

Eastern Alliance Online Claim Reporting

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Begin Your Submission

Eastern Alliance claim reporting is available through a submission tool called **Intake**. To access **Intake**, log-in to www.easternalliance.com and click on Report a Claim (beside the Eastern Alliance logo). On the Report a Claim page, click on the box for Report a Claim online. A new window will open that will look like this:

The screenshot shows the 'EAI INTRODUCTION SCREEN' of the Intake submission tool. The interface includes a top navigation bar with a 'Home' link and a 'CALL TIME' indicator showing '00:00:12'. A 'View Summary' dropdown is located in the top right corner. The main content area is titled 'EAI INTRODUCTION SCREEN' and 'Page 1 of 7'. Under the 'General Information' section, the following fields are visible:

- *Date of Loss**: A text input field with a calendar icon. A red error message below it reads 'Date of Loss is required.'
- *Jurisdiction State**: A dropdown menu.
- Entry Date**: A text input field containing '5/21/2018'.
- *Submitter First/Last**: Two text input fields. Red error messages below them read 'Submitter First is required.' and 'Submitter Last is required.'
- *Submitter Title/Submitter Phone**: Two text input fields. Red error messages below them read 'Submitter Title is required.' and 'Submitter Phone is required.'
- Phone Extension**: A text input field.
- Is Submitter the Contact?**: Radio buttons for 'Yes' and 'No'. A red error message below them reads 'Contact is required.'
- Email**: A text input field.
- Fax Number**: A text input field.
- Email2**: A text input field.
- Fax Number2**: A text input field.

Begin Your Submission

Please note the following regarding the claim reporting pages:

- Required fields are preceded by a red asterisk (*).
- Click the “Back” or “Next” buttons at the bottom of each page to navigate pages.
- A check mark next to a page indicates that all required fields have been completed. A triangle indicates that a required field is outstanding.
- Occasionally when entering data, the screen may “flash” or go blank for a second, and then update with your data.
- Some pages require scrolling to view all fields on the page.
- When entering a city, **enter the Zip code first**, and the city/state will populate. Always verify if the Zip applies to more than one city.

Page 1 “EAI Introduction Screen”

EAI INTRODUCTION SCREEN

EAI INTRODUCTION SCREEN

Page 1 of 7

General Information

*Date of Loss

*Jurisdiction State

Entry Date

*Submitter First/Last

*Submitter Title/Submitter

Phone Submitter Phone is required.

Phone Extension

Is Submitter the Contact? Yes No

Email

Fax Number

- There are several fields on this page that are **required** (*)
- Type out the state’s name; do not enter the two-letter abbreviation (i.e., enter “Georgia” not “GA”).

Email	<input type="text"/>
Fax Number	<input type="text"/>
Email2	<input type="text"/>
Fax Number2	<input type="text"/>

** Denotes required field*

Next

- You can include up to two fax numbers and two email addresses to have a copy of the First Report of Injury (FROI) notice sent to.
- After Eastern has reviewed the claim, a First Report of Injury (FROI) notice will be sent to the contacts listed here, as well as to the agent.
- **If you do NOT include a fax or email here, you will not receive a copy of the FROI.**

Page 2 “Insured Information”

INSURED INFORMATION
Page 2 of 7
Employer Information

*Employer Name

Mailing Address

Employer Zip, State, City

Employer County

Employer Phone Number

Nature of Business

*Physical address same as mailing? No Yes

Location Code/Name

- Employer Information goes here; Employer Name and Physical address indicator are required.
- **Note:** enter the ZIP code first to populate city and state.
- If you have multiple locations, simply enter the location code.

Page 3 “Employee Information”

Page 3 of 7
Injured Worker Information

EAI INTRODUCTION SCREEN ✓

INSURED INFORMATION ✓

INJURED WORKER INFORMATION

Injured Worker Details
SSN(xxxxxxxx format)

*Injured Worker First/MI/Last Name

Injured Worker's First Name is required. Injured Worker's Last Name is required.

Suffix

Mailing Address

Mailing Address 2

Zip/State/City

County

Phone Number

Gender/Marital Status Female Male Unknown

- Do NOT include any dashes or spaces in the SSN field.
- Employee First Name and Last Name are mandatory.
- Enter the ZIP code first to populate City and State
- You will need to scroll down on this screen to view all fields.

Page 4 “Incident Information”

The screenshot shows a web form titled "INCIDENT INFORMATION" on "Page 4 of 7". The form is divided into several sections:

- INCIDENT INFORMATION**:
 - Did the loss occur on the insured's premises?
 - Employer's Premises
 - Lessee's Premises
 - Other
- Accident Address Information**:
 - *Premises Indicator
- Lost Time Information**:
 - Loss State: PA
 - Date of Injury: 8/1/2016
 - Time of Injury: HH:MM (with AM/PM radio buttons)
 - Shift Begin: HH:MM (with AM/PM radio buttons)
 - Lost Time: No Unknown Yes
 - Date Last Worked / # of Days Off: Select Date
 - 1st Day Off: Select Date
 - Return to Work (Y/N/U): No Unknown Yes
 - Date Employer Notified of Injury: Select Date
 - Name of Person Notified: [Text Field]
 - *Did the injury result in death? No Yes

A red error message at the bottom states: "Fatality Indicator is required."

