



It is a pleasure to welcome you to Berkley Net Underwriters, LLC! We are committed to providing high quality products and services to our valued customers. Utilizing state-of-the-art risk management, safety and claim management techniques, we strive to help you manage your insurance expenditures and minimize your loss costs.

I'm often asked how employers can lower their workers' compensation costs, and while there's no single answer, here are a few items employers can manage that will prove beneficial in the long-run:

- **Report Claims as Quickly As Possible – ideally within 24 hours of occurrence**
  - [www.berkley.net](http://www.berkley.net)
  - [BNUClaims@berkley.net](mailto:BNUClaims@berkley.net)
  - Fax: 1.866.275.6320 ; call 1.800.435.1127
  
- **Post All Necessary State Notices for Employees**
  - All forms and posting requirements are included in this packet.
  
- **Discuss and Promote Safety within your Company**
  - A Safe Attitude begins at the top. Make Safety a Priority.
  
- **Keep Accurate Records**
  - Your premium is based on employee payroll. Keeping accurate payroll and job records throughout the year will facilitate a smoother final audit.
  
- **Discuss Potential Changes in Operations with your Insurance Agent**
  - Changes in employee operations can have a direct impact on your premium and coverage. Discuss any potential changes with your agent and avoid costly surprises in the future.

On behalf of our entire team, I thank you for entrusting Berkley Net Underwriters, LLC to service your workers' compensation insurance needs. If you have any questions, please feel free to contact your insurance agent or call us at 1.877.497.2637. You may also visit us online at [www.berkley.net](http://www.berkley.net).

Sincerely

John K. Goldwater  
President & CEO

**Promptly Report all Claims:** [www.berkley.net](http://www.berkley.net); Email: [BNUClaims@berkley.net](mailto:BNUClaims@berkley.net);  
Fax 866.275.6320; Call 800.435.1127;

[www.berkley.net](http://www.berkley.net)



### **About Berkley Net Underwriters, LLC**

Berkley Net Underwriters, LLC is a subsidiary of the W.R. Berkley Corporation, one of the nation's premier property and casualty insurance providers. We are authorized to provide workers' compensation coverage through affiliated W.R. Berkley subsidiaries, including **StarNet Insurance Company, Carolina Casualty Insurance Company** and **Midwest Employers Casualty Company**; all are an A rated insurance company. As your workers' compensation carrier, we pride ourselves on having a reputation of unsurpassed quality, service and integrity.

### **The BerkleyNet Claim Management Difference**

BerkleyNet is a world class provider of claim and managed care services; utilizing the best practices in claim management, managed care initiatives and technology to achieve superior outcomes. Our commitment to our clients is: teamwork, responsiveness, mutual respect and technical innovation in delivering industry-leading claims management services.

### **Important Claims Information Included**

In this packet, you will find important risk management information, including claims forms, posting notices and other documents to assist with the administration of your workers' compensation policy. **Please retain this information for future reference.**

- ✓ Claim Reporting Forms
- ✓ Statutory Posting Notices
- ✓ Supervisory Accident Reports
- ✓ Physical Demand Analysis
- ✓ Medical Authorization Form
- ✓ First Health Preferred Provider Network & Panel of Physicians
- ✓ Discount Pharmacy Information
- ✓ Position Physical Demand Analysis Assessment

**To Report Claims:**

**[www.berkley.net](http://www.berkley.net)**

**Email: [BNUClaims@berkley.net](mailto:BNUClaims@berkley.net)**

**866.275.6320 Fax**

**800.435.1127 Phone**

**Promptly Report all Claims: [www.berkley.net](http://www.berkley.net); Email: [BNUClaims@berkley.net](mailto:BNUClaims@berkley.net);  
Fax 866.275.6320; Call 800.435.1127;**

[www.berkley.net](http://www.berkley.net)



## Reporting Worker's Compensation Claims

Worker's Compensation claims can be reported in several different ways:

