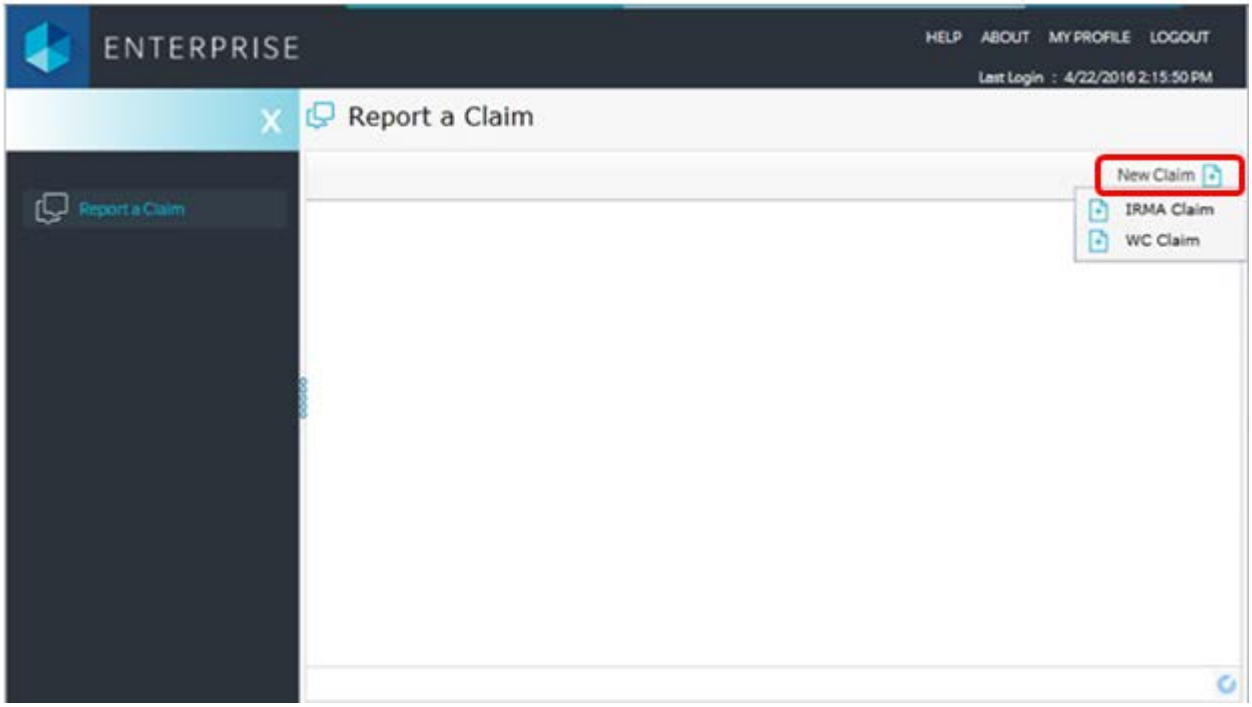
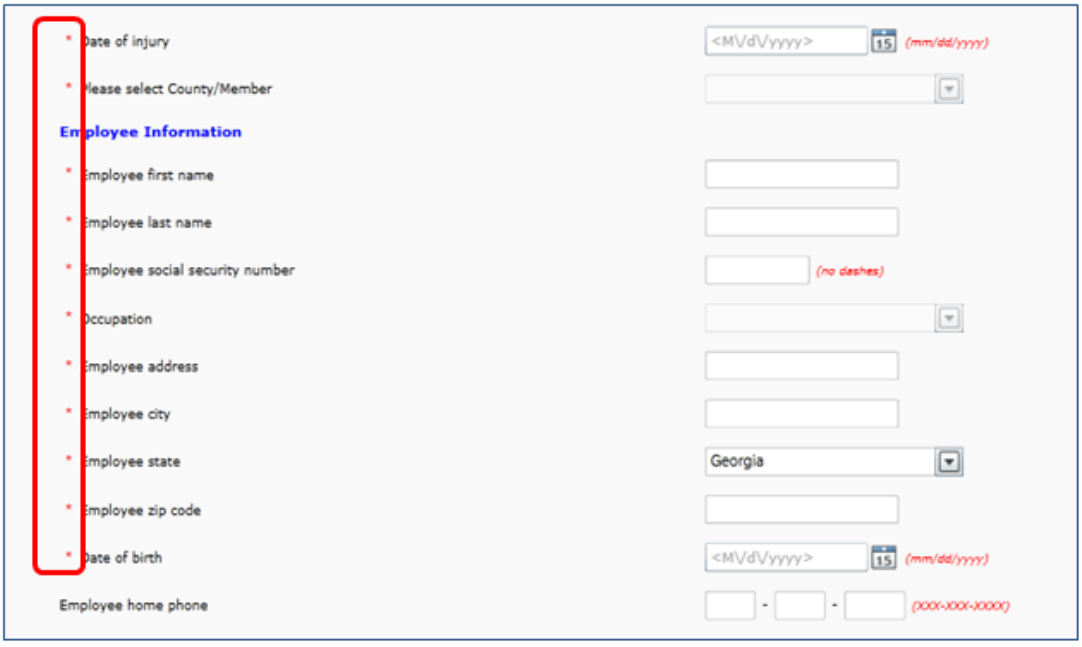
Member Claim Reporting