- Mandatory fields: Premises Indicator, Did Injury Result in Death, NCCI Cause, NCCI Body, NCCI Nature of Injury, and Accident Description
- Requested lost time information now has fewer mandatory fields.
- “Unknown” is now an option in the Lost Time field.

Accident Information

*NCCI Cause Code ✕ ▾

*NCCI Body Part Code ✕ ▾

*NCCI Nature of Injury ✕ ▾

Safeguards Provided? No Unknown Yes

Were they Used? No Unknown Yes

Was there a witness? No Unknown Yes

Witness Information

First Name/Last Name

Witness Phone

Was there a 2nd witness? No Unknown Yes

- NCCI Cause Code: begin typing the description—the screen will go blank for a split-second, and then options will appear in a drop-down menu.
- Witness Information is located on this page.

Page 4 “Incident Information- Witnesses”

Was there a witness? No Unknown Yes

Witness Information
First Name/Last Name

Witness Phone

Was there a 2nd witness? No Unknown Yes

Witness2 Information
First Name/Last Name

Was there a 3rd witness? No Unknown Yes

Witness3 Information
First Name/Last Name

* Denotes required field

[BACK](#) [NEXT](#)

- If the answer to “Was there a witness?” is Yes, you will have the option to include their contact information on Page 4. You can include up to 3 separate witnesses.

Page 6 “Treatment Information”

TREATMENT INFORMATION
Page 6 of 7
Treatment Information

Employee's Initial Treatment

Emergency Ambulance
Emergency Ambulance Service

Physician
Physician First/Last Name

Mailing Address

Mailing Address 2

Physician Zip/State/City

Physician Mailing County

Physician Contact Phone

Is Doctor a panel provider?

- No mandatory fields.
- Enter the ZIP code first to populate City and State fields.
- Make sure to scroll down through the entire page.

EAI INTRODUCTION SCREEN	✓	STATE SPECIFIC QUESTIONS FOR PA Page 6b of 7 <i>State Specific Questions</i> Employer Physical County	<input type="text" value="Lancaster"/>
INSURED INFORMATION	✓		
INJURED WORKER INFORMATION	✓	<i>* Denotes required field</i>	
INCIDENT INFORMATION	✓		
TREATMENT INFORMATION	✓		
STATE SPECIFIC QUESTIONS FOR PA			

BACK

NEXT

- A State Specific page only appears if the claim’s jurisdiction requires additional information.

Page 7 “Additional Information”

CALL TIME
00:23:39

Print **CLOSE** **SAVE**

View Summary ▾

ADDITIONAL INFORMATION
Page 7 of 7
Additional Information
Please include any additional comments below. This area is for any further explanation of the incident that you feel was not captured.
This field allows for unlimited text.

EAI INTRODUCTION SCREEN ✓

INSURED INFORMATION ✓

INJURED WORKER INFORMATION ✓

INCIDENT INFORMATION ✓

TREATMENT INFORMATION ✓

STATE SPECIFIC QUESTIONS FOR PA ✓

ADDITIONAL INFORMATION ✓

Submitter Information

Submitted Date: 2/6/2017

Submitter First/Last Name: John Doe

Job Title: HR Generalist

Phone: 717-123-4567

Phone Extension: 1001

* Denotes required field

BACK **SUBMIT FOR REVIEW**

NEXT

- Enter any additional information here. Be sure to hit “Submit for Review” after you are finished.
- You can view your submission by clicking the “View Summary” drop-down arrow, and you can print a copy by clicking the “Print” icon.

“Summary Page”

INTAKE CLOSE APPLICATION

PRINT CLOSE SAVE

CALL TIME 01:01:19	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
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SUMMARY PAGE

You have successfully submitted your claim to Eastern Alliance. One of our Claim Support Specialists will perform a quality review, verify the claim information and provide you with a confirmation and claim number within one business day. If we need additional information to finalize this claim submission, we will contact you shortly.

*Denotes required field

- EAI INTRODUCTION SCREEN ✓
- INSURED INFORMATION ✓
- INJURED WORKER INFORMATION ✓
- INCIDENT INFORMATION ✓
- WITNESS INFORMATION ✓
- TREATMENT INFORMATION ✓
- STATE SPECIFIC QUESTIONS FOR PA ✓
- ADDITIONAL INFORMATION ✓

SUMMARY PAGE

- After the claim has been submitted, a confirmation message will appear on the Summary Page.
- Click on “Close Application” to exit **Intake**.