- [www.berkley.net.com](http://www.berkley.net.com)
- Via email at: [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com)
- Complete and fax the Employer's First Report of Injury to; **1.866.275.6320**
- Call 24 hours/7 days a week at **1.800.435.1127**
- Mail the Employers Report of Injury to:  
**Berkley Net Underwriters, LLC**  
**12701 Marblestone Drive, Ste 250**  
**Woodbridge VA 22192**

### Claims Reporting

- [www.berkley.net.com](http://www.berkley.net.com)
- Fax at 1.866.275.6320
- Email Reporting at [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com)
- 24/7 claims reporting facility
- Adjusters begin direct care process immediately
- After Hours toll free number: 1.800.435.1127

Everything you need to know about reporting a claim is included in this packet.

- Employer's First Report of Injury and report your claim
- A step by step telephone reporting guide
- The Employer Rights and Responsibilities
- Information on provider panel and discount pharmacy. Reinforce treating with panel provider and use of the TMESYS pharmacy network with your employee

The After-Hours phone number provides access to the Claims Management staff as well as our most experienced adjusters. Loss details are gathered to determine if an emergency exists and if an immediate field investigation or field contact is indicated.

**Promptly Report all Claims:** [www.berkley.net.com](http://www.berkley.net.com); Email: [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com);  
Fax 866.275.6320; Call 800.435.1127;

[www.berkley.net.com](http://www.berkley.net.com)



## **Employer Rights & Responsibilities in Workers Compensation**

**Early Reporting.** Set an expectation that all injuries be reported promptly; also, have a "same-day" reporting standard for communicating any claims to Berkley Net Underwriters, LLC. Train your managers and supervisors in what to do if an injury occurs. Late reports may impact the rights of an employer. A copy of the Employer's First Report is attached. **To report:** [www.berkleynet.com](http://www.berkleynet.com); Email: [BNUClaims@berkleynet.com](mailto:BNUClaims@berkleynet.com); Call toll free to 800.435.1127; Fax 866.275.6320

**Physician List.** Make all employees aware of a list of providers. The physician list should be in a prominent location. This list is being prepared specifically for your business. These practitioners are members of the First Health network, experienced in the care of injured workers. If you need additional providers to be added, we will direct you on making changes within the panel.

**Excellent Medical Care.** Develop a relationship with the physicians on the physician list. Contact the provider from the outset and advise that your employee is on the way to seek care. Let them know of your interest to provide modified work.

**Medical Authorization.** Ask the employee to sign the medical authorization form when they've notified you of a claim. This will enable Berkley Net Underwriters, LLC to secure all relevant medical documentation and accelerate the claim handling process. A copy of the form is attached.

**Pharmacy Network.** Berkley Net Underwriters, LLC has a program through TMESYS which will save cost and allow an employee to fill a prescription without waiting for reimbursement. Any questions by either the employee or pharmacist can be addressed through TMESYS at 800-964-2531.

**Posting Required Notices.** A notice of insurance placard and workers compensation fraud notice should be posted. Those forms are attached to the correspondence.

**Good communication.** Take the mystery out of workers comp. Educate employees about their rights and responsibilities in advance. Stay in touch with employees throughout their care and rehabilitation.

**Supervisory Investigation.** Reinforce that supervisors get all details on injury and accident claims and document in a report format. A recommended copy is attached.

**Return to Work.** Develop a plan to return the employee to gainful employment from the outset. Look to modify parts of the employee's position to accommodate. Advise employee and attending physician that return to work is expected.

**Promptly Report all Claims:** [www.berkleynet.com](http://www.berkleynet.com); Email: [BNUClaims@berkleynet.com](mailto:BNUClaims@berkleynet.com); Fax 866.275.6320; Call 800.435.1127;

[www.berkleynet.com](http://www.berkleynet.com)



## **Employee Rights & Responsibilities in Workers Compensation**

**Notify Supervisor.** Let your supervisor know of any injury or accident that happens in the workplace immediately. Failure to notify may impact the rights of the employee.

