



media services

## Notice to Medical Providers

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**Production/Event 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.

Note to Physician/Medical Provider: The injured worker listed below has been referred to your office for initial medical treatment of an injury/illness that may be work-related. Sedgwick is the administrator for Workers’ Compensation claims. **Please note that a claims examiner from Sedgwick must approve any non-emergency treatment following this visit.**

Employee

Production/Event Company

Name: \_\_\_\_\_

Production/Event Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Project/Event Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Title: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_

Employer/Supervisor Signature: \_\_\_\_\_

Today’s date: \_\_\_\_\_

**Submit medical invoices to:** Sedgwick  
P.O.Box 14440 Lexington, KY 40512-4440

**Submit work status’ to:** Cast & Crew  
2300 W. Empire, 5<sup>th</sup> Floor Burbank, CA 91504  
Ph: 818.738.9351 / Fax: 818.848.4614  
[workcomp@CastandCrew.com](mailto:workcomp@CastandCrew.com)

*The information contained in this message may be legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this fax is strictly prohibited. If you have received this fax in error, please immediately notify the sender.*

**Return to Work Report**

**Must be completed immediately after any doctor evaluation and/or visit, sent with employee and same day emailed to [workcomp@castandcrew.com](mailto:workcomp@castandcrew.com) or faxed to 818.848.4614**

Name of Clinic:

Clinic Address:

Clinic Phone Number:

Employee Name:

Employee Date of Birth:

Date of Injury:

Body Part: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Treatment Plan: \_\_\_\_\_

Can employee return to work?       Yes       No

If Yes: Return to work date: \_\_\_\_\_

If No: Anticipated return to work date: \_\_\_\_\_

Restrictions:

Full duty without restrictions

Modified work (select all applicable below)

Lift       Not At All       5-10 lbs       15-25 lbs       30-50 lbs

Carry       Not At All       5-10 lbs       15-25 lbs       30-50 lbs

Push/Pull       Not At All       5-10 lbs       15-25 lbs       30-50 lbs

Bend       Not At All       Up to \_\_\_ hours/day

Kneel       Not At All       Up to \_\_\_ hours/day

Reach       Not At All       Up to \_\_\_ hours/day

Twist       Not At All       Up to \_\_\_ hours/day

Grasp       Not At All       Up to \_\_\_ hours/day

Stand/Walk       Not At All       Up to \_\_\_ hours/day

Sit       Not At All       Sedentary Work Only

Restrictions Affect:     Left Extremity       Right Extremity       Both Extremities

Must use DME:  None       Crutches       Splint       Back Brace       Other \_\_\_\_\_  
(Durable Medical Equipment)

Laceration – Must keep wound clean and dry. Change dressing daily.

Other restrictions: \_\_\_\_\_

Physician comments:

Next Appointment: \_\_\_\_\_  
(Date/Time)      (Physician Name)      (Specialty)



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## Medical Provider Billing Instructions

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*Injured Employee: Please provide this sheet to all medical providers providing treatment for your injury.*

### **\*Important Instructions to Medical Providers\***

1. The injured worker has been referred to your office for medical treatment of an injury/illness that may be work-related. Sedgwick is the workers' compensation third party administrator (TPA) for Cast & Crew Entertainment. Please note that a Claims Examiner from Sedgwick must approve any non-emergency treatment following this initial visit. Payment for work-related medical services is **NOT** the patient's responsibility, so please **DO NOT SEND BILLS TO THE INJURED EMPLOYEE.**
2. For medical services requiring authorization or additional claims information questions please contact the appropriate Sedgwick office. A full list by State is on the back side of this sheet.
3. For payment, medical reports must be attached to the medical invoices for consideration of payment. Medical invoices need to be submitted on a HCFA 1500 or UB92 with valid diagnosis and CPT codes.
4. Please provide a Date of Injury, SSN, and DOB of the injured employee on the medical invoice.
5. Please submit all itemized medical invoices via mail, email, or fax to:  
  
Sedgwick  
PO BOX 14442 Lexington, KY 40512-4442  
Email: [candcintakedoc@sedgwickcms.com](mailto:candcintakedoc@sedgwickcms.com) (max size 30MB)  
Fax: (833) 875-6679 (this fax number can also be used for Utilization Review requests)
6. Submit work status' (return to work full duty, modified duty, restrictions, etc.) to:  
  
Cast & Crew  
2300 W. Empire, 5<sup>th</sup> Floor, Burbank, CA 91504  
Phone: (818) 738-9351 | Fax: (818) 848-4614  
Email: [workcomp@CastandCrew.com](mailto:workcomp@CastandCrew.com)
7. Lastly, we value our relationship with medical providers and appreciate the quality medical services provided. We strive to provide timely payment reimbursement for medical services, so please adhere to the instructions above so there are no delays in payment. For payment status inquiries contact EK Health Provider Inquires at (888) 507-0616 or email [ProviderInquiry@ekhealth.com](mailto:ProviderInquiry@ekhealth.com)

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



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**Sedgwick contact phone numbers by State:**

AK.....	(800) 906-3147
CA.....	(818) 591-9444
CO .....	(800) 507-9656
FL, GA, KY, MS, NC, SC.....	(800) 548-1373
HI.....	(866) 580-6674
ID, UT .....	(866) 253-1074
IL, MI, MN, NE, WI, MO.....	(800) 358-2072
DC, DE, MD, NJ, PA, VA, ME .....	(800) 285-3258
CT, MA, NH, RI, VT .....	(800) 526-3721
IN, IA, SD.....	(800) 400-0088
MT.....	(866) 458-4737
KS .....	(314) 514-2500
NM .....	(800) 255-4349
NV .....	(702) 568-3740
NY.....	(315) 426-4800
OR .....	(800) 906-3147
LA, OK, TX .....	(972) 372-6100
AL, AR, TN, WV .....	(877) 925-5580

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