

Eastern Alliance Online Claim Reporting

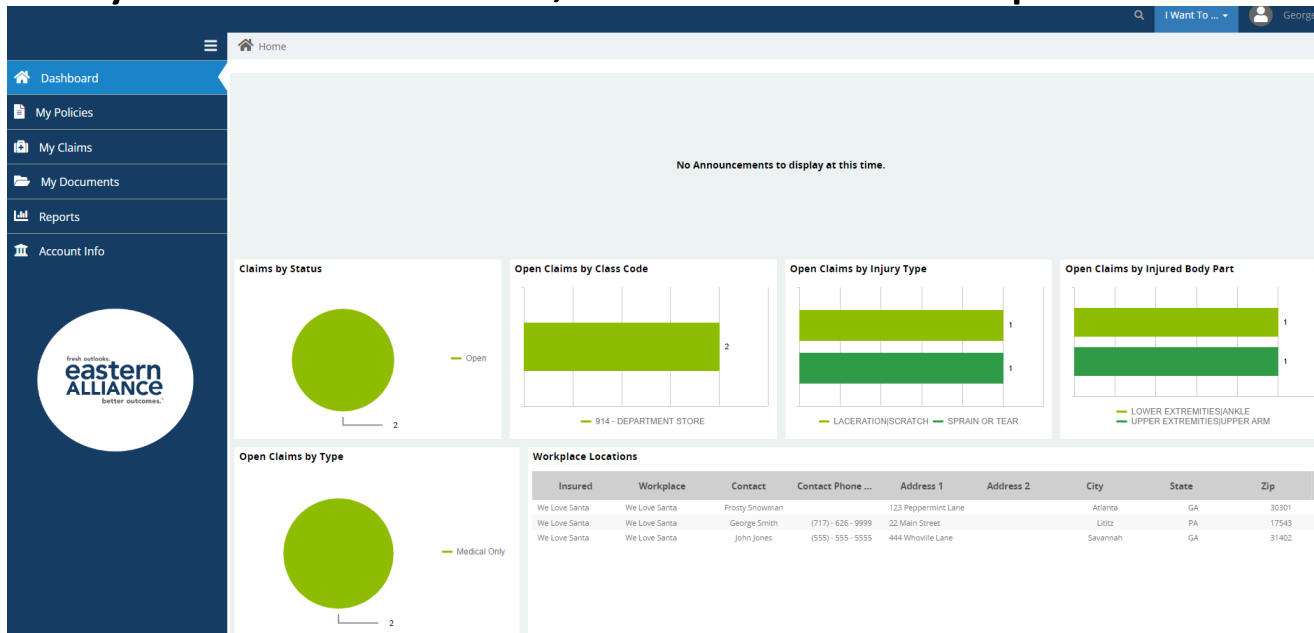
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Begin Your Submission

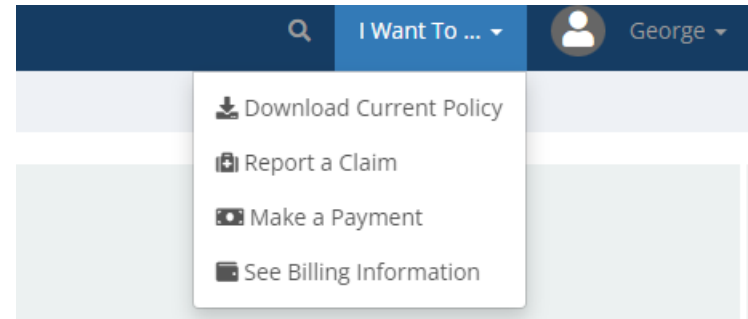
You can report a claim online through our Service Portal.

1. First, log-in to www.EasternAlliance.com.
2. On the Report a Claim page, look for the “Report a Claim Online” link—if you don’t see it, you were not granted permissions to Report a Claim.
3. When you click the link, a new tab will open that looks like this:



Begin Your Submission

Click the drop-down arrow in the upper right corner by “I Want To...” and select “Report a Claim.”