**Medical Authorization.** Sign, date and return the medical authorization form to your employer immediately. This will enable the insurer to properly process all related medical costs.

**Physician List.** Your employer will assist you to a list of physicians that are committed to rehabilitation and the best care. You may consult this list before scheduling any appointment. These are practitioners who are familiar with work related injuries.

**Pharmacy.** A program is available to you through TMESYS with no out of pocket expenses. Make sure that the pharmacy is aware that your employer and insurer are part of the TMESYS program. A first fill sheet is available through your employer or you or the pharmacist may call TMESYS directly at 800-964-2531.

**Communicate.** Stay in touch with your employer and insurance company after each medical treatment. Keep everyone up to date on your treatment plan and return to work prognosis.

**Return to Work.** Work with your employer and attending physician to return to work. Share all information regarding your physical capabilities and the potential for making modifications to your job.

**Promptly Report all Claims:** [www.berkley.net.com](http://www.berkley.net.com); Email: [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com);  
Fax 866.275.6320; Call 800.435.1127;

[www.berkley.net.com](http://www.berkley.net.com)

# NOTICE!

## Louisiana Workers Compensation

**This business operates under Louisiana Workers' Compensation Law.**

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, OR AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR OR FOREMAN OF THE EMPLOYER.**

**Workers Compensation insurance benefits are provided through:**



**[www.berkley.net.com](http://www.berkley.net.com)**

**12701 Marblestone Dr, Ste 250**

**Woodbridge, Virginia 22192**

**877-497-2637**

**Promptly Report all Claims: [www.berkley.net.com](http://www.berkley.net.com); Email: [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com);  
Fax 866.275.6320; Call 800.435.1127;**

[www.berkley.net.com](http://www.berkley.net.com)



## Supervisor's Injury/Accident Investigation

Insured Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Location where injury occurred: \_\_\_\_\_ Employer's Premises? \_\_\_\_\_  
 Date of accident \_\_\_\_\_ Job site location \_\_\_\_\_  
 Who was injured? \_\_\_\_\_ Employee Name \_\_\_\_\_  
 Time: \_\_\_\_\_ Did you or anyone witness? \_\_\_\_\_ Witness Name \_\_\_\_\_  
 When were you notified? \_\_\_\_\_  
 Job title of injured employee \_\_\_\_\_  
 How long has employee worked at this job? \_\_\_\_\_  
 Where did injury or illness occur? \_\_\_\_\_  
 Was property or equipment or tools involved with injury? \_\_\_\_\_  
 Property/equipment owned by: \_\_\_\_\_  
 What was employee doing when injury/illness occurred? \_\_\_\_\_  
 What machine or tool was being used? \_\_\_\_\_  
 How did injury/illness occur? \_\_\_\_\_  
 List all objects and substance involved. \_\_\_\_\_  
 Part of body affected/injured? \_\_\_\_\_  
 Any prior physical conditions? \_\_\_\_\_ If so, what? \_\_\_\_\_

### PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Improper instruction        | <input type="checkbox"/> Failure to lockout            | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Lack of training or skill   | <input type="checkbox"/> Unsafe position               | <input type="checkbox"/> Poor ventilation              |
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Improper dress                | <input type="checkbox"/> Improper guarding             |
| <input type="checkbox"/> Horseplay                   | <input type="checkbox"/> Improper protective equipment |  |
| <input type="checkbox"/> Improper maintenance        | <input type="checkbox"/> Physical or mental impairment |  |
| <input type="checkbox"/> Unsafe equipment            | <input type="checkbox"/> Inoperative safety device     |  |
| <input type="checkbox"/> Failure to secure           | <input type="checkbox"/> Poor housekeeping             |  |
| <input type="checkbox"/> Other _____                 |  |  |

What can be done to avoid this in the future?

