



WORKERS' COMPENSATION CLAIMS REPORTING TRAINING

NJSIG Member Services Team
NJSIG Workers' Compensation Claims Intake Team

WELCOME

- ✓ Trusted support for New Jersey school districts
- ✓ Affordable, consistent rates
- ✓ Value-added services at no extra cost
- ✓ District-specific expertise from our experienced team
- ✓ Please keep the feedback coming! We're always improving!



REPORTING MADE EASY

- ✓ Customized WC Toolkits were sent out to each school via the BA and WC Contact
- ✓ Enhanced materials & tools based on YOUR feedback
- ✓ Designed to streamline your experience
- ✓ Supporting both member districts & employees
- ✓ Need materials? Email **memberservices@njsig.org**

PREFERRED METHOD: LET'S TALK!

WORKERS' COMPENSATION CLAIMS REPORTING LINE: 609-543-3377
MONDAY – FRIDAY 8:00 AM – 5:00 PM



The injured employee should promptly report to the school nurse.

Nurses: Fill out an internal injury report.



If treatment is needed,
call the WC Claims
Reporting line at
609-543-3377.
Report claims
immediately to avoid
delays in treatment.



Quick call ensures
proper care and
prevents delays.

Only employees paid directly by the district are covered!
Substitute employees and those paid through third-party
services should report any injuries to **their** employer.

REPORTING A CLAIM: WHAT YOU NEED TO KNOW

NJSIG's WC Toolkit includes instructions, provider info, and key resources!

To begin the claims process we need:

- Injured Employee's:
 - Name
 - Address
 - Phone
 - Email
 - Social Security Number
 - Date of Birth
 - Gender
- Injury Date
- Time of Injury
- Incident Description

**DISTRICT
NAME**



NJSIG Workers' Compensation Toolkit



Having an Emergency?

Call 9-1-1 or take the injured staff member to the **nearest emergency room immediately**.
Once stable and/or discharged, the employee or designated district personnel must **call NJSIG** to report the injury.

Injured on the Job?

Call NJSIG's Workers' Compensation
Intake Reporting Line:

609-543-3377

Monday – Friday 8AM – 5PM

Report claims immediately to avoid delays in treatment.

Reliable & Responsive

We strive to answer every call. If voicemail is reached, **always leave a message.**

All calls are returned the **same business day.**

Calls after 5pm or weekends are returned within **one business day.**

10 State-Mandated Claim Filing Requirements

Injured Employee's:

1. Name
2. Complete Address
3. Phone Number
4. Email Address
5. Social Security Number
6. Date of Birth
7. Gender
8. Injury Date
9. Injury Time
10. Description of Incident

After Hours Claims Reporting



If an employee is hurt **before 8:00 AM, after 5:00 PM, or on a weekend** when NJSIG's Workers' Compensation Claims Intake Line is closed, follow the three steps below:

- 1 Seek Medical Attention**
The injured employee should go to the nearest emergency room or urgent care facility, depending on the severity of the injury. Personal health insurance should not be used. Instead, please present the business card provided below.
- 2 Call the NJSIG Intake Line: 609-543-3377**
The injured employee and/or supervisor should leave a voicemail on the NJSIG Intake Line, providing:
 - Injured employee's full name
 - Injured employee's contact phone number
 - School District name*Note: This voicemail serves as a preliminary record of injury.*
A First Report of Injury (FROI) form is also available online: www.njsig.org/froi
- 3 NJSIG Follow-Up**
An NJSIG Workers' Compensation Intake Representative will follow up with the injured employee on the next business day to complete the First Report of Injury (FROI) report and provide next steps.

Important: If the injured employee visits **Urgent Care**, they must bring the business card and Mitchell ScriptAdvisor flyer, provided below, with them. These documents are required for proper processing of medical treatment and prescriptions related to the workplace injury.

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: 1-800-240-0809 for Approval

Submit All Bills to:
QualCare, Inc.
PO Box 240819
Apple Valley, MN 55124

Mitchell ScriptAdvisor
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

Employee
• You may contact Mitchell Customer Service at (800) 846-9279 or you may present this sheet to the pharmacist along with your prescription.

AFTER HOURS CLAIMS REPORTING

For injuries that happen outside normal business hours.

No injured worker should be turned away!

- Use our After-Hours Reporting Flyer:
 - Step-by-step instructions
 - NJSIG/Qual-Care Business Card
 - Prescription Flyer
- Voicemails checked daily, including weekends
- **Emergencies:** Call 911 or go to nearest ER
- District employees **should not** provide transportation for injured employees!

MEDICAL PROVIDER PANEL

All treatment must go through NJSIG authorization

- Employees must contact NJSIG before seeking care
- Why it matters:
 - Ensures proper care
 - Smooth communication
 - Coordinated treatment with your district

Need the most up-to-date version of your WC Toolkit?
Email memberservices@njsig.org

In-Network Medical Provider List



NURSES: For Internal Use Only – Not for Distribution

Always report claims through NJSIG's Workers' Compensation Intake Line: 609-543-3377 for proper care coordination and assistance.

