Claim Reporting

Promptly returning your employees to wellness and productivity is our central focus. Our efforts are most effective when you report your claims to us immediately. ***All work-related injuries should be reported to us as soon as possible.*** The worksheet on the following pages will help you gather information needed to report the claim to us.

Eastern Alliance Insurance Group offers two options to report your claims:

Option #1: **Call our Claim Support Center** at 1.800.336.3658 (available 24/7) to speak with an Eastern Associate Claim Specialist. The Associate Claim Specialist will provide you with a claim number.

Option #2: **Report your claim online**. Log-in to www.EasternAlliance.com and click on "Report a Claim" (found to the right side of the Eastern logo). Then click on the Report a Claim Online link (*must have claim reporting permissions*).

Whichever option you choose, immediately after you report a claim, the claim number will be listed on our Service Portal (accessed through www.EasternAlliance.com) on the "My Claims" tab. After a quality control review, copies of the First Report of Injury form will be sent to the policyholder, agent and appropriate state agency (as required).

CLAIM REPORTING FAQ:

What is required to report a claim?

Required information will be indicated by a red bar (online) and with an asterisk (*) on the following Claim Reporting Worksheet. Certain information is not initially required to submit a claim as it may not be available yet; however, due to state reporting requirements, if those details are not initially provided you will receive a call from an Associate Claim Representative to collect the information. Those fields are identified with a double asterisk (**) on the Claim Reporting Worksheet that follows.

What do I do with additional documents or medical bills that the injured worker gave me?

If you report the claim online, there is an area for you to upload documents after submission. If you reported by phone, you can upload your documents on the Service Portal—click the "My Claims" tab, find the "Action" button beside the associated claim, select the drop down arrow, and click "Upload Files."

What's the billing address for medical bills?

Direct all claims correspondence (including medical bills and reports) to us at:

Eastern Alliance Insurance Group
PO Box 14138
Lexington, KY 40512

What can I expect after the claim is reported?

After the claim is reported, we'll perform a quality control review and provide copies of the First Report of Injury form to the insured, agent, and appropriate state agency. After your claim is submitted, you can log into our Service Portal for updates and to easily view real-time claim details, including claim notes, financials, and contact information for your assigned Claim Representative, who is readily available to discuss the claim with you.

As an Eastern insured, you can also access a variety of tools and resources on our website, such as:

- **ecovery** and Return to Wellness materials and templates, modified duty task lists, fraud prevention resources, and much more.
- Extensive safety tools, webinars and videos to help your organization prevent workplace accidents.

Eastern Alliance Insurance Group Claim Reporting Worksheet
Report 24/7 through Teleclaim: 1.800.336.3658 or online: www.EasternAlliance.com
DO NOT FAX OR EMAIL THIS FORM TO US (FOR INFORMATION GATHERING PURPOSES ONLY)

Injury Information

*Date of loss/injury: _____ *Jurisdiction/State Injured Worker was hired : _____

Time of Injury_____

Injured Worker-Personal/Wage Information

*Injured Worker's name: _____

**Birth date: ____/____/_____ **Injured Worker's Social Security Number: _____-____-_____

**Injured Worker's mailing address: _____

**Hire date: ____/____/_____ Gender: _____ Marital status: _____ Primary Language_____

Job Title:_____

Employee Status (Full-time/Part-time)_____

Injured Worker's phone # with area code: (____) _____

Injured Worker's Email_____ # of dependents: _____

**Days Worked Per Week _____ **Hours Worked Per Day_____

**Full Wages Paid for Date of Injury? (Yes/No/Unknown)_____ Did Salary continue?_____

*Location where injured worker reports to/works :_____

*Class Code: _____

Department (location code):_____ Sub Department_____

Occurrence -Accident Information

Last Day Worked: ____/____/_____ Employer first knowledge of Injury Date ____/____/_____

Claim Administrator First Knowledge of Injury Date ____/____/_____

Initial Date Disability Began ____/____/_____ Employer Knowledge of Disability Date ____/____/_____

Preexisting Disability? Y/N

*Nature of Injury:_____

*Part of Body Injured:_____

Part Injured Location (L/R/Bilateral):_____Finger/Toe:_____

Address where accident occurred: _____

Accident Site Narrative (any additional information):_____

*Accident/Injury Description:_____

*Cause of Injury (drop-down online): _____

Injury Severity (drop-down online):_____

**Initial Return to Work Date:_____

Initial Return to Work Type:_____

Initial Return to Work Physical Restriction (Y/N):_____

Restrictions:_____

Initial Date of Lost Time:_____ Date of Death: _____

*Death Result of Injury (Y/N):_____

*Accident Result on Employer Premises (Employer/Lessee/Other):_____

Describe the events that caused the injury:_____

Object that directly injured the employee:_____

Activity the employee was engaged in when event occurred:_____

Additional comments about accident:_____

Witness Name and phone number (up to 3):_____

Supervisor Name and phone number:_____

Treatment Information

Provider:_____

Provider Address:_____

Provider Phone:_____

Hospital:_____

Hospital Phone:_____

*Initial Treatment (drop down online):_____

Follow-Up Treatment:_____

Was Panel Provided (Y/N)? _____

Hospital Address:_____

Contact Information

Preparer Name and email:_____

Preparer Work Phone:_____ *Is Preparer the contact (Y/N):_____

Contact Name:_____

Contact Phone:_____ Contact Email:_____

Contact Title:_____

Insured Comments:_____