Was employee trained in the use of Personal Protective Equipment/Proper safety procedures?  Yes  No.

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures?  Yes  No

Was the notice of injury prompt? \_\_\_\_\_

Is there modified duty available? \_\_\_\_\_ Can the existing job be modified? \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Promptly Report all Claims: [www.berkley.net.com](http://www.berkley.net.com); Email: [BNUCclaims@berkley.net.com](mailto:BNUCclaims@berkley.net.com); Fax 866.275.6320; Call 800.435.1127;

[www.berkley.net.com](http://www.berkley.net.com)

**EMPLOYER – Please give to injured employee before they fill first prescription**



<b>Injured Worker Rx Information Card</b>	
Carrier <b>PAYOR NAME</b>	Employer
Injured Worker Name	
Social Security Number	Date of Injury
<p><b>Notice to Cardholder:</b> This prescription card should be presented to your pharmacy to receive medication for your injury. For information regarding our program or participating pharmacies in your area contact the <b>Tmesys Injured Worker Information Group</b> at 1-866-599-5426.</p> <p style="text-align: right;"><i>Processing instructions to Pharmacist on back</i></p>	
<p><b>Notice to Pharmacists:</b> Call the Tmesys Pharmacy Help Desk at 1-800-964-2531 to establish First Fill benefit eligibility and obtain the ID# for online adjudication of approved benefits for the injured worker. Tmesys is the designated Workers Compensation PBM for this patient.</p>	
<p><b>Tmesys® Pharmacy Help Desk      1-800-964-2531</b></p>	
<p>NDC Bin # = <b>004261</b>; Processing Code = <b>CAL</b>                  Envoy Bin # = <b>002538</b>; Processing Code = <i>Envoy Acct. #</i></p>	

(Cut along outer dotted line and fold in center)



<b>Injured Worker Rx Information Card</b>	
Carrier <b>PAYOR NAME</b>	Employer
Injured Worker Name	
Social Security Number	Date of Injury
<p><b>Notice to Cardholder:</b> This prescription card should be presented to your pharmacy to receive medication for your injury. For information regarding our program or participating pharmacies in your area contact the <b>Tmesys Injured Worker Information Group</b> at 1-866-599-5426.</p> <p style="text-align: right;"><i>Processing instructions to Pharmacist on back</i></p>	
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<b>Injured Worker Rx Information Card</b>	
Carrier <b>PAYOR NAME</b>	Employer
Injured Worker Name	
Social Security Number	Date of Injury
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**Promptly Report all Claims:** [www.berkleynet.com](http://www.berkleynet.com); Email: [BNUClaims@berkleynet.com](mailto:BNUClaims@berkleynet.com);  
 Fax 866.275.6320; Call 800.435.1127;

[www.berkleynet.com](http://www.berkleynet.com)





**MEDICAL RECORDS RELEASE AUTHORIZATION**

In order for your claim to be fully evaluated for purposes of determining your eligibility for the receipt of benefits with respect to this claim, you must sign the following authorization. Please note that the amount and type of medical information sought pursuant to this authorization will depend upon the nature of the claim, but that it will be used solely to facilitate determinations regarding the validity of the claim and the payment of benefits or the administration of the insurance program under which the claim has been made. The authorization is subject to your revocation at any time except to the extent that any party has already acted in reliance upon it. Any revocation must be submitted in writing to Berkley Net Underwriters, LLC. , 12701 Marblestone Dr, Ste 250, Woodbridge, VA 22192, otherwise this authorization will continue to be valid. Your acceptance of benefits shall be considered an acceptance of the terms in this medical authorization, unless you indicate to the contrary in writing.