Injured employees should **only** be sent to authorized "in-network" providers and should not use their personal health insurance.

This list is not exhaustive; NJSIG's Workers' Compensation Intake Department will work with you to identify the most suitable option based on the specific injury and location.

Provider:	
Address:	
Phone:	
Fax:	
Hours:	
X-Ray:	

Provider:	
Address:	
Phone:	
Fax:	
Hours:	
X-Ray:	

Provider:	
Address:	
Phone:	
Fax:	
Hours:	
X-Ray:	

Provider:	
Address:	
Phone:	
Fax:	
Hours:	
X-Ray:	

Provider:	
Address:	
Phone:	
Fax:	
Hours:	
X-Ray:	

Hospital:	
Address:	
Phone:	

REPORTING PROCEDURES: **RECORD ONLY**

For injuries that **do not** require immediate medical attention



Injury still must be reported:

- Internal report
- Submit FROI through NJSIG's website
- Answer "NO" to medical treatment question



If treatment is later needed: Contact NJSIG directly!

IMPORTANT:

Requests made within 10 days will receive immediate treatment. After 10 days, an adjuster will assess the case and decide the next steps.

Prompt reporting allows us to gather the most accurate information, coordinate timely medical care, and support the employee's recovery and safe return to work.

REPORTING TOOLS

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

FROI (First Report of Injury) Form

- Easy to complete and submit
- Available in multiple languages

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:

Recommended Treatment:

☐ None ☐ MRI
☐ P.T. / O.T. ☐ Surgery
☐ **Medication ☐ Other
**** No prescription medication is to be dispensed in the office**

Work Status:

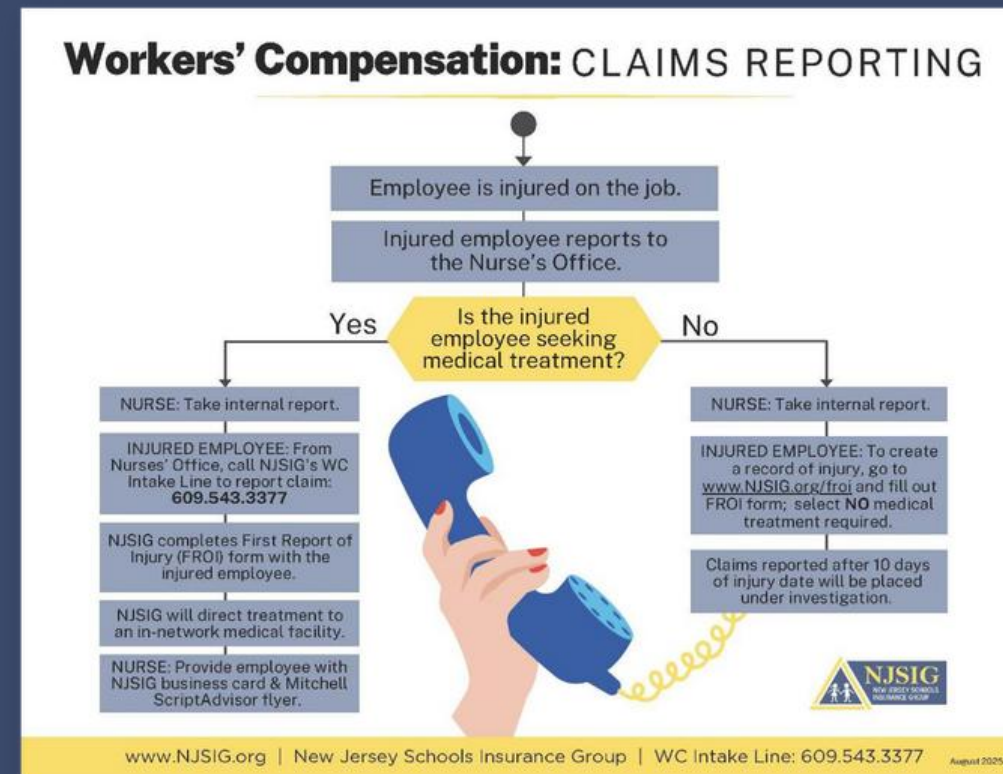
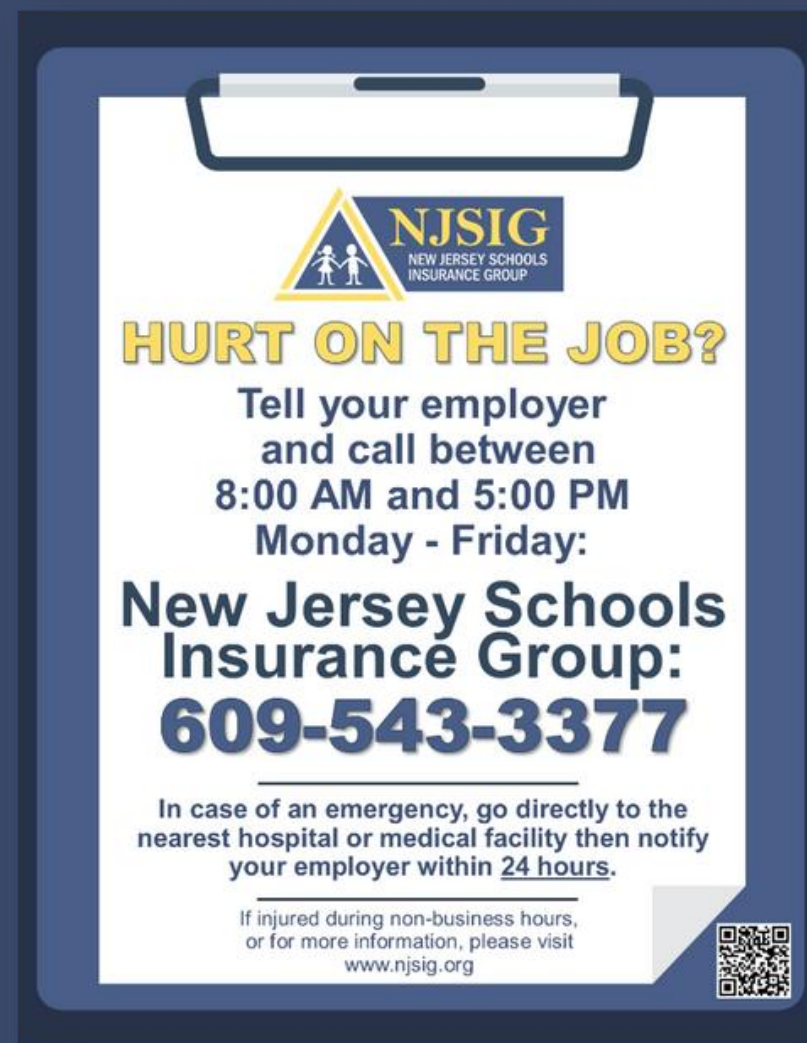
☐ Patient is able to resume regular work duties.
☐ Patient is able to return to work with the following restrictions:
☐ Sedentary (sitting only)
☐ Modified Duty: sit, stand, walk, and/or lift up to time/weight
☐ No use of the RIGHT or LEFT (CIRCLE ONE) extremity
☐ Patient is unable work at the present 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