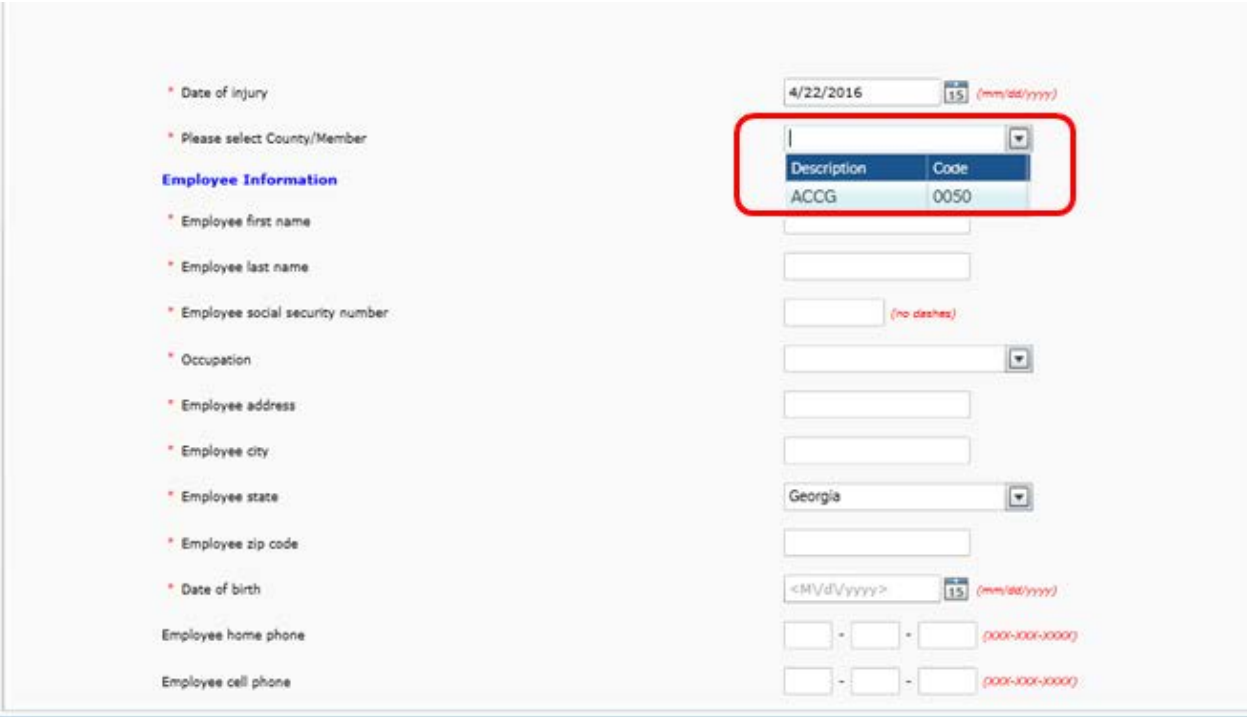
1. Click on the link through the ACCG portal to report a claim
2. Click on the New Claim icon, and choose which program you are reporting into. Below is an example for WC.



