

SOUTHERN MUTUAL CHURCH INSURANCE COMPANY

201 Greenlawn Dr • P.O. Box 9346 • Columbia, SC 29290-0346 • 1-800-922-5332 • 803-776-9365 • 803-776-4260

Planned Administrator's Inc. (PAI) will manage your Workers' Compensation claims on behalf of Southern Mutual Church Insurance Company. This packet contains all the information needed to report your Workers' Compensation losses. Please take a moment to review this material and contact us with any questions you have. You may report injuries by mail, fax, email or phone.

PLEASE REPORT ALL CLAIMS TO THE FOLLOWING:

Mailing Address: Planned Administrator's Inc.

Post Office Box 100159, Columbia, SC 29202

Phone Number: 1 (800) 827-5794 Option #3

Fax Number: 1 (844) 230-8259

Claims Reporting Email: tpaclaims@companiontpa.com

When reporting a claim by phone, you will be asked questions similar to those on the First Report of Injury form (see below). The more information you have on hand the less time the call will take and the less need for follow-up. Phone reports generally take approximately 10 minutes.

-Tax ID Number -Age, sex, and marital status

-Policy Number -Wage information

-When/where/how injury occurred -Anticipated return to work date -Type of injury (cut, burn, etc.) -Name and address of physician

-Name of exact part of body injured -Name of witnesses

-Name and address of injured person -Date of hire and year on current job

-Social Security Number -Number of dependents

We are excited about the opportunity to partner with you and believe that you will find us to be a valuable tool in the overall management of your insurance programs. As always we welcome the opportunity to answer any questions you may have about the contents of this packet or Workers' Compensation in general.



Welcome to Planned Administrator's Inc.!

Enclosed is a copy of your Claims Packet. We hope this information will be useful to you. Included in this packet is the following information:

- Contact Information for your PAI team members
- Claims Reporting Instructions
- TN Form C-20 FIRST REPORT OF INJURY OR ILLNESS Complete this form immediately upon notice of an accident with as much information as possible. The form should be immediately mailed, faxed or emailed to Planned Administrator's Inc. You should complete the form any time a work related injury is reported to you even if you feel the employee is not entitled to benefits. We will investigate the claim and defend you accordingly. Planned Administrator's Inc. mailing address, fax number, and email address are listed on the next page.
- TENNESSEE WORKERS' COMPENSATION INSURANCE POSTING NOTICE (English and Spanish version) should be posted at the employer's place of business so all employees have access to it.
- Pharmacy Information from our preferred pharmacy vendor, Corporate Pharmacy Services.
- Useful reference links

We look forward to working with you as a member of your Risk Management team.



Workers' Compensation Contact Information

Mailing Address: Planned Administrator's Inc.

17 Technology Circle, Suite E2AG, Columbia, SC 29203

Post Office Box 100159, Columbia, SC 29202

Phone Number: 1 (800) 827-5794 Option # 3

Fax Number: 1 (844) 230-8259

Claims Reporting Email: tpaclaims@companiontpa.com

PAI Claims Team

Jonathan Duarte Direct Dial: (803) 264-4492

Senior Claims Adjuster Toll-Free #: (800) 827-5794 ext. 44492

Fax #: (844) 230-8259

E-Mail: jonathan.duarte@companiontpa.com

Sherry Branham Direct Dial: (803) 264-6260

Medical Only Assistant Toll Free #: (800) 827-5794 ext. 46260

Fax #: (844) 230-8259

E-Mail: sherry.branham@companiontpa.com

Linda McCallister Direct Dial: (803) 264-0423

Claims Supervisor Toll Free #: (800) 827-5794 ext. 40423

Fax #: (844) 230-8259

E-Mail: linda.mccallister@companiontpa.com

Clients

How to submit a First Report of Injury to





tpaclaims@companiontpa.com



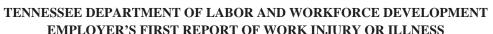
1-844-230-8259



1-800-827-5794 Option #3



Planned Administrator's Inc. P.O. Box 100159 Columbia, SC 29202





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LB-0021 (REV. 12/07) RDA 10183

TENNESSEE WORKERS' COMPENSATION INSURANCE POSTING NOTICE



The law requires this notice to be posted at the employer's place of business so all employees have access to it.

