



Injury Notice Form

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: _____

EMPLOYER CONTACT/PHONE: _____

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, P.O. Box 14522 Lexington, KY 40512-4522**

- 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, contact – **Phone: 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 – **Phone: 866.286.0281 Fax: 877.922.7236**
- 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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