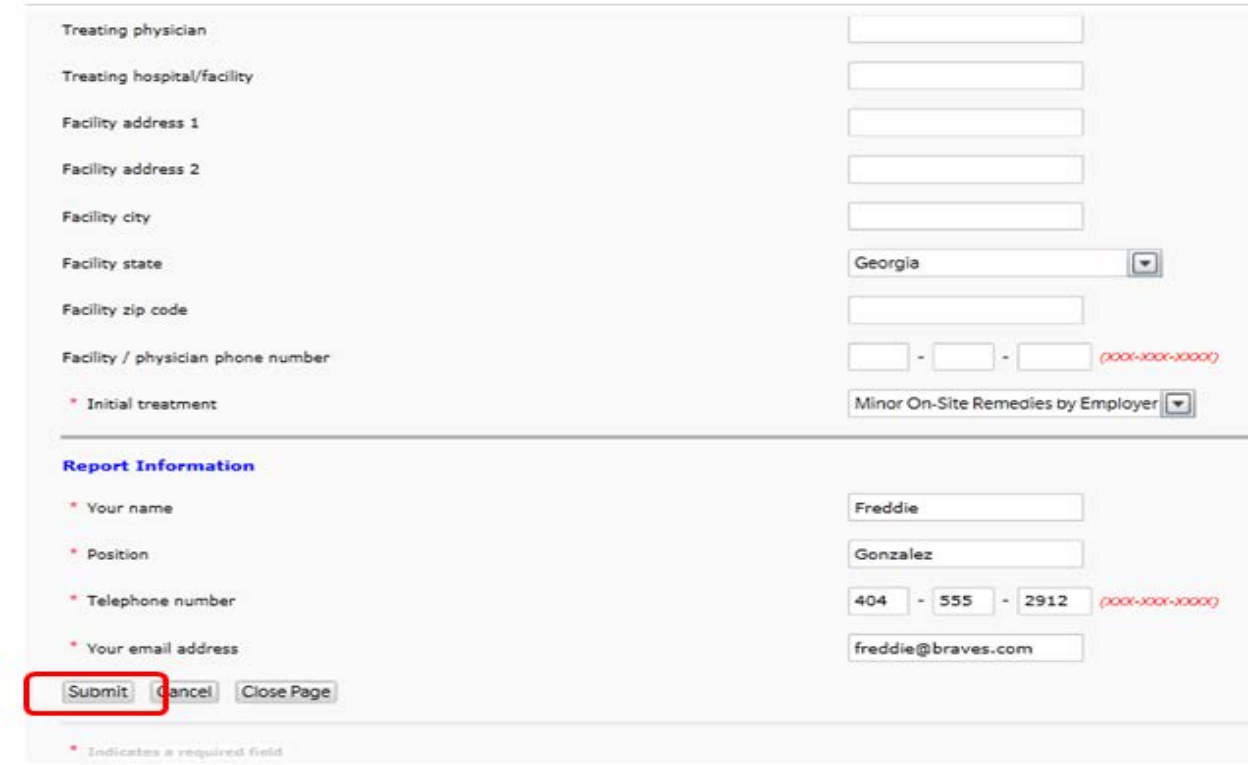
3. Complete the fields on the screen. If a field is marked with a red asterisk *, it is required and must be completed

