼	
Zip * 12345	Zip + 4	Home Phone * (443)-555-1212

### Employment Related Information

Occupation/Job * Operator ▼		
Alternative Phone Type ▼	Alternative Phone ( ) -	Ext
Employment Status Regular/Full-Time Employee ▼	Hours Per Day Worked 10	
Days Per Week Worked 5	Work Week Type Standard ▼ ⓘ	
Wage Amount \$200.00	Wage Period Weekly ▼ ⓘ	
Full pay for the date of injury? <input checked="" type="radio"/> Yes <input type="radio"/> No		

### Body Parts

Body Part ▼	Body Part Side ▼	Add Body Part
Body Part	Body Part Side	
Hand	Right	🗑️

Previous	Next
----------	------

## Occurrence

Enter information about the injury.

The screenshot shows the 'Occurrence' section of a web form. On the left is a sidebar with a vertical list of steps: Incident Summary (checked), Details (selected), Employee (checked), Occurrence (selected), State Specific (checked), Customer Specific (checked), Documents (unchecked), and Review & Submit (checked). The main content area is titled 'Occurrence' and contains a section 'Occurrence Information'. This section includes several input fields: 'Date of Injury' (09/30/2019), 'Time of Injury' (12:00 AM), 'Time Zone' (PT), 'Date Employer Notified' (09/30/2019), 'Date Admin Notified' (09/30/2019), 'Nature of Injury' (Crushing), 'NCCI Cause of Injury' (Struck or Injured By MATERIAL HANDLING), 'Date Last Worked' (09/30/2019), 'Date Disability Began' (09/30/2019), 'Return to Work Date' (09/30/2019), and 'Return To Work Type' (Restricted - Full). Required fields are marked with a red asterisk.

Required fields are marked by a red asterisk \*

Using the Drop Down Menus, select the appropriate options reflecting the information about the occurrence.

This screenshot shows the 'Care/Treatment Information' section of the form. The sidebar is identical to the previous screenshot. The main content area includes a 'Severity Of Injury' dropdown menu set to 'Moderate'. Below this are four questions with radio button options: 'Death Result of Injury?' (Yes/No), 'Salary Continued?' (Yes/No), 'Report Only?' (Yes/No), and 'Questioning Validity of Injury?' (Yes/No). The 'Care/Treatment Information' section includes a 'Type of Care' dropdown menu set to 'Clinic', and two more questions with radio button options: 'Seeking Medical Treatment?' (Yes/No) and 'Was Employee Hospitalized?' (Yes/No).

This screenshot shows the 'Accident Information' section of the form. The sidebar is identical to the previous screenshots. The main content area includes an 'Intake Source' dropdown menu set to 'Internet', a 'Location Name' text field, a 'Street Address' text field, a 'Suite' text field, a 'City' text field, a 'State' dropdown menu set to 'CA - California', a 'Zip' text field, a 'Zip + 4' text field, a 'County' text field, and an 'Accident Location Desc.' text field. Required fields are marked with a red asterisk.

Once all information is provided Click Next.

Description of Accident \*

Was setting down heavy box, crushed thumb beneath it.

Additional Details

Were safeguards provided?

☐ Yes
☐ No
☒ Unknown

Were safeguards used?

☐ Yes
☒ No
☐ Unknown

Did Accident Occur on Employer Premises?

☒ Yes
☐ No
☐ Unknown

Previous

Next

## State Specific

The next screen to appear is the State Specific screen. If the jurisdiction requires specific information you will enter that information here. If there is no required information click Next.

State Specific

The following Claim Intake questions are requested by Oregon.

# of Dependents

Previous

Next

## Customer Specific

The next screen to appear is the Customer Specific screen. If the customer requires anything specific, the information will be requested and input here. Once complete, or if there are no customer specific requirements, click Next.

Customer Specific

The following Claim Intake questions are requested by ACME Brands.

Employee Identification Number

Previous

Next

Enter the information and click Next.

## Contacts

All of the previously entered contact information is provided in this view. Additional contacts may also be entered by clicking Add Contact.

Add Contact

Contact Information

Contact Type

Contact Type is required.

Priority

Main

Prefix

First Name

Middle Name

Last Name

Suffix

At least Company Name or First and Last Name are required.

Company Name

Job Title

Contact Location

Address Line 1

Address Line 2

City

State

Zip Code

Zip Code Ext

Contact Communication

Communication Preference

Work Phone

Work Phone Ext

Cell Phone

Home Phone

Fax

Email

At least one communication is required.


