

NJSIG's Workers' Compensation Intake Process



[← Back to NJSIG](#)

FROI: First Accident Report

If your injury requires immediate attention or is life threatening, please report to the nearest emergency room.

For prompt handling of your claim, please ensure all fields are completed to the best of your ability

Injury Date* Injury Time*

Person Reporting Claim* Person Reporting Phone Number*
Phone number of the person reporting the claim. Format: 609-386-6060

Person Reporting Email*
A confirmation email will be sent to this address.

Employee Information

Claimant SSN* Date of Birth* Age*
Format: 000-00-0000

Remember to call Anna after work

+ Welcome

01

NJSIG was established in 1983

02

NJSIG provides insurance to over 360 members (BOEs) state-wide

03

Mission: Keeping Dollars in New Jersey Classrooms



**NJSIG's
Workers'
Compensation
Intake Phone
Number:**

609-543-3377

**Monday – Friday
8:00 AM – 5:00 PM**

Reporting Tools:

Note: Please dispose of all Qual-Lynx posters and cards.



HURT ON THE JOB?
Tell your employer and call between 8:00 AM and 5:00 PM Monday - Friday:
New Jersey Schools Insurance Group:
609-543-3377

In case of an emergency, go directly to the nearest hospital or medical facility then notify your employer within 24 hours.

If injured during non-business hours, or for more information, please visit www.njsig.org



*Posters are available in English and Spanish.



Workers' Compensation

Name: _____
 Employer: _____ Date: _____

If you get hurt on the job:

1. Tell your employer immediately and call NJSIG at 609-543-3377.
2. In case of an emergency, go to the nearest hospital and tell your employer and NJSIG within 24 hours.
3. NJSIG will direct your treatment. Do not go to your own medical provider.
4. Present this card to your medical provider at the time of treatment.

Provider Network and Billing Instructions

Pre-certification is required prior to treatment

Call: 1-800-425-3222 for Approval

Submit All Bills to:
 QualCare, Inc.
 PO Box 309
 Piscataway, NJ 08855-0309

*Cards are available in English and digitally in Spanish.

Mitchell ScriptAdvisor

Workers' Compensation **FIRST FILL** – Temporary Prescription Card

Mitchell ScriptAdvisor has been selected by New Jersey Schools Insurance Group to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply **present it at the pharmacy** at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses when you fill your first prescription. Please Note: This is a temporary prescription card, you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchellscriptheadvisor.com to access the pharmacy locator.

Employee

- You may contact Mitchell Customer Service at (866) 846-9279 or you may present this sheet to the pharmacist along with your prescription.

Pharmacy

- This sheet is a Temporary Prescription ID Card for a 14 Days' Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor  SCRIPT CARE, LTD.

Temporary Prescription Benefit Card

Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name: _____
 Member ID #: _____
 Date of Injury + Date of Birth (Example: MMDDYYMMDDYY) _____
 Rx BIN: 023377
 PCN: MPS
 Group: 001073TC

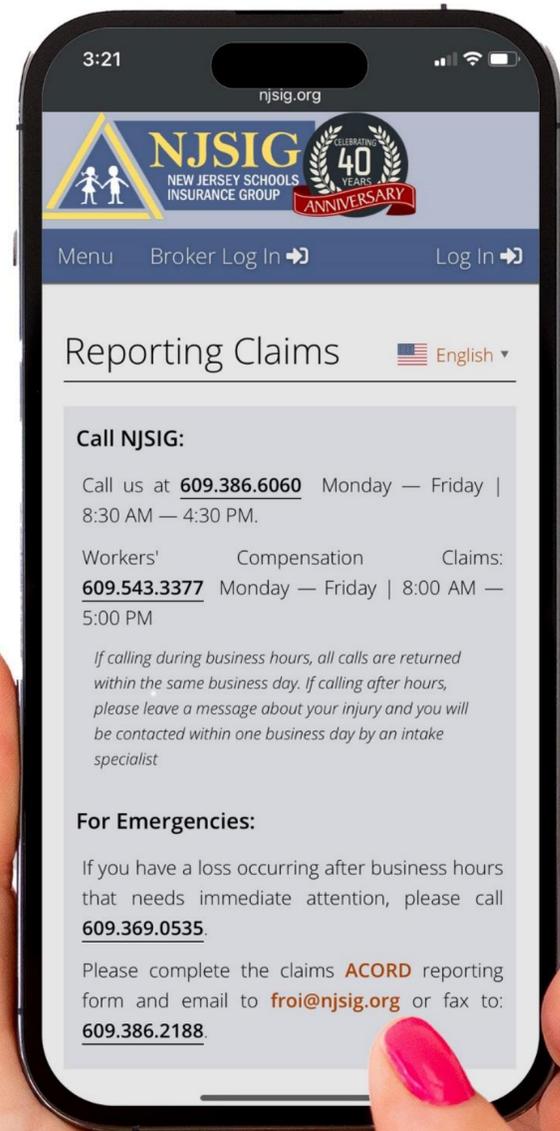


Questions?
 Contact us at 866.846.9279


 Mitchell International
 866.221.6588
 © Mitchell International 2018

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.