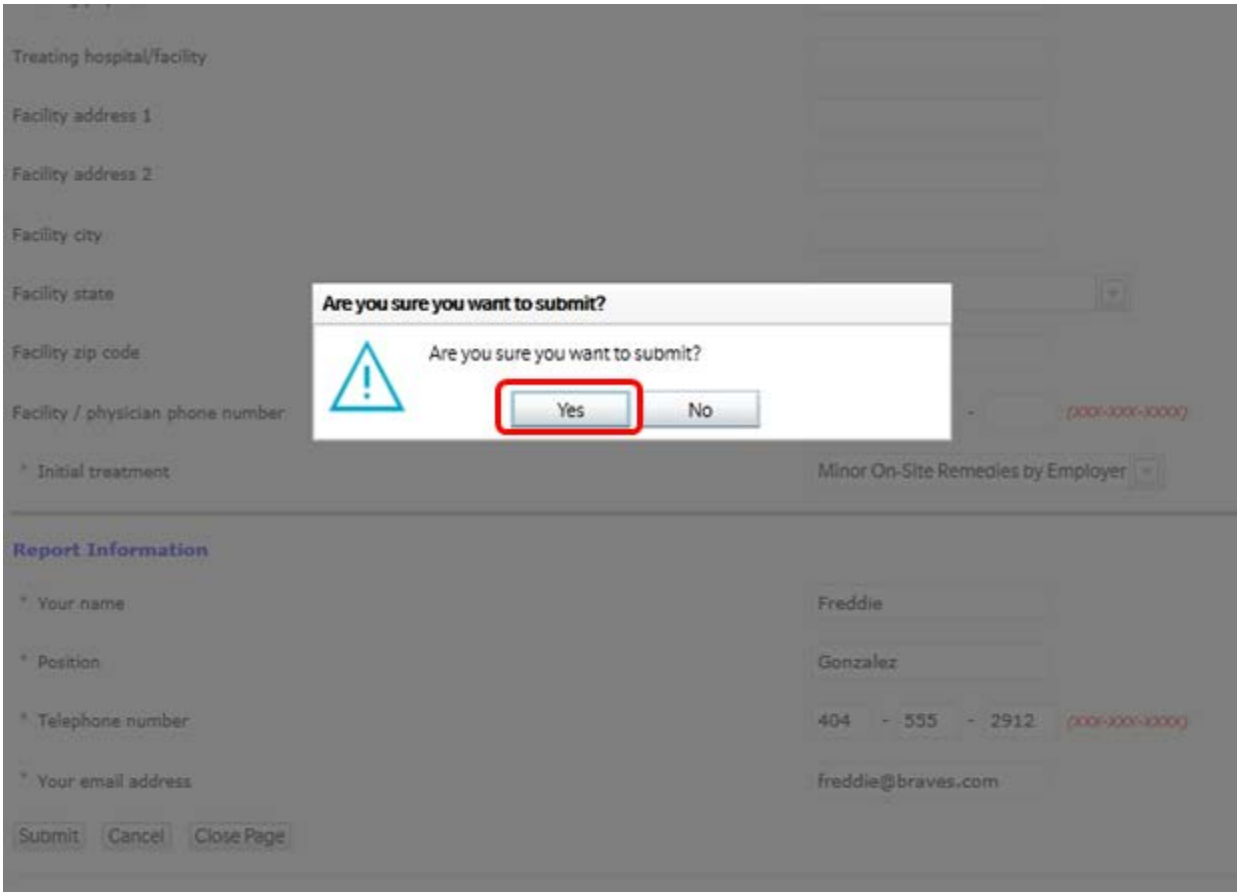


4. The Location field must be completed with your Member number. The drop down provided will list what your Member number is.