First Report of Injury

- TIP! Mandatory fields are designated with a red bar along the left of the field.
- First, enter the date of injury.
- The drop-down for the jurisdiction field will show the states listed on your policy; select the one where your injured worker works.
- When you're done, click the blue "Next" button at the bottom right of the screen.

First Report of Injury



The screenshot shows a form titled "First Report of Injury" with two input fields. The "Date of Injury" field contains the text "2/21/2023" and has a calendar icon on the right. The "Jurisdiction" field contains the text "Georgia" and has a dropdown arrow on the right. A red oval highlights the red vertical bars on the left side of both input fields, indicating they are mandatory.

Injury Information

- The date of the injury will populate from the prior page.
- Enter the time of the injury. **This is not a mandatory field, so you can skip it if you do not know.*
- Click the Save & Continue button when done.
- TIP! If you need to take a break, you can save your progress by clicking the Save button to save your progress.

Injury Information

Date of Injury

Date of Injury

12/21/2023



Time of Injury









- The only mandatory fields are the injured worker's first and last name, the location they work out of, and the class code.
- If you do not provide date of birth, SSN, mailing address, hire date, days/hours worked per week, and full wages paid, our Claim Support Team will contact you for this information later.
- The location field has a drop-down menu with locations listed on your policy; select the location associated with the injured worker.
- Select the class code that best fits the injured worker's job on the class code drop-down menu.
- If your policy is set-up for location coding, select the injured worker's department on the drop-down menu.

Employee-Personal/Wage Information

Employee

Personal/Wage Information

First Name	<input type="text" value="John"/>
Middle Name	<input type="text" value="Middle Name"/>
Last Name	<input type="text" value="Doe"/>
Date of Birth	<input type="text" value="5/21/1987"/>  
SSN	<input type="text" value="123-45-6789"/>
Hire date	<input type="text" value="12/1/2023"/> 
Employee State	<input type="text"/>
Country	<input type="text" value="United States"/>
Address 1	<input type="text" value="123 Test St"/>
Address 2	<input type="text"/>
City, State, Zip	<input type="text" value="Cartersville"/>  <input type="text" value="Georgia"/>  <input type="text"/> 
Gender	<input type="text" value="Male"/>
Marital Status	<input type="text"/>

Employee-Personal/Wage Information

- The location field has a drop-down menu with locations listed on your policy; select the location associated with the injured worker.

A screenshot of a web form showing a dropdown menu for the 'Location' field. The dropdown is open, displaying two options. The first option is highlighted in blue. The form fields are labeled 'Location', 'Class Code', 'Department', and 'Sub Department'. The 'Location' field contains the text 'We Love Santa - 123 Peppermint Lane, Atlanta, GA 30301'. The dropdown menu shows the following options:

- 1 - We Love Santa
123 Peppermint Lane
Atlanta, GA 30301
- 2 - We Love Santa
444 Whoville Lane
Savannah, GA 31402

- If your policy is set-up for location coding, select the injured worker's department on the drop-down menu.

A screenshot of a web form showing a dropdown menu for the 'Department' field. The dropdown is open, displaying a list of departments. The form fields are labeled 'Department' and 'Sub Department'. The 'Department' field is empty. The dropdown menu shows the following options:

- Customer Service
- Main Office
- Procurement
- Shipping
- Transportation
- Workshop

Below the dropdown menu, there is a 'Last saved on: Dec 21, 2023 12:16 PM' message and a 'Save' button. At the bottom right, there are links for 'Policy' and 'Legal Disclaimers'.