WHICH EMPLOYERS ARE COVERED BY THE TENNESSEE WORKERS' COMPENSATION ACT?

All employers with five (5) or more full or part-time employees, except as indicated below.

All employers engaged in the mining and production of coal with one (1) or more employees.

All workers in the construction industry unless they are specifically exempted.

WHAT SHOULD AN EMPLOYEE DO IF INJURED AT WORK?

- 1. Report the injury to the employer immediately;
- 2. Select a treating physician from a panel provided by the employer on the form described below. To report an injury contact:

 Name of employer representative to notify in event of a work related injury

 Telephone number of employer representative to notify in event of a work related injury

Address of employer representative to notify in event of a work related injury

3. If you have questions or problems, contact the Bureau as indicated below.

WHAT SHOULD AN EMPLOYER DO WHEN AN INJURY IS REPORTED?

- Immediately complete a First Report of Work Injury form and send it to the workers' compensation insurance company or the third party administrator; AND,
- 2. Offer the employee a panel of physicians. The physicians must be provided on the official state form, which is the "AGREEMENT BETWEEN EMPLOYER/EMPLOYEE CHOICE OF PHYSICIAN —Form C-42." Additional instructions are available on the form. The form is available at: http://www.tn.gov/assets/entities/labor/attachments/c42.pdf

The Tennessee Bureau of Workers' Compensation has staff available to help both employees and employers. For more information contact:

TENNESSEE BUREAU OF WORKERS' COMPENSATION 220 FRENCH LANDING DRIVE, 1-B NASHVILLE, TENNESSEE 37243-1002 615-532-4812 OR TOLL FREE 800-332-2667 800-332-2257 (TDD)

http://www.tn.gov/workforce/section/injuries-at-work

AVISO DE SEGURO DE COMPENSACIÓN DE TRABAJADORES DE TENNESSEE



La ley exige que se ponga este aviso en un lugar del negocio del empleador para que todos los empleados tengan acceso al mismo.

¿QUÉ EMPLEADORES ESTÁN CUBIERTOS POR LA LEY DE COMPENSACIÓN AL TRABAJADOR DE TENNESSEE?

Todo empleador que tenga cinco (5) o más de cinco empleados de tiempo completo o tiempo parcial, except como se indica a continuación.

Todo empleador que se dedique a la explotación de minas y la producción de carbón que tenga uno (1) o más de un empleado.

Todos los trabajadores de la industria de la construcción a menos que específicamente esten exentos.

¿QUÉ DEBE HACER UN EMPLEADO SI SE LESIONA EN EL TRABAJO?

- 1. Notificar al empleador de la lesión inmediatamente;
- 2. Escoger a un médico que le atienda de la lista que le dé el empleador en el formulario descrito abajo. Para notificar una lesión contacte a:

Nombre del representante del empleador para notificar en caso de una lesión relacionada con el trabajo
Número de teléfono del representante del empleador en caso de una lesión relacionada con el trabajo
 Dirección del representante del empleador en caso de una lesión relacionada con el trabajo

3. Si tiene alguna pregunta o un problema, contacte a la Oficina como se indica a continuación.

¿QUÉ DEBE HACER EL EMPLEADOR CUANDO SE LE NOTIFICA DE UNA LESIÓN?

