



RE: Workers Compensation Claims Kit

Dear Policyholder:

Welcome to Tower Group Companies' Workers Compensation Insurance Program. Although we hope that your company never experiences an injury to an employee, we want you to have all the information you might need in the event one occurs.

Enclosed is our Workers Compensation Injury Reporting Kit that contains the Missouri state-mandated forms and a step-by-step process to follow in case of an employee sustains an injury.

When a claim occurs, see the attached instructions for reporting a claim to our Claims Intake Unit. The contact information for the Claims Intake Unit is listed on the "How to File an Injury" form included in this packet. The Tower Group claim office which will be handling your claim is located in Chicago, Illinois. Once reported, a claims representative will contact you to obtain additional information about the injured employee and to answer any questions that you might have regarding the Missouri workers compensation process.

The following state forms have been included in your claims kit packet:

1. **Missouri Form WC-1-EDI-Report of Injury-** This form must be filed with the state within thirty (30) days for injuries requiring medical care (other than first aid) or resulting in lost time. The employer must report injuries to the insurer within five (5) days of the accident or injury.
2. **Missouri Wage Statement-** Please complete and send a copy of employees Wage Statement to Tower Group Companies at the time of injury.
3. **Missouri Form WC-43-AI: Authorization to Inspect and/or Copy Medical Records-** Please have the injured employee fill out and sign this form and send to Tower Group Companies at the time of injury.

We thank you for your business and look forward to being of service to you.

Very truly yours,

Tower Group Companies



HOW TO FILE A WORK INJURY OR ILLNESS CLAIM

Workers compensation claims can be reported in several different ways, you can:

- Complete and submit the **Missouri Form WC-1-EDI-Report of Injury** and submit the form via one of the following:
- E-mail the completed form to wcreportaloss@twrgrp.com. **This is the preferred method of reporting an injury.**
- Fax to Tower Group Companies at 888-535-3407.
- Call the Tower Group Companies Claims office at 888-856-5522.
- By contacting your broker directly and providing the appropriate first report information.
- For injuries occurring after normal business hours, please call 888-856-5522. The after hours telephone number for reporting claims provides the opportunity to report a claim 24 hours a day 7 days a week. Loss details will be gathered to determine if an emergency exists and if an immediate field contact is indicated.



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
REPORT OF INJURY

P.O. BOX 58
JEFFERSON CITY, MO 65102-0058
(To complete form, see attached instructions)

GENERAL	EMPLOYER (NAME, ADDRESS, INCL ZIP CODE)		CARRIER ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE	
			JURISDICTION	JURISDICTION CLAIM NUMBER		
			INSURED REPORT NUMBER			
			EMPLOYERS LOCATION ADDRESS (IF DIFFERENT)		LOCATION #	
	SIC CODE		EMPLOYER FEIN			PHONE #
CARRIER CLAIMS ADMIN	CARRIER (NAME, ADDRESS & PHONE NO.)		POLICY PERIOD To		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)	
			CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE			
	CARRIER FEIN		INSURANCE POLICY NUMBER		ADMINISTRATOR FEIN	
	AGENT NAME & CODE NUMBER					
EMPLOYEE	NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY #	DATE HIRED	STATE OF HIRE
	ADDRESS (INCLUDE ZIP)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED SINGLE DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION JOB TITLE	
					EMPLOYMENT STATUS	
	PHONE #		# OF DEPENDENTS		NCCI CLASS CODE	
WAGE	RATE PER <input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> WEEK <input type="checkbox"/> OTHER		# OF DAYS WORKED/WEEK		FULL PAY FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO DID SALARY CONTINUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCURRENCE	TIME	EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INJURY / ILLNESS	TIME OF OCCURRENCE <input type="checkbox"/> AM <input type="checkbox"/> PM	LAST WORK DATE	DATE EMPLOYER NOTIFIED
	CONTACT NAME PHONE NUMBER		TYPE OF INJURY ILLNESS		PART OF BODY AFFECTED	
	DID INJURY ILLNESS EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
	ZIP CODE OF THE LOCATION WHERE THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
	SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED			WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
	HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL.					CAUSE OF INJURY CODE
	DATE RETURN TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TREAT- MENT	PHYSICIAN HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL (NAME & ADDRESS)		INITIAL TREATMENT <input type="checkbox"/> 0 - NO MEDICAL TREATMENT <input type="checkbox"/> 1 - MINOR: BY EMPLOYER <input type="checkbox"/> 2 - MINOR CLINIC HOSPITAL <input type="checkbox"/> 3 - EMERGENCY CASE <input type="checkbox"/> 4 - HOSPITALIZED > 24 HOURS <input type="checkbox"/> 5 - FUTURE MAJ. MED. LOST TIME ANTICIPATED	
	WITNESS (NAME & PHONE #)					
OTHERS	DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE	
						PHONE NUMBER