Digital versions of all materials can be found here:
www.njsig.org/reporting-claims#workerscomp



Procedure

How to Report a Workers' Compensation Claim

Reporting Procedures: Brief Overview

Monday – Friday
8:00 AM – 5:00 PM



The injured employee should report incident to the school nurse for assessment.



If the nurse is not available, the employee should report the injury to the supervisor.



Employee can complete an accident report on NJSIG's website.



The employee can also call NJSIG so that treatment can be directed:

609-543-3377

** Outsourced employees (cafeteria workers, bus drivers, substitute teachers, etc.) must contact their employer when injured.*

FROI form can be found:

www.njsig.org/reporting-claims#workerscomp

During Standard Business Hours:

+ Three Ways to Report a Claim



REPORT A WORKERS' COMPENSATION CLAIM

NJSIG offers **three** easy ways to file a workers' compensation incident report.

Business Hours:
8:00 AM - 5:00 PM
Monday - Friday

*After standard business hours:
Please leave a message about your injury and you will be contacted within one (1) business day by an intake representative.*



1 CALL 609-543-3377

NJSIG intake representatives are available during standard business hours. The injured employee will be directed to treatment.

English & Spanish team members available.

2 REPORT ONLINE

Complete First Report of Injury (FROI) by visiting:
www.njsig.org/froi

If you indicated a need for treatment on the FROI form, you will be contacted by a workers' compensation specialist in 24 to 48 business hours.

3 DOWNLOAD & SEND

Download FROI in English or Spanish by visiting:
www.njsig.org/reporting-claims#workerscomp

Email fully completed FROI forms to: froij@njsig.org or fax 609-386-2188.



Reporting Tools:

Online FROI:

NJSIG
NEW JERSEY SCHOOLS
INSURANCE GROUP

40th Anniversary

← Back to NJSIG

FROI: First Accident Report

If your injury requires immediate attention or is life threatening, please report to the nearest emergency room.
For prompt handling of your claim, please ensure all fields are completed to the best of your ability

Injury Date*
mm/dd/yyyy

Injury Time*
--:--:--

Person Reporting Claim*
Person Reporting Phone Number*
609-386-6060
Phone number of the person reporting the claim. Format: 609-386-6060

Person Reporting Email*
A confirmation email will be sent to this address.

Employee Information

Claimant SSN*
000-00-0000
Format: 000-00-0000

Date of Birth*
mm/dd/yyyy

Age*

Downloadable FROI: (available in English, Spanish, Polish, and Portuguese)

NJSIG
NEW JERSEY SCHOOLS
INSURANCE GROUP

New Jersey Schools Insurance Group
6000 Midlantic Drive, Suite 300 North
Mount Laurel, New Jersey 08054
www.njsig.org

FIRST REPORT OF INJURY

If your injury requires immediate attention, or is life threatening, please report to the nearest emergency room.
For prompt handling of your claim, please ensure all fields are completed to the best of your ability:

Injury Date:	Person Reporting Claim:
Injury Time:	Phone# of Person Reporting Claim:

Employee Information

Claimant SSN:	Date of Birth:	Age:
Legal Name:	Marital Status:	Gender:
Address:	Days Worked:	Employment Status:
	Wage Rate (Monthly)	
Home Phone:	10 or 12 Month Employee:	Work Hours:
Cell Phone:	Title:	Personal Email:

Employer Information

Employer:	Phone:
Location of Accident:	Contact:
Location of Accident Off Premises:	
Location Address:	
City, State & Zip	

Incident Information

Date employer notified:	Injury reported to:
Who incident was reported to:	
Supervisor name:	
Witness name & phone:	
Nature of injury:	
Part of body affected:	
Object causing injury:	
How injury occurred:	
Dominant hand:	
Prior medical condition? (Please describe all conditions)	
Previous workers' comp injury? (Please provide dates/injuries)	
Primary Care Physician:	
Mitchell card received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NJSIG/QualCare Card Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child involved & age <input type="checkbox"/> Yes <input type="checkbox"/> No Age:	
Special needs child: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Initial Treatment

Is treatment being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If treatment is being requested, an NJSIG representative will reach out to you on the next business day.
--	--

Additional Comments:

DDI Form:

The DDI acts as authorization from the doctor's office to examine the injured worker.

