

After Hours Claims Reporting



If an employee is hurt **before 8:00 AM, after 5:00 PM, or on a weekend** when NJSIG's Workers' Compensation Claims Intake Line is closed, follow the three steps below:

1

Seek Medical Attention

The injured employee should go to the nearest emergency room or urgent care facility, depending on the severity of the injury. Personal health insurance should not be used. Instead, please present the business card provided below.

2

Call the NJSIG Intake Line: 609-543-3377

The injured employee and/or supervisor should leave a voicemail on the NJSIG Intake Line, providing:

- Injured employee's **full name**
- Injured employee's contact **phone number**
- **School District** name

Note: This voicemail serves as a preliminary record of injury.

A First Report of Injury (FROI) form is also available online: www.njsig.org/froi

3

NJSIG Follow-Up

An NJSIG Workers' Compensation Intake Representative will follow up with the injured employee on the next business day to complete the First Report of Injury (FROI) report and provide next steps.

Important: If the injured employee visits **Urgent Care**, they must bring the business card and Mitchell flyer, provided below, with them. These documents are required for proper processing of medical treatment and prescriptions related to the workplace injury.



Workers' Compensation

Name: _____
Employer: _____ Date: _____

If you get hurt on the job:

1. Tell your employer immediately and call NJSIG at 609-543-3377.
2. In case of an emergency, go to the nearest hospital and tell your employer and NJSIG within 24 hours.
3. NJSIG will direct your treatment. Do not go to your own medical provider.
4. Present this card to your medical provider at the time of treatment.

Provider Network and Billing Instructions

Pre-certification is required prior to treatment

Call: 1-800-240-0809 for Approval

Submit All Bills to:
QualCare, Inc.
PO Box 240819
Apple Valley, MN 55124

Mitchell ScriptAdvisor

Temporary Prescription Benefit Card



Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.

Member Name: _____
Member ID #: _____
Date of Injury + Date of Birth (Example: MMDDYYMMDDYY) _____
Rx BIN: 023377
PCN: MPS
Group: 001073TC



Employee

• You may contact Mitchell Customer Service at (866) 846-9279 or you may present this sheet to the pharmacist along with your prescription.