NOTE > This form constitutes both the original notification of injury and detailed report of injury required by §287.380, RSMo (2000) and rules applicable thereto. An injury that requires immediate first aid, which does not result in further medical treatment or lost time from work, need not be reported to the Division. Employers should report all injuries to their workers' compensation insurance carrier or third-party administrator (TPA) within five days of the date of the injury or within five days of the date on which the injury was reported to the employer by the employee, whichever is later. See §287.380, RSMo. If the employer has been granted self-insurance authority by the Division pursuant to §287.280, RSMo, and rules applicable thereto, please report all injuries to your TPA or Service Company to enable them to file this report with the Division.

PRINT QUALITY > All reports of injury and supporting documents received by the Division will be processed electronically. All forms submitted to the Division **MUST** be of clear and legible quality. Handwritten forms will not be accepted. Computer generated forms shall use a **minimum** type size of **10 points**. All documents not meeting the above criteria will be returned.

TO BE ANSWERED ONLY IN CASE OF DEATH

DATE OF DEATH

EMPLOYEE'S DEPENDENTS

NAME OF DEPENDENT	RELATION TO EMPLOYEE	ADDRESS OF DEPENDENT			
		ADDRESS	CITY	STATE	ZIP CODE

Employee Wage Statement

Parman R. Green, UO&E Ag. Business Management Specialist

The end of the calendar year provides an excellent opportunity for employers to analyze the costs of hired labor and to communicate this information to their employees. Too many employees and employers fail to recognize the total benefits/costs of hired labor. Substantial labor costs are in the form of fringe benefits and other non-taxable benefits. Since a W-2 must be provided to each employee each January, take this opportunity to complete and include an "Employee Wage and Benefits Statement" with your employee's W-2.

Employee Wage and Benefits Statement – 200__

Employee: _____

SSN: _____

Base Wage or Salary	\$	_____
Vacation Pay		_____
Bonus or Incentive Pay		_____
Total Direct Cash Compensation	\$	_____
Commodities or Produce		_____
Personal Use of Farm Equip. (including vehicles)		_____
House		_____
Utilities		_____
Meals		_____
Life Insurance		_____
Health Insurance		_____
Retirement Plan		_____
Employer's Share of Social Security Taxes		_____
Total Fringe & Non-cash Benefits	\$	_____
Total Compensation – 200__	\$	=====



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

AUTHORIZATION TO INSPECT AND/OR COPY MEDICAL RECORDS

Injury Number

Checked By

TO:

Employee

Employer

Insurer

Date of Accident

Place and County of Accident

Description of Injury *(Must include part of body affected)*

You are hereby authorized to permit _____
(NAME)

in behalf of _____, to inspect and/or copy any and all medical
(PARTY)

records you have in your possession in regard to the above captioned case, which is now pending before the Division of Workers' Compensation.

NOTE: The medical records which may be released according to this authorization are limited to medical treatment for the injury suffered on the date of accident listed above. **ONLY records that relate to the injury listed above**, as to the type of injury and the part of the body injured, **may be included**. Medical records from before the date of accident or medical records after the date of accident, which do not relate to **this** injury, may not be released pursuant to this authorization.

This authorization is made in accordance with Section 287.140, RSMo., which reads as follows:

"Every hospital or other person furnishing the employee with medical aid shall permit its record to be copied by and shall furnish full information to the Commission, the employer, the employee or his dependents and any other party to any proceedings for compensation under this act, and certified copies of such records shall be admissible in evidence in any such proceedings."

Date

Signature *(Division of Workers' Compensation)*



WORKERS COMPENSATION MANAGED CARE PROGRAMS

Tower Group Companies strives to deliver the highest quality and value of workers compensation products and services to our customers. We are committed to providing excellent customer service and products which will meet our customers' needs in managing their workers compensation claims.

Tower Group Companies participates in several Managed Care Initiatives through a Partnership with Coventry Workers Comp Services. These initiatives help to reduce workers compensation medical related expenses with a focus of timely return to work for your injured worker.

A summary of each program is outlined below.

Medical Bill Review Services – The Medical Bill Review Services Program provides an opportunity to reduce your medical costs. The program helps to obtain the maximum savings available on every bill by processing each bill through an extensive database of state fee schedules, usual and customary charge reviews, diagnostic related group reviews, and national Preferred Provider Organizations (PPO) Network discounts. Additional savings are obtained by hospital bill auditing and out of network negotiation programs.