Confirm

Cancel

18

**Add Contact**

### Contact Information

Contact Type  

- Carrier
- Case Manager
- Claimant Attorney
- Claimant Emergency Contact
- Claimant Supervisor
- Claimant's Contact
- Claims Manager
- Client - Alternate Contact

Company Name

Middle Name

### Contact Location

Address Line 1

City  State

### Contact Communication

Communication Preference

Work Phone

Providing either a Company Name or First and Last Name of the contact are required.

### Contact Information

Contact Type

Company Name

Job Title

Priority

Prefix

First Name

Middle Name

Last Name

Suffix

Provide any Address information you have on the contact.

### Contact Location

Address Line 1

Address Line 2

City

State

Zip Code

Zip Code Ext

A communication preference is required. Select one option for the Communication Preference drop down menu. Additional phone, fax and e-mail information may also be provided in the Contact Communication section.



Contact Communication

At least one communication is required.

Communication Preference: Email

Work Phone: ( ) - -

Work Phone Ext: -

Cell Phone: ( ) - -

Home Phone: ( ) - -

Fax: ( ) - -

Email: -

Once all known contact information is complete, click Confirm to return to the Contacts list.

Contact Communication

Communication Preference: Email

Work Phone: (503)-555-1212

Work Phone Ext: -

Cell Phone: ( ) - -

Home Phone: ( ) - -

Fax: (503)-555-1213

Email: williamm@smithlyons.com

Confirm Cancel

At this point, you may continue to add another contact or click Next to move forward in the intake completion process.

Contacts

Add Contact

Priority	Contact Type	Name	Communication Preference
Main	Claimant Supervisor	ff, dd	Work Phone
Main	Claimant Attorney	Marshall, William	Email - williamm@smithlyons.com

Previous Next

## Edit a Contact

If a contact is manually added to the intake it may be edited through the intake process. Click on the Edit icon.

Contacts

Add Contact

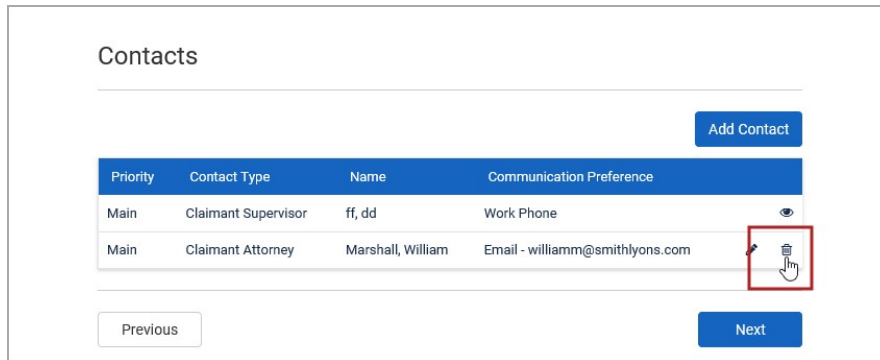
Priority	Contact Type	Name	Communication Preference
Main	Claimant Supervisor	ff, dd	Work Phone
Main	Claimant Attorney	Marshall, William	Email - williamm@smithlyons.com

Previous Next

This opens the contact information in an edit mode and additional information or correcting existing information may be completed. Once Complete click Confirm to save changes.

## Delete a Contact

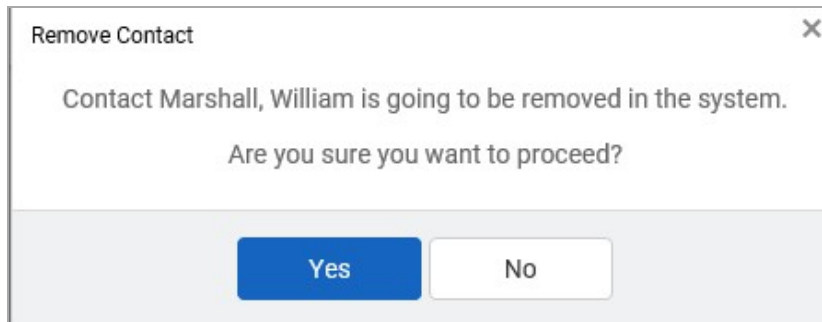
If a contact is manually input the contact may be deleted from the Contacts list during the intake process. To delete the contact click the Delete icon.



The screenshot shows a web interface titled "Contacts". At the top right is a blue "Add Contact" button. Below it is a table with the following columns: "Priority", "Contact Type", "Name", and "Communication Preference". The table contains two rows: one for "Main" priority, "Claimant Supervisor" type, "ff, dd" name, and "Work Phone" preference; and another for "Main" priority, "Claimant Attorney" type, "Marshall, William" name, and "Email - williamm@smithlyons.com" preference. To the right of the second row, there is a delete icon (a trash can) which is highlighted by a red rectangular box. Below the table are two buttons: "Previous" on the left and "Next" on the right.