NJSIG
NEW JERSEY SCHOOLS
INSURANCE GROUP

New Jersey Schools Insurance Group
6000 Midlantic Drive, Suite 300 North
Mount Laurel, New Jersey 08054
www.njsig.org

PLEASE FAX WITHIN 24 HOURS OF PATIENT VISIT
(609) 386-2011 or via Email medonly@njsig.org

To be completed by the employer:

Employee: _____ BOE: _____

Claim Number: _____

Date of Injury: _____

To be completed by the doctor:

Date of Visit: _____ No Show

Diagnosis: _____

Recommended Treatment:

___ None ___ MRI

___ P.T. / O.T. ___ Surgery

___ **Medication ___ Other

**** No prescription medication is to be dispensed in the office**

Work Status:

___ Patient is able to resume regular work duties.

___ Patient is able to return to work with the following restrictions:

___ Sedentary (sitting only)

___ Modified Duty: sit, stand, walk, and/or lift up to _____ time/weight

___ No use of the RIGHT or LEFT (CIRCLE ONE) _____ extremity

___ Patient is unable work at the present time.

Next Office Visit: _____ MMI/Discharge Date: _____ Estimated MMI: _____

Physicians Signature: _____ Date: _____ Time: _____

Physicians Address: _____

Physicians Phone Number: _____

SEND ALL MEDICAL BILLS TO QUALCARE INC. BOX 309 PISCATAWAY, NJ 08855



Preferred Provider List vs. Open Panel



Starting Zip	Office Name	Address	Type	Distance	Phone	Fax	Hours	Xray
08034	Virtua Express/Occ Med - Urgent Care - Cherry Hill	315 Route 70 E, Cherry Hill, NJ	Urgent Care/Doctor	No Radius for PPL	856-375-6240	856-375-6241	M-F 8am -8:45pm SAT/SUN 9-4:45PM Holidays call for appt.	Y
08034	Concentra - Camden	300 Broadway & Benson St, Camden, NJ	Urgent Care/Doctor	No Radius for PPL	856-338-0350	856-338-9136 thjohns	M-F 7:30-5 thjohnson@selectmedical.com or gdinoia@worknetocmed.com	N
08034	Concentra Urgent Care - Mt. Laurel	817 East Gate Drive, Mt. Laurel, NJ	Urgent Care/Doctor	No Radius for PPL	856-778-1090	856-778-9191	M-F 8-5	Y

NJSIG members may choose a preferred provider, or allow our intake team to direct treatment to the closest facility available.

If the member requests a preferred provider, our intake team will guide injured employees exclusively to that preferred facility.

If the member has not chosen a preferred provider, our intake team will direct the injured employee to the closest facility in our network.



Three Ways to Report a Claim

After Standard Business Hours:

1

Call **609-543-3377** and leave a message.
An intake specialist will get back to the injured employee the next business day; or

2

Complete First Report of Injury (FROI) form:
Online: www.njsig.org/froi or;

3

Download the FROI:
www.njsig.org/reporting-claims#workerscomp
(Available in English and Spanish):
Email: froi@njsig.org or;
Fax: 609-386-2188

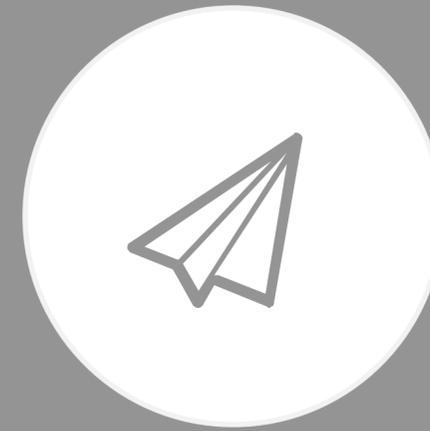
*In an emergency, the injured employee should go to the ER or Urgent Care immediately and report the claim the next day.

Reporting Procedures: **Record Only**

Monday – Friday
8:00 AM – 5:00 PM



**Complete and keep
internal reports**



**No need to report to
NJSIG**

** **Record Only Definition:** When the injured worker does not feel that treatment is needed, but wants to report the incident as a precautionary.*



What Happens Next?

1

If the claim is not questionable: NJSIG's workers' comp. representative will refer the injured employee for treatment and a claim file will be set up.

2

The First Report of Injury is generated and sent to the Board of Education

3

Claim is assigned to an adjuster for continued handling.

4

If questionable: The claim will be assigned to an adjuster for further investigation. No referral for treatment will be given at this time.