Network Providers - Coventry Workers Comp Services provides one of the largest national workers compensation discount networks in the industry. It is comprised of the *First Health*, *FOCUS*, *MetraComp*, and *Aetna* networks; as well as other top regional PPO's. The combination of these network providers offers coverage in every jurisdiction in the country resulting in superior network savings and increased medical provider availability. These networks are comprised of medical providers specializing in occupational medicine and services focusing on quality of care and expedited return to work for the injured employee. Coventry credentials each provider within the network to provide quality medical service and who is dedicated to returning the injured employee to work.

In some states, such as California and Texas state regulations allow 'specialty networks' which provide you as an employer more control over your workers compensation medical and disability costs. The physicians within these networks are educated in evidence based treatment protocols assisting the injured employee in reaching early Maximum Medical Improvement (MMI) in accordance with medical industry guidelines. Other benefits include reduction in over utilization of medical services and excessive treatment costs with the focus in early return to work, thereby reducing your workers compensation indemnity payments.

One of the first steps in providing quality medical care to your injured employee is to understand how to access network providers, and generate workplace provider panel cards or provider listings.

There are two convenient ways to locate a network provider or develop provider network listings:

1. **Telephonically:** Simply call Coventry at 1-800-243-2336 x 4680. Provide the Coventry representative your employer information, the specific provider specialty you need and your geographic area (city, state and zip code). The Coventry representative will verbally provide you with a list of providers meeting your requirements or an electronic provider directory can be forward to you via e-mail.

2. **Internet Access:**

- For the standard national workers compensation network go to www.talispoint.com/cvty/twrgpr and select the Coventry Integrated Network to search for providers in your geographic network. You will be able to generate provider directories as well as determine whether a specialty physician is a member of the Network.



- If you participate in a Specialty Network, such as a MPN or HCN, select the applicable network from the drop-down box. For California, chose the First Health Select CA MPN; Texas participants in the Coventry HCN.
- For large panel card production or if you require additional information regarding web access please contact Tower Group Medical Management division at 312-277-1600.

Medical Case Management - Coventry Workers Comp Services provides you with a variety of programs to help manage the care of your injured employees, including medical case management, catastrophic case management, vocational case management, utilization reviews (URAC certified), return-to-work programs, and independent medical examinations. All of these programs are dedicated to advocating appropriate, high-quality medical treatment, facilitating prompt return to work and effectively managing your claim costs. Experienced medical professionals work with treating physicians and your claims adjuster as advocate for the injured employee's medical care. These professionals ensure that your employee receives the most appropriate and timely care. Facilitating effective communication between medical providers and claims adjusters also provides a quicker resolution of your claims.

Tower's dedicated team of adjusters will facilitate the integration of these products and services to assist in reducing injured employee's lost time and medical costs. Your Tower Group designated adjuster will be responsible for managing all aspects of the injured employee's claim and facilitating open lines of communication between all parties to resolve any outstanding issues or concerns. Please feel free to contact your claims adjuster, or Tower Group Managed Care Services, if you have any questions regarding these programs.



Re: Important Information about your Workers' Compensation Prescriptions

This letter is provided to inform you that your employer's workers' compensation, Tower Group Companies, has selected PMSI as its workers' compensation pharmacy partner. With PMSI, you can choose to pick-up your medications for your work-related injury at a nearby pharmacy through a program known as Tmesys®, or have them delivered to your home through the mail.

Within the next few weeks, you will receive a new workers' compensation pharmacy card in the mail. You should give the Tmesys card to the pharmacist at a participating pharmacy of your choice with your next refill or new prescription for your work-related injury.

If you do not receive your new pharmacy card within two weeks, please call Tmesys at 1.866.599.5426 and we will be happy to assist you or send another card. If you are interested in finding out about how to receive your prescriptions through the mail, please call 1.800.304.1764.

To help you transition to the new pharmacy program, we have provided answers to some frequently asked questions:

¿Necesitas ayuda en español? Llame al
1.866.599.5426

Q: How do I know if my pharmacy participates with the new program?

A: You can find out if your normal preferred pharmacy is part of the Tmesys network by referring to the Pharmacy Center on our website, www.pmsionline.com/pharmacy-center. Click on "Pharmacy Locator" and select how you would like to search for a nearby pharmacy. You may also call the helpdesk at 1.866.599.5426 to find a network pharmacy near you.

Q: How does this affect my workers' compensation claim?

A: Using PMSI's program for your workers' compensation medications will enable you to continue to receive your prescriptions for your work-related injury. You may choose to visit your local pharmacy, as long as the pharmacy is one of the more than 60,000 pharmacies in the Tmesys network, or you can have your prescriptions delivered to your home through our convenient mail order program.

Q: Who do I call with questions about the program?

A: PMSI has representatives available to help you with any questions that you may have about the pharmacy program. Please call our help desk at 1.866.599.5426 to speak to a representative. If you have any questions about your workers' compensation claim, we will help you reach your claims adjuster for assistance.

