



Tennessee Claims Kit

By Mail: PO Box 97728 Raleigh, NC 27624

Email: AWCSClaims@amyntagroup.com

Call: (877) 388-2272



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.

We are pleased to provide support regarding the filing of claims and other state-specific information:

In the state of Tennessee, employers are required to comply with state law regarding mandatory posting notices to be displayed in a conspicuous area of the workplace.

- [Workers' Compensation Insurance Notice-English](#)
- [Workers' Compensation Insurance Notice-Spanish](#)

The following Information for Injured Employees and Workers' Compensation Information must also be provided to the injured worker upon report of a claim.

- [Employer Responsibilities](#)

Helpful Links:

[Tennessee Department of Labor](#)

[Frequently Asked Questions](#)

[A Beginner Guide to Tennessee Workers' Compensation-English](#)

[A Beginner Guide to Tennessee Workers' Compensation-Spanish](#)

WE LOOK FORWARD TO WORKING WITH YOU.



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

Please refer to the “First Report of Injury” attachment below, which marks which data is required. If you report the claim via telephone, you do not need to fill out this form.

[First Report of Injury](#)



CHOICE OF PHYSICIAN

Tennessee requires that an injured worker be allowed to select from a Panel of Physicians provided on a form required by the state at the time of the injury. The Agreement between Employer/Employee Choice of Physician is below.

Form C-42

Please follow the steps below to access the Coventry Provider portal. The list will be created and available to print and post in a place for all employees to see:

1. [Go to Coventry "Find a Provider"](#)
2. Click "Batch" in the Tool Bar
3. Enter the address of the employment location
4. Click "Create Document"

PREFERRED PROVIDER ORGANIZATION NETWORK (PPO)

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

- Log on to the website at: <https://www-lv.talispoint.com/coventry/>
- 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

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.

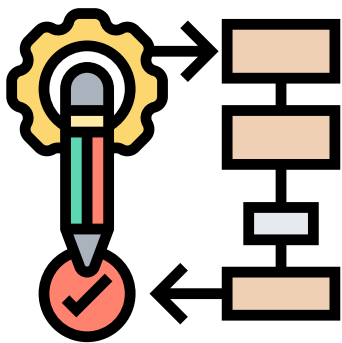


Mitchell International
866.221.6588
© Enlyte Group, LLC.



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](#).