

## Notice to Medical Providers

**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: Employee

Clinic Phone Number:

Employee Name:

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 OnlyRestrictions Affect:     Left Extremity       Right Extremity       Both ExtremitiesMust 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)

## 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.*

## 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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