Priority	Contact Type	Name	Communication Preference
Main	Claimant Supervisor	ff, dd	Work Phone
Main	Claimant Attorney	Marshall, William	Email - williamm@smithlyons.com

The system will ask you to confirm you wish to remove the contact from the system. Click Yes to delete the contact.



The screenshot shows a modal dialog box titled "Remove Contact" with a close button (X) in the top right corner. The text inside the dialog reads: "Contact Marshall, William is going to be removed in the system. Are you sure you want to proceed?". At the bottom of the dialog are two buttons: a blue "Yes" button and a white "No" button with a grey border.

## Review & Submit

The last step in the Detail section is Documents. This is not yet active. When it becomes active, it will allow documents to be uploaded to the intake process. Those documents will be uploaded to the claim upon it's creation.

For now, after clicking next on the Customer Specific page will bring you to the Review & Submit window.

Claim Intake

Discard

Save as Draft

Customer: **ACME Brands**    Claimant: **Fairbanks, Sean**    Claim Number: **AB-19-010064**

- Incident Summary
- Details
  - Employee
  - Occurrence
  - State Specific
  - Customer Specific
  - Documents
  - Review & Submit**

### Review & Submit

Please review the information concerning this injury/accident. Please select Acknowledge & Submit to confirm the reported information is accurate.

1. Employer

+

2. Contact

+

3. Claimant

+

4. Incident

+

5. Other Details

+

Previous

Acknowledge & Submit

Click + in each section to review the information. When you are through, click Acknowledge & Submit. There is a check for [duplicates](#).

When your form is successfully submitted, you will see a confirmation screen:

Claim Intake

Initial Treatment Guide

Customer: **ACME Brands**    Claimant: **Fairbanks, Sean**    Claim Number: **AB-19-010064**

### Success!

Status: Processing claim...

✔ Your form has been submitted.

Claimant: Fairbanks, Sean

Claim Number: AB-19-010064

Date Received: 02/02/2019

### Special Instructions

Special Instructions are coming soon!

The Initial Treatment Guide is comprised of a Treatment Authorization, Pharmacy Guide and a Physician's Report page. A copy of the Initial Treatment Guide may be generated as a PDF and printed or sent to recipients via e-mail or fax.

Recipient: Fill out the form and Click Submit to Email or Fax the Initial Treatment Guide to the recipient of your choice.

Initial Treatment Provider/Facility: Includes a provider location map and Call to Schedule Appointment: info space.

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Temporary Pharmacy Card: Enables the Injured Worker to quickly fill a prescription. Card is only valid for the First Fill Only.

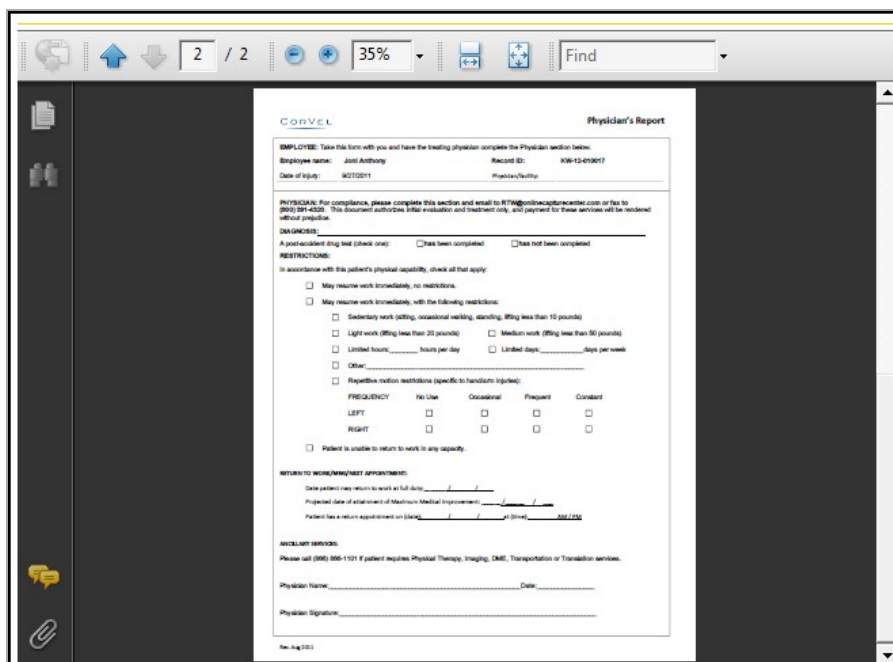


A rectangular form with a dashed border. The title "Temporary Pharmacy Card (First Fill Only)" is centered at the top. Below the title, on the left, are the labels "Bin:" and "PCN:". To the right of "PCN:" is a box containing the text "[ADV]".

