April 17, 2023  
  
**Subject: Injured Worker Medical Profile Instructions**

Dear Treating Provider:

We have an open and billable claim for the insured referenced below. **Please forward a copy of all intake forms, status reports, dictations, work restrictions and notices to the designated claims adjuster in the following table – and accept this as an ongoing request for a work status and medical records following each visit.** Find additional medical profile requests below.

|  |  |
| --- | --- |
| Insured Name |  |
| Claims Adjuster Name |  |
| Direct Phone / Mobile |  |
| Email |  |
| Mailing Address | Third Coast Underwriters, P.O. Box 40790, Lansing, MI 48901-7990 |
| Fax |  |

**Please contact the designated claims adjuster to authorize, direct or schedule:**

* Specialist referrals
* Diagnostic studies through One Call Medical
* Physical or occupational therapy
  + - Note: *Our examiners will authorize reasonable, necessary, and related therapy. Therapy will be authorized up to a stated number of treatments subject to the provision that therapy is disallowed when the patient ceases to make objective improvement in strength and/or range of motion. Therapy will not be authorized for pain alone.*

**Important Notes:**

* Schedule follow-up appointments with the original treating physician whenever possible.
* Appointments should be made with occupational medical doctors only and not the PA whenever possible.
* Physician should contact claims adjuster on initial appointment and if/when issues arise thereafter.
* Address return to work or transitional duty restrictions/requirements at every appointment.
* **Always avoid unnecessary prescribing of medications when over-the-counter options are sufficient – especially for prescription pain medications.** When prescriptions are required, please note our pharmacy benefit manager is MyMatrixx.

Sincerely,

[Full contact information with personal fax # for CR]

**Enclosure: Billing and Ancillary Provider Referral Information**

**Billing and Ancillary Provider Referral Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Services** | | | | | | | | | |
|  | |  | | | **Phone** | | **Fax** | | **Email** |
| **Physical Therapy** | | One Call Excluded states: AR, FL, MD, MS | | | 877-225-6785 | | 904-394-8369 | | AFGroup@onecallcm.com |
| MedRisk Included states: AR, FL, MD, MS | | | 800-225-9675 | | 877-455-4440 | | medriskreferrals@medrisknet.com |
| **Diagnostics (MRI, CT Scan, EMG)** | | Orchid Medical | | | 866-888-6724 | | 866-246-8587 | | referrals@orchidmedical.com |
| MTI America | | | 877-512-5742 | | 954-343-1779 | | AFGroup@MTIamerica.com |
| One Call Care Management | | | 877-225-6785 | | 904-394-8369 | | AFGroup@onecallcm.com |
| **Durable Medical Equipment** (Medical Supplies and Home Health) | | Orchid Medical | | | 866-888-6724 | | 866-246-8587 | | referrals@orchidmedical.com |
| VGA Homlink | | | 877-711-3171 | | 844-851-6419 | | AFGroupHomelink@vgm.com |
| MTI America | | | 877-512-5742 | | 954-343-1779 | | afgroup@MTIamerica.com |
| Northwood Included states: GA, IA, IL, IN, KS, MI, MN, MO, MS, NC, TN | | | 877-684-9275 | | 866-895-7207 x2550 | | referral@northwoodinc.com |
| Optum | | | 844-880-0565 | | 800-419-7194 | | owcaorders@optum.com |
| **Pharmacy** | | | | | | | | | |
| **Pharmacy** | | My Matrixx | | | | | | | |
| **PCN** | | WC | | **Bin Number** | | 003858 | **Processor** | A4 | |
| **3CU Group Number** | KQTA | | | | | | | | |
| *Compound creams require a letter of medical necessity and pre-authorization, except where precluded by law.* | | | | | | | | | |
| **Billing** | | | | | | | | | |
| **AF Group  Billing Address** | | | **AF Group – Third Coast Underwriters**  PO Box 40790, Lansing, MI 48901 | | | | | | |
| *Questions regarding bill status should be directed to Provider Relations at 866-206-5851.* | | | | | | | | | |
| **Medical Bill Electronic  Clearinghouse** | | | WorkComp EDI  4250 Veterans Memorial Hwy, Ste. 301E  Holbrook, NY 11741 | | | | | | |
| **WorkComp EDI  Customer Service Contact** | | | **Marisa Nappi** **Phone:** 800-297-6909 x1303 // **Fax:** 631-648-6023 // **Email:** info@workcompedi.com | | | | | | |
| **WorkComp EDI  Payer Numbers** | | | Third Coast Underwriters | | | | WK101 | | |