



Workers' Compensation Medical Provider Authorization & Billing Instructions

Patient Name:	
Employer:	
Injured Body Part:	
Date of Injury:	

Dear Medical Provider,

This letter will verify and authorize initial treatment for the above-mentioned employee's work-related injury. Please be advised that our Workers' Compensation administrator is **Synergy Coverage Solutions, LLC**.

1. Please initial/sign the enclosed [Transitional Duty Task List](#) and return to Synergy Coverage Solutions; please also return a copy to the injured worker to hand to their Supervisor. This will help in finding modified duty work within the limitations and capabilities outlined.
2. Confirm with the injured worker's Supervisor to determine whether or not a Post-Accident Drug Test is required. If yes, Synergy recommends a 10-panel drug screen is performed to include the following substances:

<ul style="list-style-type: none"> • Cocaine • Marijuana • Opiates (codeine, morphine, hydrocodone, hydromorphone) • PCP • Amphetamines (both prescribed and street amphetamines) 	<ul style="list-style-type: none"> • Benzodiazepines • Methadone • Oxycodones (oxycontin, Percocet) • Barbiturates • Buprenorphine
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3. Submit all charges on CMS 1500 (red form), UB04 form, or accordingly on each state's industrial commission approved form. **Please include the claim number, medical notes and W-9 form.** Bills can be submitted using any of the following options:
 Secure file upload: www.synergyinsurance.net/file-upload
 Encrypted or secured email: vendoremails@synergyinsurance.net
 Fax: (704) 927-2867
 Mail: Synergy Coverage Solutions, Attn: Claims, 217 South Tryon Street, Charlotte, NC 28202
**Please do not send any invoices to the employer or injured worker*
4. Approved Providers: All Synergy claims have the following partners associated:

<ul style="list-style-type: none"> • Mitchell Medical Network 	<ul style="list-style-type: none"> • Helios Pharmacy Network
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5. As a result of prescription cards issued to injured workers from our Pharmacy Benefits Manager, **ALL PHYSICIAN DISPENSED MEDICATIONS** are **NOT AUTHORIZED/HONORED** by Synergy Coverage Solutions.

If you have any questions please call Synergy Coverage Solutions at (704) 927-2860 or 1-866-710-0908.

Thank you,

X _____
Employer Representative

Transitional Duty Task List: General Industry

Evaluating Physician: Please indicate tasks you feel are within the current physical capacities of the employee you are treating. All tasks have been classified as sedentary or sedentary/transitional and can be used to accommodate most types of injuries. Physical capacities of each task are available by fax.

- | | |
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| <input type="checkbox"/> Manage incoming calls | <input type="checkbox"/> Manage inventory |
| <input type="checkbox"/> Make signs & posters | <input type="checkbox"/> Organizing & filing |
| <input type="checkbox"/> Shred designated materials | <input type="checkbox"/> Parking lot surveillance |
| <input type="checkbox"/> Stuff envelopes | <input type="checkbox"/> Pick up trash on property |
| <input type="checkbox"/> Make copies | <input type="checkbox"/> Cleaning/housekeeping |
| <input type="checkbox"/> Distribute mail | <input type="checkbox"/> Water & care for plants |
| <input type="checkbox"/> Update bulletin boards, newsletters | <input type="checkbox"/> Conduct or assist with safety inspections |
| <input type="checkbox"/> Routine clerical work | <input type="checkbox"/> Paint |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Greet guests & direct to appropriate department or staff member | _____ |
| | _____ |

Comments: _____

Employee Name: _____

Signature: _____
Evaluating Physician

Date: _____