## Physician's Report

Physician's Report includes:

- Physician and Patient Information
- Diagnosis
- Restrictions
- Return to Work, MMI and Next Appointment dates
- Ancillary Services contact info



A screenshot of a web-based "Physician's Report" form. The form is titled "CORVEL Physician's Report". It includes sections for "EMPLOYEE" information (Employee name: Joel Anthony, Record ID: K0W-12-010017, Date of injury: 9/27/2011, Practice/Facility: \_\_\_\_\_), "PHYSICIAN" instructions, "DIAGNOSIS", "RESTRICTIONS" (with checkboxes for work restrictions and a table for frequency of use), "RETURN TO WORK/NEXT APPOINTMENT" dates, and "ANCILLARY SERVICES" contact information. The form is displayed in a web browser window with a toolbar at the top showing navigation and zoom controls.

When you are finished with the Initial Treatment Guide form, click Submit.

## Additional access to the Initial Treatment Guide

Once the Initial Treatment Guide has been created, you can access it from:

- Intake Submittal Success screen

Claim Intake

Initial Treatment Guide

Customer: ACME Brands   Claimant: Fairbanks, Anna   Claim Number: AB-19-010079

Success!

Status: Processing claim...

✔ Your form has been submitted.

Claimant: Fairbanks, Anna

Claim Number: AB-19-010079

Date Received: 02/05/2019

Special Instructions

Special Instructions are coming soon!

- From the Intake list, click View on the claim intake.

Claim Intake

Create New Form

Search by Claim Number or Claimant Name

fairbanks

Search

Advanced Search ▾

Export to Excel

Claim Number	Claimant	Date of Injury	Jurisdiction	Source	Status	Customer	Employer Location	Action
AB-19-010079	Fairbanks, Anna	02/03/2019	OR	Phone	Completed	ACME Brands	East - Manufacturing	<div>View</div>

Rows per page: 10 ▾   1 - 1 of 1   < >

- Click Initial Treatment Guide.

Claim Intake

Initial Treatment Guide

Customer: ACME Brands   Claimant: Fairbanks, Anna   Claim Number: AB-19-010079

View Intake

Status: Completed

1. Employer

+

2. Contact

+

3. Claimant

+

4. Incident

+

5. Other Details

+



## Close Incident

If the severity of the injury will require no medical treatment or first aid, you can close the incident before it is submitted. This function requires permissions within your CareMC security settings. The Close Incident option is available while creating a new claim intake or a claim intake that is in the status of In Progress. Prior to submitting the intake, click on Close Incident to proceed with the incident closure process.

Print

The screenshot shows the 'Claim Intake' form. At the top, there are four buttons: 'Close Incident', 'Discard', 'Initial Treatment Guide', and 'Save as Draft'. A red arrow points to the 'Close Incident' button. Below the buttons, the form header displays 'Customer: Areas USA, Inc.', 'Claimant: EmpLName 5/15/2020 9:18:24 AM, EmpFName', and 'Claim Number: AU-20-005237'. On the left, a sidebar contains a list of steps: 'Incident Summary' (checked), 'Details' (expanded), 'Employee' (selected), 'Occurrence' (with an error icon), 'State Specific' (checked), 'Customer Specific' (checked), 'Contacts' (checked), 'Documents' (unchecked), and 'Review & Submit' (with an error icon). The main content area is titled 'Employee / Claimant' and includes an 'Employee Search' button. Below this, the 'Employee Information' section contains fields for 'First Name \*' (EmpFName), 'Middle', 'Last Name \*' (EmpLName 5/15/2020 9:18:24 AM), 'Suffix' (dropdown), 'Employee ID Number' (123), 'Date of Birth' (mm/dd/yyyy), 'Email Address', 'Social Security Number \*' (with a red border and a message 'Social Security Number is required.'), 'SSN is unknown' (checkbox), 'Hire Date', and 'Hire State \*'.

Click on Close Incident to close the intake process.

This screenshot shows the same 'Claim Intake' form as the previous one, but with a 'Confirm Action' pop-up dialog box in the center. The dialog box has a title bar with a close button (X) and contains the text: 'Incident is going to be closed in the system. Are you sure you want to proceed?'. At the bottom of the dialog are two buttons: 'Yes' and 'No'. The background form is dimmed.

After clicking Yes, there will be a notice of closure of the intake in a pop-up which will automatically close.