April 17, 2023

Provider Name

123 South Main Street

City, State, 48823

Email/Fax: xxx-xxx-xxxx

RE:   
DOB:

Injury/Body Part:

Date of Injury:

Employer:

Claim Number:

Dear Treating Provider,

We have an open and billable claim for the injured worker referenced on the enclosed form. **Please forward a copy of your medical chart and bills for the treatment of the work-related condition for consideration – and accept this as an ongoing request for a faxed work status and medical records following each visit.**

*Note: The employer will do everything possible to return their injured worker to modified duty.*

Should medical services be required, please expedite the process by initiating a referral to the ancillary providers listed on the enclosed form. Once the referral is made, the ancillary provider will contact the undersigned for prompt authorization, where allowed by law. Use of these providers may be voluntary in some states.

Feel free to contact the undersigned with any questions.

Sincerely,

[Full contact information with personal fax # for CR]

Enclosure: Billing and Ancillary Provider Referral Information

**Billing and Ancillary Provider Referral Information**

RE:

DOB:

Injury/Body Part:

Date of Injury:

Employer:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | |

Claim Number: