The Travelers Indemnity Company/Coventry Health Care Workers Compensation, Inc. (Coventry)

Notice of Our Workers' Compensation Preferred Provider Program (PPP)

This information is being provided to you to explain your rights and responsibilities should you have an accident at work.

Illinois law allows our company to offer healthcare services to employees for workers' compensation injuries through a Preferred Provider Program (PPP). The Illinois Department of Insurance has approved our network of medical providers for treatment of work related injuries. The Department of Insurance requires our PPP network to meet standards for geographic accessibility, adequacy of medical providers and other factors important to assuring the adequacy of care to our injured employees.

You may choose to be treated by any of the medical providers of your choice in our PPP subject to the limitations described below. Our list of PPP medical providers is attached or you may access the list of the medical providers in our PPP at www.myWCinfo.com.

After your report of injury to us, you may in writing to us decline your participation in the PPP. Should you decline participation in the PPP, the law provides that your declination of participation constitutes one of the two choices of medical providers to which you are otherwise entitled. You may also decline treatment from our PPP at any time throughout your treatment for this work-related injury. However, that declination will also constitute one of your two choices of medical providers unless the Illinois Workers' Compensation Commission determines that the medical treatment provided to you by our PPP is inadequate.

In addition, the law provides if, prior to report of an injury, you are provided non-emergency treatment from a medical provider not within the PPP, that treatment would constitute one of the two choices of a medical provider to which you are otherwise entitled to. Please be advised that our company may not be required to pay for medical treatment you receive from medical providers outside or beyond your two choices of medical providers and subsequent referrals.

If our PPP does not provide a medical provider who can provide an approved medical treatment, a medical provider not a member of the PPP may be used at our expense if you have complied with our PPP's pre-authorization requirements for use of the medical provider who is not a member of the PPP.

For additional information regarding our program requirements, please review the attached materials that we are required to provide you pursuant to Section 370m (215 ILCS 5/370m) of the Illinois Insurance Code.

IF YOU ARE INJURED ON THE JOB, IN CASE OF EMERGENCY, SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY.

Immediately report your injury to your supervisor/manager or contact:

Employer: __________
Contact name: __________
Address: __________
Telephone: __________

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The Travelers Indemnity Company/Coventry Health Care Workers Compensation, Inc. (Coventry)

NOTICE OF PREFERRED PROVIDER PROGRAM FOR WORKERS' COMPENSATION MEDICAL CARE

We have received your report of a work-related injury. Please be advised that we have established a Preferred Provider Program (PPP) for medical treatment for workers' compensation cases, pursuant to the Illinois Workers' Compensation Act (820 ILCS 305/8(a) and 8.1a). Our PPP has been approved by the Illinois Department of Insurance as required under the Act.

We recommend that you obtain your medical care from the PPP network for any work-related injury because we believe it will provide good treatment for you. You may decline to be treated by providers in our PPP now or at any time throughout your treatment for this work-related injury.

Such declination must be made to us in writing, and will count as one of your two choices of medical providers. We may not be required to pay for medical services outside or beyond your two choices of medical providers and the chain of referrals there from.

However, not receiving treatment from our PPP will not be considered a choice of physicians if: 1) there is no medical provider in the PPP that provides treatment you need and you comply with all pre-authorization requirements; or 2) the Illinois Workers' Compensation Commission has determined that the treatment provided to you by our PPP is inadequate.

To obtain the list of medical providers in the PPP, go to www.myWCinfo.com or call (844)722-4698. To decline participation in the PPP, you must do so in writing; direct it to ILPPP@travelers.com. If you have questions about the employer's PPP network, please contact (844) 722-4698.

If you have any questions about your rights under the law, please call the Public Information Unit at the Illinois Workers' Compensation Commission at 312/814-6611, toll-free 866/352-3033, email the IWCC at infoquestions.wcc@illinois.gov, or check the Commission's website at www.iwcc.il.gov/.

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Preferred Provider Program Key Points

- An injured employee is allowed to choose a treating provider from the network directory who is appropriate for the treatment of his or her occupational injury. The injured employee is allowed to make up to two choices of treating providers. Any additional change will require approval of the employer and/or Travelers.
- If an employee does not wish to participate in the PPP, the employee must provide notice in writing to the employer and Travelers should a work related injury occur.
- If participation has been declined in writing, it constitutes one of the available 2 choices of provider.
- First Aid or Emergency care should be given at the closest medical facility and does not constitute a provider choice.
- When an employee provides a notice of work-related injury to the employer, the employer may recommend the injured employee to choose a provider within the PPP network.
- Any treatment with a non-PPP provider selected by the injured employee prior to giving notice of a work-related injury to the employer is considered to be one of the employee's choices of provider(s).
- Primary treating and hospital health care services for emergency medical must be located within 30 minutes or 15 miles of the employee's residence in a non-rural area.
- Occupational health services and specialty providers are to be within 60 minutes or 30 miles of the employee's residence.
- An appointment for initial treatment is to be available within three business days of a request.
- An appointment for treatment of common work-related injuries is to be available within twenty business days of request.
- If an employee is working or resides temporarily or permanently outside the Illinois geographic area, and requires treatment for their work-related injury, they may choose a treating provider from a network listing of at least three providers in that area.
- Employers and employees may obtain a current provider network listing by:
  - Using the Find a local Network Provider Link on myWCInfo.com
  - Sending a request to ILPPP@travelers.com
  - Calling (844)722-4698 and requesting a listing
  - Talking with the Clam Professional and requesting a listing

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How to Find and Use the Network Directory

1. Access the PPP Network directory by linking to www.mywcinfo.com . This web site can provide access to a selection of PPP providers within a radius of the worksite or the injured employee's residence. This site has other features such as a link to workers compensation claim resources and information regarding how to obtain injury related medications prescribed by the treating provider.

2. Another link can be found on www.travelers.com .

   - Select: Claim Center, then Claim Support Center and choose Find a Network Medical Provider on the right hand side of the page.

3. On either of these sites, a listing may be obtained by using workers compensation, zip code, state and the type of provider desired.

4. From that point, the list may be broadened and refined by distance, type of provider or region.

5. Additional information about a provider can be obtained by clicking on the map icon next to the provider's name.

6. A selected listing may be printed or emailed to a recipients email address.

7. Another method is to email a request for a listing to wcppn@travelers.com specifying a location or locations and listings will be generated and emailed.

8. If internet access is not available, please contact Travelers at (844)722-4698 and request a provider listing which will be sent within 3 business days.

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WORKERS' COMPENSATION TELEPHONE REPORTING WORKSHEET

THINGS TO REMEMBER WHEN COMPLETING THE INFORMATION BELOW:
Call the Telephone Reporting Center to quickly and easily report all Workers' Compensation injuries. We will be asking you the following questions, so please have the information handy. We will produce and submit the necessary state forms.

DO NOT DELAY IN CALLING IF YOU DO NOT HAVE ANSWERS TO ALL THE QUESTIONS.

ACCOUNT/ACCIDENT INFORMATION

CALLER'S PHONE NUMBER/EXTENSION ( )	CALLER'S TITLE	CALLER'S NAME	REPORTING STATE

SUBSIDIARY NAME	SUBSIDIARY'S ADDRESS (STREET, CITY, STATE & ZIP)	SUBSIDIARY'S MAILING ADDRESS (STREET, CITY, STATE & ZIP) ☐ SAME

DID THE ACCIDENT OCCUR AT THE LOCATION ADDRESS?
☐ YES ☐ NO IF NO, ADDRESS WHERE ACCIDENT OCCURRED

PARENT COMPANY/INSURED'S NAME

LOCATION CODE	POLICY SYMBOL AND NUMBER	NATURE OF BUSINESS

DATE OF INJURY	TIME OF INJURY

ACCIDENT DESCRIPTION

EMPLOYEE INFORMATION

INJURED EMPLOYEE'S SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME (FIRST, MI, LAST)	GENDER ☐ MALE ☐ FEMALE

DATE OF BIRTH	EMPLOYEE'S MAILING ADDRESS
EMPLOYEE'S HOME PHONE NUMBER ( )	EMPLOYEE'S HOME ADDRESS (IF DIFFERENT FROM MAILING)

EMPLOYEE JOB INFORMATION

EMPLOYMENT STATUS CODE ☐ FULL-TIME ☐ PART-TIME ☐ OTHER ______	INJURED WORKER TYPE	REGULAR OCCUPATION

OCCUPATION WHEN INJURED

EMPLOYEE'S WORK SCHEDULE
REGULAR WORK HOURS HOURS/DAY DAYS/WEEK

EMPLOYEE'S WAGE INFORMATION
$________/HOUR OR $________/ANNUAL OR $________/WEEKLY OVERTIME: $________ ADDITIONAL BENEFITS: $________

DATE OF HIRE OR LENGTH OF EMPLOYMENT

SUPERVISOR'S NAME	SUPERVISOR'S PHONE NUMBER: ( )	BEST HOURS TO CONTACT

ACCIDENT INFORMATION

DATE CLAIM REPORTED TO EMPLOYER?	DID EMPLOYEE LOSE ANY TIME FROM WORK? ☐ YES ☐ NO	IS THE EMPLOYEE BACK AT WORK? ☐ YES ☐ NO IF YES, DATE RETURNED TO WORK?

RETURN TO WORK STATUS ☐ LIGHT ☐ MODIFIED ☐ REGULAR	DATE EMPLOYEE LAST WORKED	WAS INJURY FATAL? IF YES, DATE OF DEATH ☐ YES ☐ NO

CAUSE OF ACCIDENT (E.G., SLIP/FALL, LIFTING, CHEMICAL)

EQUIPMENT, MATERIAL OR SUBSTANCE INVOLVED

DO YOU QUESTION THE VALIDITY OF THE CLAIM?
☐ YES ☐ NO

WITNESS INFORMATION/OTHERS INVOLVED

NAME (FIRST, MI, LAST)	ADDRESS	PHONE NUMBER

CONTINUED ON REVERSE SIDE

INJURY INFORMATION

PART OF BODY INJURED (E.G., HEAD, NECK, ARM, LEG)

NATURE OF INJURY (E.G., FRACTURE, SPRAIN, LACERATION

PRIOR INJURY OR PRE-EXISTING CONDITION(S) (IF YES, DESCRIBE)

☐ YES ☐ NO

TREATMENT ("X" ALL THAT APPLY)

☐ FIRST AID —	TREATMENT AND DATE OF 1st TREATMENT
☐ HOSPITAL/ CLINIC —	NAME, ADDRESS, PHONE NUMBER, PHYSICIAN NAME, TREATMENT, DATE OF 1st TREATMENT, LENGTH OF STAY AMBULANCE USED? WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? ☐ YES ☐ NO WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATENT? ☐ YES ☐ NO
☐ PHYSICIAN —	

SEE WORKERS' COMPENSATION - FIRST REPORT OF INJURY - STATE SPECIFIC QUESTIONS FOR YOUR INDIVIDUAL STATE.

CUSTOMER SPECIFIC INFORMATION

ADDITIONAL COMMENTS & INFORMATION

MEDICAL AUTHORIZATION

RE: Name: Date:
SS#: Claim Number:
DOB:

YOU ARE HEREBY AUTHORIZED TO RELEASE TO

Travelers Indemnity Company and its Property/Casualty affiliates
or Constitution State Services, LLC
P O Box 3205
Naperville, IL 60566
Fax 877/786-5567

or any representative acting on its behalf, including my employer, and to permit them to examine and/or copy:

> Any and all hospital records, medical records, psychological records, x-ray films and their reports, all tests of any type and character and their reports, statements of charges and any and all records of medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense in your possession or control pertaining to the undersigned. (Illinois Mental Health and Developmental Disabilities Confidentiality Act – REF. 740 ILCS 110/1 et seq; and, Illinois Workers Compensation Act 820 ILCS 305/8(a))

You are also authorized to discuss with them my injuries, physical condition, treatment and care and to furnish them with a written report regarding same.

The purpose for releasing this information is:

(A) To facilitate the evaluation of my claim for Workers' Compensation benefits. (REF: 50 IL Admin Code, Ch II § 7110.70).

(B) To permit said disclosed information to be admitted into evidence at a hearing on my claim for said benefits pursuant to the appropriate rules of practice before the Illinois Workers' Compensation Commission.

A photostatic copy of this authorization shall be as valid as the original. This authorization is valid for the duration of the claim.

You are hereby released from any and all liability or responsibility, which could or might result because of the disclosure of any information pursuant to this authorization.

____________________ DATE

____________________ SIGNATURE

____________________ PRINT NAME

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