- 1. Llenar inmediatamente el formulario Primera Notificación de Accidente de Trabajo y enviarlo a la compañía de seguro de accidentes de trabajo o al administrador del seguro contra tercera persona; Y
- 2. Ofrecer al empleado una lista de médicos. Los médicos tienen que ser proporcionados en el formulario oficial del estado, que es el ACUERDO ENTRE EL EMPLEADOR / ELECCIÓN DE MÉDICO DEL EMPLEADO -Forma C -42 . Instrucciones adicionales están disponibles en el formulario. El formulario está disponible en: http://www.tn.gov/assets/entities/labor/attachments/c42.pdf

La Oficina de Compensación de Trabajadores de Tennessee tiene personal disponible para ayudar tanto a los empleados como al empleador. Para mayor información, contacte al:

TENNESSEE BUREAU OF WORKERS'COMPENSATION 220 FRENCH LANDING DRIVE, 1-B NASHVILLE, TENNESSEE 37243-1002 615-532-4812 O LLAME GRATIS AL 800-332-2667 800-332-2257 (TDD)

http://www.tn.gov/workforce/section/injuries-at-work

LB-0922SP (REV. 7/15)



Pharmacy Program

In conjunction with



PRESCRIPTION PROCESS

- Complete the attached workers compensation prescription authorization form.
- ♣ Upon completion of the form ask the injured employee which pharmacy they would like to use and obtain the pharmacy phone number.
- Call the pharmacy to obtain their fax number or e-mail address.
- Fax or e-mail the authorization sheet to the selected pharmacy.
- The patient is loaded by the pharmacy.
- The authorization form will allow the injured employee to obtain prescriptions immediately for the first set of prescriptions only. The prescription authorization will be extended once the claim is received by Planned Administrator's Inc.
- ♣ The authorization may be extended or revoked by contacting CPS at (866) 429-1116.
- Network pharmacies can be found using a zip code search by going to www.corporatepharmacy.com and clicking on pharmacy locator.

SOUTHERN MUTUAL CHURCH INSURANCE COMPANY WORKERS' COMPENSATION PRESCRIPTION PAYMENT AUTHORIZATION FORM

Please keep this Authorization Form on file with script for auditing purposes.

Pharmacist:

This is a temporary workers' comp Rx payment authorization form. Please submit the prescription using the processing information listed below.

Please contact CPS Customer Care at (866) 429-1116 if you have any questions.

To transmit a prescription claim, please use the following information:

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Processor: EHO (Employer Health Options)

Bin #'s: NDC = 004527 (most pharmacies use this number)

Envoy/WebMD = 003241 CVS Condor Code = 15721 Walgreen's Bin # = ehowc

Eckerd's/Rite Aid Condor Code = 2185

(These specific pharmacy chains require special numbers to transmit prescriptions. All major chains and most independent pharmacies accept this plan.)

Version:	D.O	
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D.O.B.:	//	
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Date Sent: _		

Disclaimer: The information contained in this message may be privileged and confidential and protected from disclosure. If the reader of this message is not the intended recipient or an employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by replying to the message and deleting it from your computer. Thank you.

Mail Order Program

Program Features

- Below state fee schedule pricing
- ♣ Pricing based on cost plus basis (averages 25%-30% below fee schedule pricing)
- **♣** 90 day supply of non-narcotic medications
- Prescriptions automatically filled with generics
- Generates savings and management reports
- Offers recommendations based on reports
- Prescriptions delivered directly to injured workers' home
- Adult signature required on narcotic packages
- In-house tracking capabilities of all packages shipped via Federal Express
- **♣** Toll free patient and physician phone numbers
- Screen medication for compensability to injury, early refills, duplicated drug therapy, etc.



Useful Reference Links

 $\begin{tabular}{ll} \textbf{Tennessee Department of Labor \& Workforce Development} \\ \underline{www.tn.gov/workforce} \\ \end{tabular}$

Center for Disease Control & Prevention (CDC): $\underline{www.cdc.gov}$

National Safety Council (NSC) www.nsc.org

U.S. Department of Transportation www.dot.gov

American Industrial Hygiene Associationwww.seinet.org