Mandatory fields are:

- Nature of injury (drop-down—select the most fitting)
- Body part (drop-down—select the most fitting)
 - Depending on the injured body part, please select the location (Left/Right/Bilateral) OR if the body part is a toe or finger, select which finger or toe was injured.
- Accident/Injury Description (comment field)
- Cause of Injury (drop-down—select the most fitting)
- Death Result of Injury? (Y/N)
- Accident Occur on Employer Premises?
(Employer/Lessee/Other)

Occurrence-Accident Information

Occurrence

Reporting Agency:

Nature of Injury:

Part of Body Injured: **+ Add**

Body Part Injured:

Part Injured Location:

Finger/Toe Injured:

Primary Body Part Injured Delete

Country:

Address 1:

Address 2:

City, State, Zip:

Accident Site Narrative:

Organization:

Accident/Injury Description:

Last saved on: Dec 21, 2023 12:25 PM

[Previous](#)

[Save](#)

[Save & Continue >](#)

Occurrence-Accident Information

Occurrence

Cause of Injury	<input type="text" value="STRUCK OR INJURED BY FALLING OR FLYING OBJECT"/>
Injury Severity	<input type="text"/>
Initial Return to Work	<input type="text" value=""/>
Initial Return To Work Type	<input type="text"/>
Initial Return to Work Physical Restriction?	<input type="text"/>
Restrictions?	<input type="text"/>
Initial Return to Work with the Same Employer?	<input type="text"/>
Initial Date of Lost Time	<input type="text" value=""/>
Date of Death	<input type="text" value=""/>
Death Result of Injury?	<input type="text" value="No"/>
Accident Occur on Employer Premises?	<input type="text" value="Employer"/>
Safety Equipment Provided	<input type="text"/>
Safety Equipment Used	<input type="text"/>

Last saved on: Dec 21, 2023 12:26 PM

< Previous

Save

Save & Continue >

- This page captures details on where the injured worker was treated, if there was treatment.
- “Initial Treatment” is the only mandatory field; select from the drop-down list which level of treatment (including “No Medical Treatment”) best describes the circumstances.

Treatment

Treatment

Fax

Hospital 

Country 

Address 1 

Address 2

City, State, Zip  

Phone

Fax


Initial Treatment

Follow-Up Treatment

Was Panel Provided?

- Emergency evaluation, diagnostic testing, and medical procedures
- Future major medical/Lost time anticipated
- Hospitalization greater than 24 hours
- Minor clinic/hospital medical remedies and diagnostic testing
- Minor on-site remedies by employer medical staff
- No medical treatment

Last saved on: Dec 21, 2023 12:27 PM

 Previous

 Save

Save & Continue 

- Your information will appear in the Preparer's fields.
- "Is Preparer the Contact?" is the only mandatory field; select Yes or No.
 - If you are NOT the contact, provide the information for the person our team should contact regarding the claim.
- If there is any additional information that you would like us to be aware of, please enter those details in the "Insured Comments" field.

Contact Information

Contact Information

Contact Information - Default FROI Layout

Preparer First Name	<input type="text" value="George"/>
Preparer Last Name	<input type="text" value="Smith"/>
Preparer Primary Email	<input type="text" value="george@email.com"/>
Preparer Work Phone	<input type="text" value="(717) 626-9999"/>
Is Preparer the Contact?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Contact First Name	<input type="text"/>
Contact Last Name	<input type="text"/>
Contact Phone	<input type="text"/>
Contact Phone Ext.	<input type="text"/>
Contact Email Address	<input type="text"/>
Contact Title	<input type="text"/>
Insured Comments	<input type="text"/>

- Use the Documents page to upload any files that may be helpful or associated with the claim (reports, medical bills/records, pictures, etc.).

Documents

Documents

Upload File +

Description	Group	Modified
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- If you receive any documents after the claim is submitted, you can upload them by going to the Service Portal's "My Claims" tab and clicking on your claim in the "Claims List."

- Select the “Save & Submit Later” button if you need to gather more information before submitting the claim.
 - You can return to your claim submission by going to the “My Claims” tab in the Service Portal and clicking on your “in-process” claim, found in the “First Report of Injury List.”
- Once you click the “Submit” button, our team will perform a quality control review.
 - Your claim number is available in the “My Claims” tab in the Service Portal under the “First Report of Injury List.”
 - Once the Quality Control Review is complete, your claim will move to the “Claims List” on the “My Claims” tab.

Please reach out to your Eastern team with any questions—we're here to help you!