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**

|  |
| --- |
| **Medical Services** |
|  |  | **Phone** | **Fax** | **Email** |
| **Physical Therapy** | One CallExcluded states: AR, FL, MD, MS | 877-225-6785 | 904-394-8369 | AFGroup@onecallcm.com |
| MedRiskIncluded 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 |
| NorthwoodIncluded 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 |