**Authorization to Release Medical Information:** I hereby authorize any employer, insurance company, government agency, medical prepayment plan, or service organization, and any physician, surgeon, therapist, pharmacist, or other duly licensed practitioner of the healing arts, and any hospital, including the Veteran’s Administration, or medical transportation company, to release to Berkley Net Underwriters and their subsidiaries, affiliates, representatives and agents (collectively, Berkley Net Underwriters), any and all applicable medical records, medical information and benefit payment information with respect to any illness, injury, medical history, consultations, prescriptions, treatment or benefits, and copies of all applicable records thereof, which may be appropriate or necessary to establish the validity of this claim.

This authorization shall specifically include but shall not be limited to medical records, medical information and benefit payment information pertaining or relating to the treatment of AIDS, HIV, mental illness, and drug or alcohol related medical problems. I also authorize the Social Security Administration to release to Berkley Net Underwriters, information concerning entitlement dates and benefit amounts for myself and my dependents.

I further authorize Berkley Net Underwriters to release any such medical information to its reinsurers, attorneys or to medical peer review panels, state insurance or fraud agencies, managed care vendors, industry anti-fraud or law enforcement organizations, research and statistical reporting organizations, or my employer and its excess insurer, to the extent that Berkley Net Underwriters considers doing so to be reasonably appropriate or necessary for purposes of its administration of the claim or the insurance program under which the claim has been made. I understand that authorizing the disclosure of this health information is voluntary. I understand the information released to Berkley Net Underwriters as a result of this authorization may no longer be subject to certain protections provided under the Health Insurance Portability and Accountability Act of 1996.

Unless revoked earlier by me in writing this authorization shall be valid for three years after the claim has been closed by Berkley Net Underwriters. A copy of this authorization is to be considered as valid as the original.

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Employee Name* \_\_\_\_\_ *Claim No.* \_\_\_\_\_

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Fax 866.275.6320; Call 800.435.1127;



## PHYSICAL DEMAND ANALYSIS ASSESSMENT

This Position Physical Demand Analysis Assessment describes the physical requirements of the injured workers job or position. The focus is on strength, flexibility, sensory and environmental requirements or conditions of specific tasks. This form should be completed for the injured employee's present position as well as modified duty positions available, so it may be used by the health care provider to determine if the employee is capable of returning to work at regular or modified duties. Employer \_\_\_\_\_

Job or Position \_\_\_\_\_ Date form completed \_\_\_\_\_

Regular Hours of work per day \_\_\_\_\_ Completed by \_\_\_\_\_

Employee \_\_\_\_\_

During a regular work day, the employee must (circle number of hours and indicate if intermittent (I) or constant (C) for each activity.

<b>Sit</b>	<b>0 1 2 3 4 5 6 7 8 hours</b>	<b>I / C</b>
<b>Stand</b>	<b>0 1 2 3 4 5 6 7 8 hours</b>	<b>I / C</b>
<b>Walk</b>	<b>0 1 2 3 4 5 6 7 8 hours</b>	<b>I / C</b>
<b>Drive</b>	<b>0 1 2 3 4 5 6 7 8 hours</b>	<b>I / C</b>
<b>Bend</b>	<b>0 1 2 3 4 5 6 7 8 hours</b>	<b>I / C</b>

**Job Requirements** include (Y/N): \_\_ Squatting; \_\_ Kneeling; \_\_ Bending; \_\_ Twisting; \_\_ Reaching; \_\_ Crawling; \_\_ Ladder Work; \_\_ Stair Climbing; \_\_ Work above Shoulder; \_\_ Work below Shoulder; \_\_ Walking on Rough Ground; \_\_ Working at Heights; \_\_ Exposure to Heat or Cold (circle which or both); \_\_ Exposure to Dust, Fumes or Gases; \_\_ Exposure to High Humidity; \_\_ Exposure to Noise; \_\_ Repetitive Movements

**Lifting Requirements**

	Never	Occasionally	Frequently	Continuous
<b>Up to 10 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11 to 24 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25 to 34 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35 to 50 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51 to 74 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>75 to 100 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Above 100 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Carrying Requirements**

