

# InSource Employer Solutions

## AUTHORIZATION FOR MEDICAL TREATMENT FOR WORKERS' COMPENSATION

**Use this form for injured workers in the following states:  
MAINE & NEW JERSEY**

**PROVIDER:** UWIC / Next Level Administrators  
Policy: InSource Employer Solutions #WC526-00001-023-SZ

**COMPANY NAME:** \_\_\_\_\_

**EMPLOYEE NAME:** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_

**TYPE OF INJURY:**

**PERFORM A DRUG SCREENING:** YES NO

**PERFORM A BLOOD ALCOHOL SCREENING:** YES NO

**BILL TO:** Comp IQ - Next Level Administrators  
PO Box 3055  
Milwaukee, WI 53201  
Phone: (833) 827-3449  
Fax: (505) 212-6901

**OR E-MAIL:** medicalbills@nextleveladmin.com eBilling Payor ID: 34762

\_\_\_\_\_  
**SIGNATURE OF SUPERVISOR**

\_\_\_\_\_  
**DATE**

## Medical Records Release

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Carrier: Sunz Insurance Company

Policyholder: InSource Employer Solutions, Inc.

I authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic, or other medical facility to release any and all medical information to **Next Level Administrators LLC and/or its representatives, for the following purposes: Workers' Compensation claim adjudication and disability determination**. I also authorize any treating physician or medical provider to review any additional materials provided to them.

**Note: Workers' Compensation Records Requests Are Exempt From HIPAA.** Pursuant to 45 Federal Regulation Code, Sect. 164.512 (1), a covered entity may, without penalty under HIPAA, disclose protected health information to the extent necessary to comply with the law relating to workers' compensation.

The following medical records are restricted unless you specifically authorize release of information in a separate authorization: Mental health information and/or records; Drug/alcohol information; HIV/AIDS related information or records.

A photocopy of this authorization shall be considered valid. This release shall remain valid for the life of the claim.

\_\_\_\_\_  
Signature of Patient/Guardian/Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Relationship to Patient

## Workers' Compensation First Fill Program

**Employer:**

Please provide this document to the injured worker to take to any pharmacy to fill their authorized prescriptions.


**Employee:**

- The attached KeyScripts Temporary Prescription Benefit Card\* will authorize you to obtain prescription medications related to your work injury with no out-of-pocket expense when filling your prescription.
- Call KeyScripts at 866.446.2848 to activate your card and for assistance finding your nearest KeyScripts network pharmacy which includes all major retail pharmacies such as CVS, Target, Walgreens, Walmart, as well as most supermarket chain or grocery store pharmacies.
- Fill out your name and Employee ID number (provided to you during card activation) in the spaces provided on the card. *NOTE: There may be limitations on how much of your prescription can be filled, based on your employer's prescription benefit plan.*
- This document serves as a temporary prescription card. You may also receive a permanent prescription card specific to your injury, which will be forwarded directly to you within the next 3-5 business days.
- Present this document to the pharmacist along with your prescription(s).
- Do not attempt to use the KeyScripts card to fill any prescription other than those related to your work injury. Avoid filling any work-injury prescriptions directly at the prescribing physician's office, as most physicians do not accept prescription benefit cards similar to KeyScripts' for billing purposes.

**Pharmacy:**

Please call KeyScripts customer service at 866.446.2848 if this card has not been activated or there are issues filling the prescription(s).

\*This card is to be used for prescriptions related to your workers' compensation injury covered under your insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the customer service number on the front of this card.