Q&A

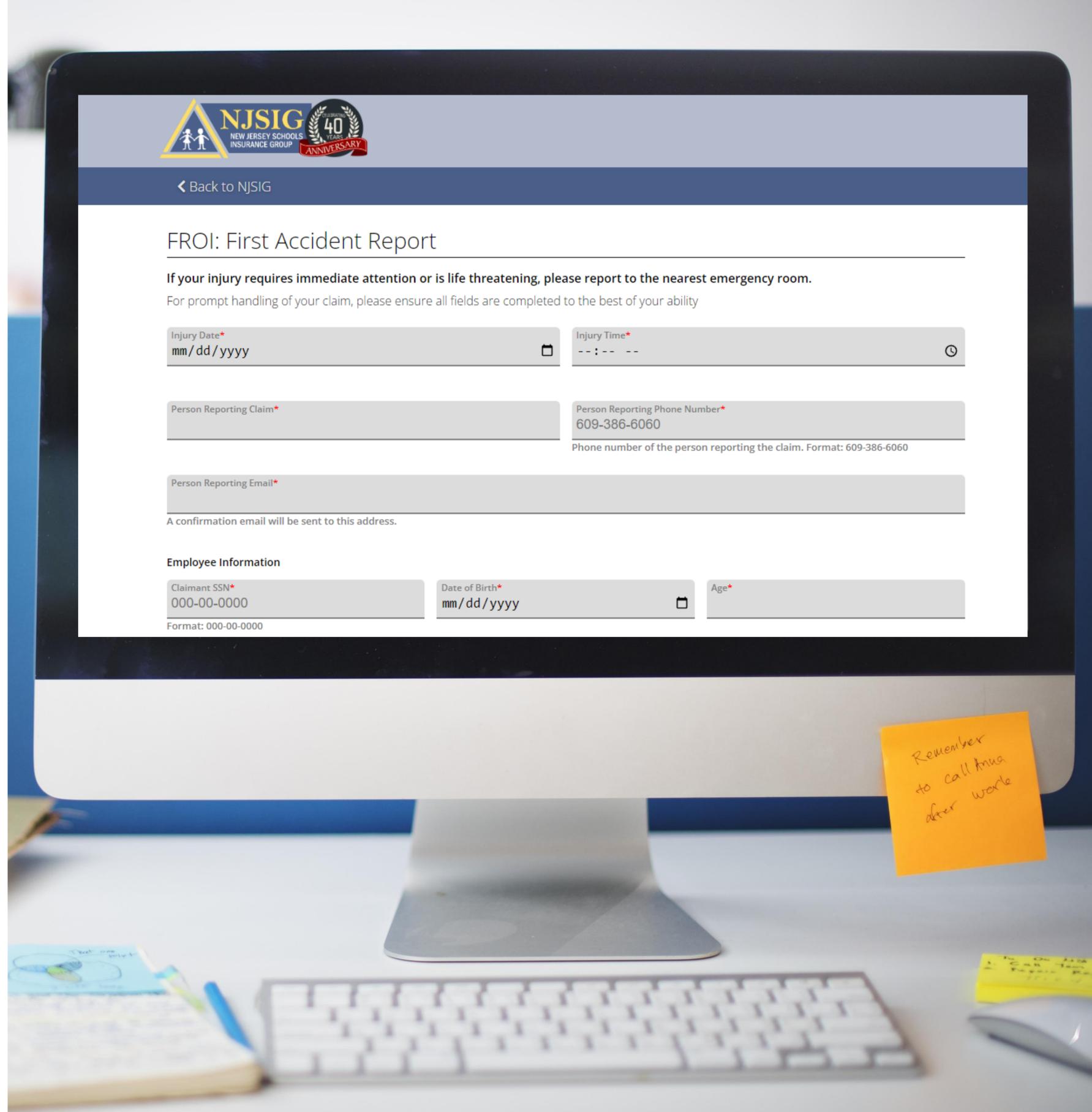
WC Reporting Reminder:

- 1 Call **609-543-3377** to speak to NJSIG's Intake team
- 2 Complete First Report of Injury (FROI) form:
Online: www.njsig.org/froi or;
- 3 Download the FROI:
www.njsig.org/reporting-claims#workerscomp
(Available in English and Spanish):
Email: frei@njsig.org or;
Fax: 609-386-2188

THANK YOU!

6000 Midlantic Drive
Suite 300 North
Mount Laurel, NJ 08107

www.njsig.org



[← Back to NJSIG](#)

FROI: First Accident Report

If your injury requires immediate attention or is life threatening, please report to the nearest emergency room.

For prompt handling of your claim, please ensure all fields are completed to the best of your ability

Injury Date* Injury Time*

Person Reporting Claim* Person Reporting Phone Number*
Phone number of the person reporting the claim. Format: 609-386-6060

Person Reporting Email*
A confirmation email will be sent to this address.

Employee Information

Claimant SSN* Date of Birth* Age*
Format: 000-00-0000

Remember to call Mrs after work