	Never	Occasionally	Frequently	Continuous
<b>Up to 10 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11 to 24 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25 to 34 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35 to 50 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51 to 74 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>75 to 100 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Above 100 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Pushing Requirements**

	Never	Occasionally	Frequently	Continuous
<b>Up to 10 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11 to 24 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25 to 34 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>35 to 50 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>51 to 74 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>75 to 100 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Above 100 lbs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Promptly Report all Claims: [www.berkley.net.com](http://www.berkley.net.com); Email: [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com);  
 Fax 866.275.6320; Call 800.435.1127;



To Report Workers'  
Compensation Claims

**[www.berkley.net.com](http://www.berkley.net.com)**

Fax: 866.275.6320

Call Toll-Free

800.435.1127

Email: [BNUClaims@berkley.net.com](mailto:BNUClaims@berkley.net.com)

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Fax 866.275.6320; Call 800.435.1127;

[www.berkley.net.com](http://www.berkley.net.com)



**In case of Injury or Illness on the job,  
the following participating providers are available in your area.**

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**CLINICS**

**HOSPITALS**

**PHYSICIANS**

**TMESYS Pharmacy Program** - To contact your local TMESYS Pharmacy, please call (800) 964-2531. Notify your immediate supervisor of your injury. If you feel that you need medical attention, **you may choose one of the providers listed here or a provider of your own choice.** Please call the provider to confirm First Health participation and to schedule an appointment for faster service. Many clinics are open extended hours for your convenience. For urgent care needs after clinics hours, you may proceed directly to the hospital listed here. Patients will be seen on a medical priority basis. In emergency situations you may immediately seek treatment from the nearest qualified facility or provider. **IF YOU NEED AN ALTERNATE TO THE PROVIDERS LISTED HERE, CALL 888-476-2669.** Your Employer and its Insurance Carrier utilizes **First Health contracted providers.** The above list is not a complete list of healthcare providers with First Health. For a complete listing of providers, or to verify whether a particular doctor does participate, please call 800-828-2389. **If your situation is a medical emergency requiring immediate attention, dial 911 or proceed to the nearest hospital which provides emergency services.** Use of network does not confirm or verify compensability under the Workers' Compensation Act, which is determined solely by the claims administrator.

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Fax 866.275.6320; Call 800.435.1127;

[www.berkleynet.com](http://www.berkleynet.com)



**En caso de lesión o enfermedad laboral, los siguientes proveedores participantes están disponibles en su área.**

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**CLINICS**

**HOSPITALS**

**PHYSICIANS**

**TMESYS Pharmacy Program - To contact your local TMESYS Pharmacy, please call (800) 964-2531**

Notifique a su supervisor inmediato acerca de su lesión. Si usted siente que necesita atención médica, puede elegir a uno de los proveedores acá listados. Por favor llame el proveedor para confirmar que participa en el programa de First Health y fije una cita para un servicio más rápido. Muchas clínicas están abiertas durante un horario ampliado para su conveniencia. Para situaciones de cuidado médico urgentes después de horas de atención al público, puede proceder directamente al hospital listado acá. Los pacientes serán vistos de acuerdo con la urgencia médica. En situaciones de emergencia usted puede solicitar tratamiento inmediato en la instalación o proveedor calificado más cercano. SI USTED NECESITA UNA ALTERNATIVA A LOS PROVEEDORES INDICADOS ACÁ LLAME 888-476-2669.

Su empleador y la empresa aseguradora utilizan la red **The First Health®** Network. Para un listado completo de proveedores, o verificar si un doctor en particular está en la red, por favor llame al 800-828-2389. **Si su situación es una emergencia médica que requiere atención inmediata, marque el 911 o proceda al hospital más cercano que proporcione un servicio de emergencias.** El uso de la red no confirma o verifica la facultad de ser compensado conforme a la Ley de Compensación de Trabajadores lo cual es determinado exclusivamente por el administrador de reclamaciones.

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