



AMYNTA WORK
COMP SOLUTIONS

LET US PUT THE PIECES TOGETHER

Arkansas Claims Kit

By Mail: PO Box 97728 Raleigh, NC 27624

Email: AWCSClaims@amyntagroup.com

Call: (877) 388-2272

amynta 
THE AMYNTA GROUP



WELCOME TO AMYNTA WORK COMP SOLUTIONS

Amynta Work Comp Solutions knows every company and claim is different, which is why we have a dedicated team of claims professionals to help you understand the claims process. We understand employees matter and are critical to the success of your business.

The state-required posting notice (Form P) is included with your Workers' Compensation policy. Please review your policy when completing any information on the state-mandated posting notice, specifically policy numbers and effective dates.

Helpful Links:

[Arkansas Department of Labor](#)

[Frequently Asked Questions](#)

WE LOOK FORWARD TO WORKING WITH YOU.



PROMPT CLAIMS REPORTING IN ARKANSAS

Please report all Workers' Compensation claims promptly. Arkansas state law recommends employers report every industrial injury or occupational disease claim to their Workers' Compensation carrier as soon as possible or within 5 days of employer knowledge of the injury.

State law also requires that employers authorize initial medical treatment within 24 hours of knowledge that an occupational injury or illness has been sustained or reported regardless of the legitimacy of the claim. Failure to comply may result in the loss of "medical control" and a significant increase in the potential claim cost.

We will attempt to contact you and the injured worker within 24 hours of receiving the First Report of Injury (FROI). Your cooperation in allowing the injured employee to speak with one of our Claims Professionals is appreciated.

Penalties for Late Reporting Ark. Code Ann. 11-9-529

- Any employer who after notice refuses to send any report required is subject to a civil penalty in an amount of up to five hundred dollars (\$500) for each refusal

Below you will find the necessary forms to assist with filing a Workers' Compensation claim with Falls Lake Insurance Company.



HOW TO FILE A CLAIM

One of the most essential parts of a Workers' Compensation claim is early reporting. This facilitates timely investigation, payment of benefits, and appropriate care for your injured worker.

- Submit your claim [online](#)
- Submit by email: AWCSClaims@amyntagroup.com
- Submit by Phone 8:30 AM - 5 PM EST: (877) 388-2272
 - After Business Hours: (866) 866-9199
- Report by Fax: (800) 213-6854 (Attn. CLAIMS DEPT)
- Report by Mail: PO Box 97728, Raleigh, NC 27624



A First Report of Injury (FROI) should be filed immediately after the employee is injured and/or when the Supervisor is notified. To file the FROI, Employers should complete FORM 1 and contact Amynta Work Comp solutions.

First Report of Injury_(Form 1)

The employer is to provide Employees' Notice of Injury (Form N) to the employee for completion and signature at the time of injury reporting. The employer does not have to pay/authorize any medical treatment until the employee completes and signs. If the employer does not provide this form, the employee is able to choose their own physician. Form N should be provided to Falls Lake Insurance at the time of claim reporting.

Employees' Notice of Injury_(Form N)

The employer shall complete the Supplemental Report (Form S) and forward to Falls Lake Insurance to report any update in change of status including but not limited to:

1. The injured employee is back at work and drawing wages.
2. The injured employee is losing time again due to this injury.
3. The injured employee has died.

Supplemental Report_(Form S)



CHOICE OF PHYSICIAN RULES IN ARKANSAS?

The employer/insurer chooses the treating physician. The employee is entitled to a one-time change of physician. They must send the request in writing to the Arkansas Workers' Compensation Commission and must have the approval to make the change.

PREFERRED PROVIDER ORGANIZATION NETWORK (PPO)

Amynta Work Comp Solutions has a PPO network available. Follow the instructions below to access the PPO Network:

- [Click "Find a Provider"](#)
- Search by Provider Address, Name, or Region
- Select the Distance, Provider Type, and Specialty
- Results can then be exported to a directory or Excel
- You can obtain a Map List or text message by selecting a specific provider

DIRECT PAYMENT OF MEDICAL BILLS

Per Bulletin No. 10-2009 of the Arkansas Insurance Department, "directly paying medical bills for injured employees may be considered a violation of Arkansas Code Ann. 11-9-106(a), which deals with making materially false representations for the purpose of avoiding payment of proper insurance premium. The law simply does not allow for such direct payments, with or without a valid deductible program. Even with an authorized deductible program, all claims must be submitted for 'first dollar' payment by the insurer." All medical bills should be sent to the address below:

Amynta Work Comp Solutions

P.O. Box 4254 Clinton, IA, 52733-4205

Temporary Prescription Card

Mitchell ScriptAdvisor



FAST & SIMPLE: GETTING YOUR FIRST PRESCRIPTION FILLED

Mitchell ScriptAdvisor has been selected by Amynta Work Comp Solutions to assist you in obtaining prescription drugs related to your claim. This form enables you to fill prescriptions written by your authorized physician for medications related to your injury. Simply present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses.

Please Note: This is a temporary prescription card; you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchellscriptadvisor.com to access the pharmacy locator.



Employee

- You may contact Mitchell Customer Service at 866.846.9279 or you may present this sheet to the pharmacist along with your prescription.



Pharmacy

- This sheet is a Temporary Prescription ID Card for a cost limit of \$500 and a 10 Days' Supply Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

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:	019082
PCN:	MPS
Group:	001478TC

Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

This card is to be used for prescriptions related to your 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 Help Desk with the information from the front of this card.

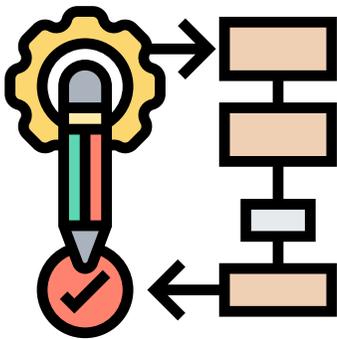


Mitchell International
866.221.6588
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Mandatory Post Accident Drug Testing

As your Workers' Compensation insurance partner Amynta Work Comp Solutions requires employers to conduct post-accident drug testing. After a workplace injury, a PADT is used to determine whether drugs or alcohol factored into the accident.



While a positive result does not necessarily mean that an employee's substance use was the main cause of the accident, it is critical that the test is performed.

The employer should establish a drug testing policy that clearly communicates how and when PADT will occur.

How to Locate PADT Provider:

- [Find a Provider](#) Who Performs PADT
 - Click "Find a Provider"
 - Select "Address Search"
 - Enter Address and Select "Drug Screening Site"
 - If an employee goes directly to the hospital or urgent care, request a drug screening.



For additional questions, please contact our [Loss Control Department](#).