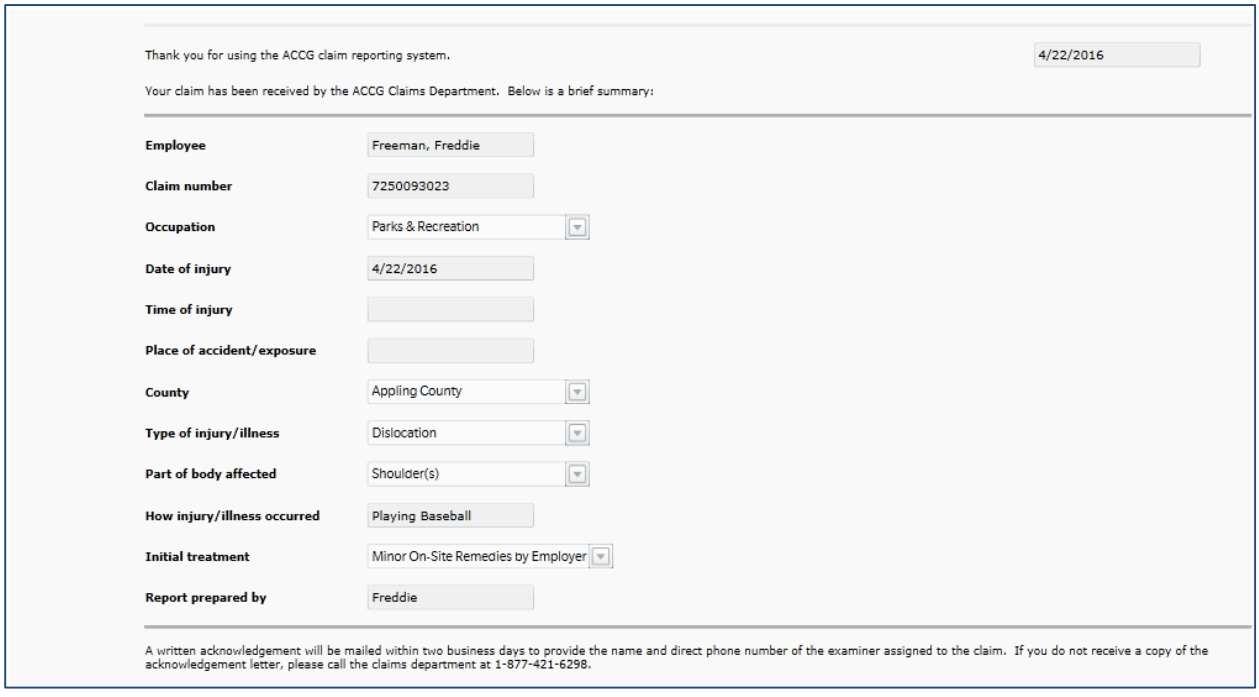


5. Once all fields have been completed, you will find a submit option at the bottom of the screen.

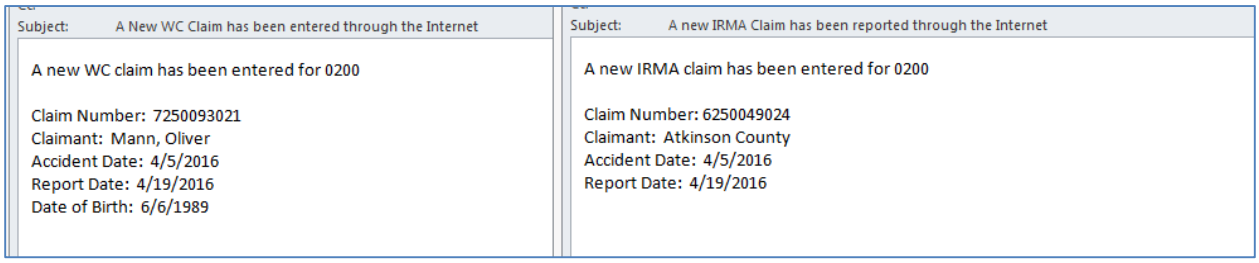




6. Upon completion, a summary page will appear to recap what was entered.



7. A confirmation will be emailed to the user submitting the incident.



Subject: A New WC Claim has been entered through the Internet

A new WC claim has been entered for 0200

