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Workers' Compensation Claim Report Fax Cover Sheet

IMMEDIATE ACTION REQUIRED FIRST REPORT OF INJURY ATTACHED

FIRST REPORT OF INJURY ATTACHED			
To:	Sentry Claims Service Center	From:	
Fax #:	800-726-8631	Business Name:	
		Account/Policy Number:	
		Phone #:	
		Fax #:	
Loca	tion Code:	Department Code: (if applicable)	
<u>PLEASE</u>	INDICATE WHICH OF THE FOLLO	OWING APPLY:	
Lost	time involved		
	Employee is currently comp	etely off work	
	Employee is currently working	ng restricted duty or restricted hours	
Med	ical only claim (involving no lost tim	e from work or wage loss)	
Rec	ord only (informational purposes only -	no treatment outside the workplace has	been sought or prescriptions filled)
Que	stionable Claim - Please Investiga (Please list concerns on a separate p	te age, not on the First Report of Injury form)
Due to fe	ederally mandated Medicare repo	rting requirements, you must repo	rt the date of birth and Social

Security number on all WC claims.

Timely reporting of accidents and losses is a critical factor in controlling Workers' Compensation costs. Delays can increase Workers' Compensation costs by 20 to 30 percent and the rate of litigation by as much as 45 percent.

Sentry provides a toll-free fax service to report accidents. It can significantly improve the timely reporting of Workers' Compensation claims by:

- Allowing investigations to start sooner and preventing the loss of critical evidence
- Providing the opportunity to implement medical cost-containment measures to ensure your employees receive quality care at a reasonable cost
- Encouraging prompt resolution of claims, reducing the likelihood of litigation and the potential of fraudulent claims

TO REPORT WORKERS' COMPENSATION CLAIMS BY FAX

Sentry allows you to fax Employer's First Reports to Sentry, eliminating mail delays. We will mail the completed Workers' Compensation First Report of Injury Form to your state's Workers' Compensation bureau, where applicable.

Steps to reporting claims by fax:

- 1. Complete your state-specific First Report of Injury Form for a Workers' Compensation claim
- 2. Fill out the fax cover sheet from page 1 of this document based on the specifics of the claim being reported and print off a copy of the completed cover sheet.
- 3. Fax a copy of the completed cover sheet and your completed First Report of Injury Form to Sentry at:

800-726-8631