DDI (Duty Determination Information) Form

- For the treating medical provider
- Includes authorization & billing info
- Streamlines care coordination



After Hours Claims Reporting

NJSIG
NEW JERSEY SCHOOLS
INSURANCE GROUP

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- 2 Call the NJSIG Intake Line: 609-543-3377**
The injured employee and/or supervisor should leave a voicemail on the NJSIG Intake Line, providing:
 - Injured employee's **full name**
 - Injured employee's **contact phone number**
 - **School District name**
 Note: This voicemail serves as a preliminary record of injury.
A First Report of Injury (FROI) form is also available online: www.njsig.org/froi
- 3 NJSIG Follow-Up**
An NJSIG Workers' Compensation Intake Representative will follow up with the injured employee on the next business day to complete the First Report of Injury (FROI) report and provide next steps.

Important: If the injured employee visits **Urgent Care**, they must bring the business card and Mitchell ScriptAdvisor flyer, provided below, with them. These documents are required for proper processing of medical treatment and prescriptions related to the workplace injury.

POSTERS

Keep these visible and accessible:

1. Workers' Compensation Poster – Reporting instructions

The poster features a QR code that links directly to NJSIG's website, offering a quick and convenient way to access our resources.

2. Claim Reporting Flow Chart – Step-by-step guide

3. After Hours Reporting Flyer

Request materials anytime or download from **NJSIG.org**



Workers' Compensation

Name: _____

Employer: _____ Date: _____

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2. In case of an emergency, go to the nearest hospital and tell your employer and NJSIG within 24 hours.
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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

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

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.

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HANDOUTS

Hand these to the injured employee:

1. NJSIG/Qual-Care Business Card – Reporting & billing info
2. Mitchell Script Prescription Flyer – Temporary prescription card
3. After Hours Reporting Flyer

Request materials anytime or download from NJSIG.org

AFTER A CLAIM IS REPORTED

What happens next:

- Claim number is issued
- Adjuster contacts injured employee
- Questionnaires sent to employee & district
- Timely responses = faster resolutions

EMAIL IS KEY

- **Initial claim communications sent by email:**
 - Acknowledgments
 - Instructions
 - Secure upload links for video or documents
- **Save and label materials with the claim number**
- **Notify NJSIG of district contact changes**

BEST PRACTICES

- Utilize your WC Toolkit!
 - Every district's toolkit was sent to the BA and WC Contact
 - If you need a copy, email **memberservices@njsig.org**
- Keep nurses and supervisors updated on protocols
- Post instructions in high-traffic areas
- Use all available resources
- Contact NJSIG with any questions - *we're here to help!*



Q&A AND FEEDBACK

- ① Your questions help us improve our process!
- ① We value your insights and suggestions!



CONTACTS:

Member Services Representatives

Joseph Semptimphelter

JSemptimphelter@njsig.org

609-386-6060 x 3044

Joanna Radomicki

JRadomicki@njsig.org

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THANK YOU!

www.NJSIG.org