 <p><b>For customer service, call 866.446.2848</b></p> <p style="text-align: right;"><i>ProCare Rx</i></p> <p><b>Bin #: 009430</b> <b>Group ID: NLA00030</b></p> <p><b>Employee Name:</b> _____</p> <p><b>Employee ID:</b> _____</p> <p><b><i>Workers' Compensation Prescription Benefit Card</i></b></p>	<p><b>To the Employee:</b> Present this card to your KeyScripts Network Pharmacy of choice for any prescription drug related to your worker's compensation injury. This card is for identification purposes only, and your pharmacist may require additional/photo identification at time of fill. Unauthorized or fraudulent use of this card is punishable by law. We reserve the right to revoke this card at any time.</p> <p><b>To the Pharmacy:</b> Submit claims via the ProCare System only for the person for whom the prescription was written.</p> <p style="text-align: center;"><b>ProCare RX</b> 1267 Professional Parkway, Gainesville, GA 30507 <b>Pharmacy Help Desk 1.800.277.1657</b></p>
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## Programa de primer llenado de Compensación para Trabajadores

### Empleador:

Proporcione este documento al trabajador lesionado para que lo lleve a cualquier farmacia para obtener recetas autorizadas.

### Empleado:

- La Tarjeta de Beneficios Temporales de Recetas de KeyScripts\* adjunta lo autorizará a obtener medicamentos recetados relacionados con su lesión laboral, sin gastos de bolsillo.
- Llame a KeyScripts al 866.446.2848 para activar su tarjeta y para obtener ayuda para encontrar la farmacia de la red de KeyScripts más cercana, que incluye las principales farmacias minoristas como CVS, Target, Walgreens, Walmart, así como la mayoría de las cadenas de supermercados o farmacias de supermercados.
- Complete su nombre y número de identificación de empleado (que se le proporcionó durante la activación de la tarjeta) en los espacios provistos en la tarjeta. **NOTA:** Puede haber limitaciones sobre la cantidad de su receta que se puede surtir, según el plan de beneficios de recetas de su empleador.
- Este documento sirve como una tarjeta de prescripción temporal. También puede recibir una tarjeta de prescripción permanente específica para su lesión, que se le enviará directamente dentro de los próximos 3 a 5 días hábiles.
- Presente esta hoja al farmacéutico junto con su(s) receta(s).
- No intentes usar la tarjeta KeyScripts para surtir ninguna receta que no sea relacionada con su lesión laboral. Evite surtir recetas para lesiones laborales directamente en el consultorio del médico que las recibió, ya que la mayoría de los médicos no aceptan tarjetas de beneficios de recetas similares a las de KeyScripts para multas de facturación.

### Farmacia:

Llame al servicio de atención al cliente de KeyScripts al 866.446.2848 si la tarjeta no se activó o si hay problemas para surtir la(s) receta(s).

\*Esta tarjeta se debe usar para medicamentos recetados relacionados con su lesión de compensación para trabajadores cubierta por su póliza de seguro. El uso de esta tarjeta no renuncia a ninguna limitación o exclusión de la póliza. Esta tarjeta no confirma la cobertura. Para confirmar la elegibilidad u obtener información específica, comuníquese con el número de servicio al cliente que se encuentra en el anverso de esta tarjeta.

 <p><b>Para atención al cliente, llame al 866.446.2848</b></p> <p><b>Bin #: 009430</b> <b>Group ID: NLA00030</b></p> <p><i>ProCare Rx</i></p> <p><b>Nombre de empleado:</b> _____</p> <p><b>ID de empleado:</b> _____</p> <p><b>Workers' Compensation Prescription Benefit Card</b></p>	<p><b>Para el empleado:</b> Presente esta tarjeta en la farmacia de su elección de la red KeyScripts para cualquier medicamento recetado relacionado con su lesión de compensación del trabajador. Esta tarjeta es solo para fines de identificación, y su farmacéutico puede requerir una identificación adicional/con foto al momento de llenarla. El uso no autorizado o fraudulento de esta tarjeta está penado por la ley. Nos reservamos el derecho de revocar esta tarjeta en cualquier momento.</p> <p><b>A la Farmacia:</b> Presente reclamos a través del Sistema ProCare solo para la persona para quien se escribió la receta.</p> <p style="text-align: center;"><b>ProCare RX</b> 1267 Professional Parkway, Gainesville, GA 30507 <b>Numero de ayuda para la farmacia 1.800.277.1657</b></p>
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