We look forward to serving you and meeting your workers' compensation medication needs.

Sincerely,

PMSI

First Fill Temporary Pharmacy Card

Making it easy to get your workers' compensation prescriptions filled.

Employer:



Immediately upon receiving notice of injury, fill in the information below and give it to your employee.

Injured Employee:

1. If you need a prescription filled for a work-related injury or illness, go to a Tmesys network pharmacy.
2. Give this page to the pharmacist.
3. The pharmacist will fill your prescription at no cost.

Questions?
Call 1.866.599.5426

¿Necesitas ayuda en español? Llame al 1.866.599.5426

 Prescription Card				Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID# for online adjudication of approved benefits for the injured worker.												
CARRIER / TPA		EMPLOYER		Tmesys is the designated PBM for this patient. Tmesys Pharmacy Help Desk 800.964.2531												
INJURED WORKER NAME																
SOCIAL SECURITY NUMBER		DATE OF INJURY														
Notice to Cardholder: This card should be presented to your pharmacy to receive medication for your work-related injury. It is only valid within 30 days of your date of injury. For information regarding the program or to find nearby pharmacies call 866.599.5426 .																
		<table border="1"> <thead> <tr> <th></th> <th>NDC</th> <th></th> <th>Envoy</th> </tr> </thead> <tbody> <tr> <td>RxBin</td> <td>004261</td> <td>or</td> <td>002538</td> </tr> <tr> <td>RxPCN</td> <td>CAL</td> <td>or</td> <td>Envoy Acct. #</td> </tr> </tbody> </table>			NDC		Envoy	RxBin	004261	or	002538	RxPCN	CAL	or	Envoy Acct. #	
	NDC		Envoy													
RxBin	004261	or	002538													
RxPCN	CAL	or	Envoy Acct. #													

(To create a card for your wallet, cut along outer line and fold in half.)

Pharmacist:

1. Call the Tmesys Pharmacy Help Desk at **800.964.2531**.
2. Provide the information from the card.
3. The Help Desk will provide an ID number for adjudication.

Finding a Network Pharmacy

Use one of these easy methods to find a network pharmacy:

- Visit your local **Walgreens** or **Rite Aid Pharmacy**
- Call us: **866.599.5426**
- Use our pharmacy locator online: **www.tmesys.com**.

First Fill Temporary Pharmacy Card

En Primer Relleno Tarjeta Temporal de Farmacia

Hacerlo fácil de llenar sus recetas de la compensación del trabajador.

Employer:


Immediately upon receiving notice of injury, fill in the information below and give it to your employee.

Empleado Lesionado:

1. Si usted necesita una receta para un accidente de trabajo o enfermedad ocupacional, ir a una farmacia de la red Tmesys.
2. Dar esta página al farmacéutico.
3. El farmacéutico surtir su receta sin costo alguno.

¿Preguntas? Llame al
1.866.599.5426

Need help in English?
Call 1.866.599.5426

tmesys® Prescription Card		
PORTADORA	EMPLEADOR	
NOMBRE DEL TRABAJADOR LESIONADO		
NUMERO DE SEGURO SOCIAL	FECHA DE LA LESIÓN	
Aviso a los titular de la tarjeta: Esta tarjeta debe ser presentada a su farmacia para recibir medicamento para tratar su lesión relacionada con el trabajo. Sólo es válido dentro de los 30 días de su fecha de la lesión. Para obtener información acerca del programa o para encontrar farmacias cercanas llame 866.599.5426 .		
Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID# for online adjudication of approved benefits for the injured worker.		
Tmesys is the designated PBM for this patient.		
Tmesys Pharmacy Help Desk 800.964.2531		
RxBin	NDC	Envoy
RxPCN	004261 or 002538 CAL or Envoy Acct. #	

(Para crear una tarjeta para su billetera, corte a lo largo de la línea exterior y doblar por la mitad.)

Pharmacist:

1. Call the Tmesys Pharmacy Help Desk at **800.964.2531**.
2. Provide the information listed above.
3. The Help Desk will provide an ID number for adjudication.

Encontrar una farmacia de la red

Utilice uno de estos métodos fáciles para encontrar una farmacia de la red:

- Visite a su local de **Walgreens** y **Rite Aid Pharmacy**.
- Nos llame al: **866.599.5426**.
- Utilice nuestro localizador de farmacias en línea: **www.tmesys.com**.

Workers' Compensation Fraud Is A Crime!

**Workers' compensation
fraud is a felony punishable
by imprisonment, large fines
and restitution.**



TOWER GROUP
COMPANIES

Administered By:



**FRAUD & SIU
SERVICES**