



To Employer:

Please complete the following and fax to the physician prior to the first medical treatment visit for an employee's work related injury/illness.

EMPLOYER NAME: New CAPS, LLC

EMPLOYER CONTACT/PHONE: CAPS Risk Management Department: 310-280-0755 x 2259 or x2297

EMPLOYEE NAME: _____

DATE OF INJURY: _____ LOCATION OF INJURY: _____

NATURE OF INJURY: _____

To Medical Provider:

The injured worker listed above has been referred to you for treatment. Sedgwick is the administrator for Workers' Compensation claims.

Submit medical invoices to Sedgwick **PO Box 14440 Lexington, KY 40512-4440**

- For claim/bill/payment inquiries: Providers can access viaOne® for Providers at www.sedgwickcms.com under Provider Resources. The provider will need to register for the site by providing a tax ID number, a valid email address and a 4 digit PIN. For questions regarding submitted bills: **Ph: (866) 495-7844 or Fax: (859) 825-6893.**
- Prescriptions written during the initial visit should be directed to a pharmacy from the PMSI/Timesys Pharmacy form provided to the injured worker.
- Fax treatment requests to the **Utilization Review Unit: Fax 877-922-7236, Ph: 866-286-0281**
- Schedule Diagnostic MRI/CT/EMG tests with One Call Medical: **Ph: (800) 872-2875**
- Durable Medical Equipment available at Medical Services Company: **Ph: (800) 860-4819**
- Schedule Physical/Occupational Therapy with Med Risk: **Ph: (888) 637-4751**

This does not guarantee that benefits will be payable under Workers Compensation coverage. Benefit payments are always subject to a determination by the claim's examiner at the time the service was rendered.

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