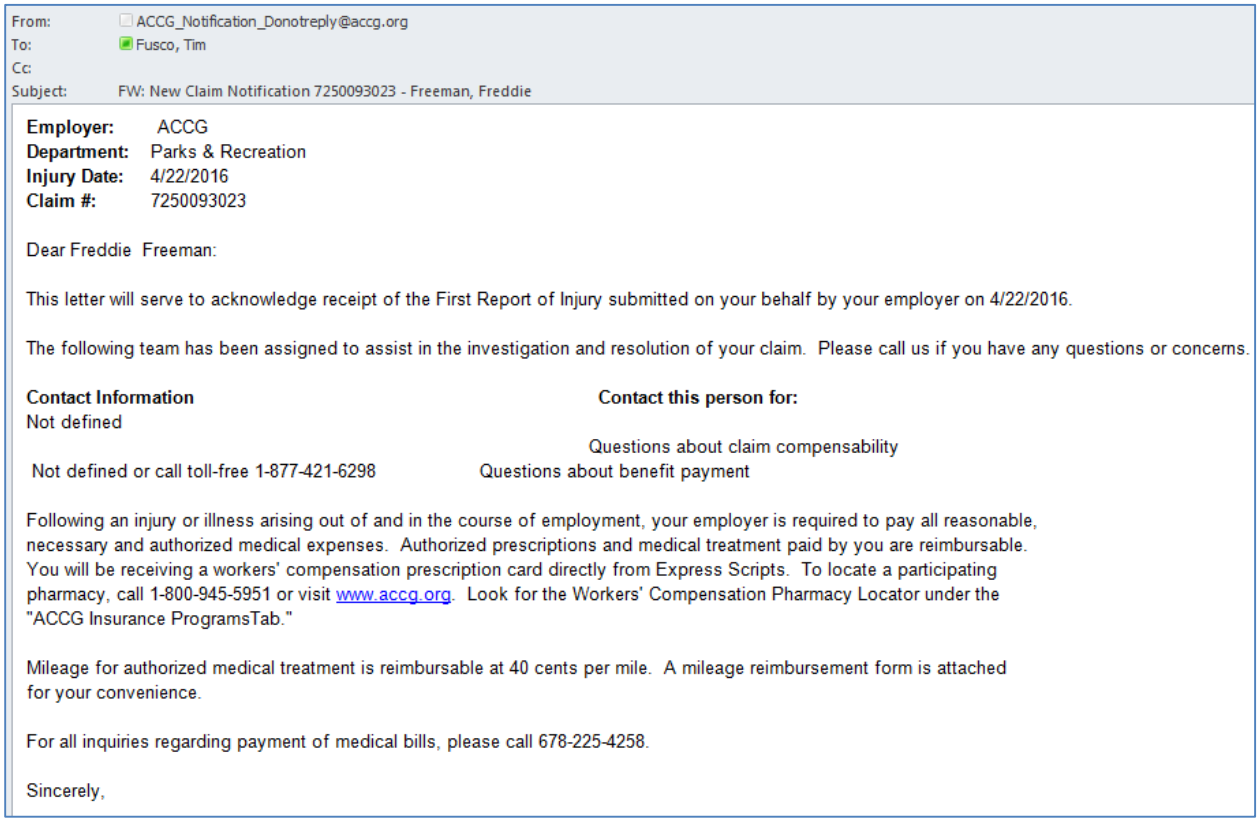
Claim Number: 7250093021
Claimant: Mann, Oliver
Accident Date: 4/5/2016
Report Date: 4/19/2016
Date of Birth: 6/6/1989

Subject: A new IRMA Claim has been reported through the Internet

A new IRMA claim has been entered for 0200

Claim Number: 6250049024
Claimant: Atkinson County
Accident Date: 4/5/2016
Report Date: 4/19/2016

8. An acknowledgement letter will be emailed to the County Contact on file with ACCG when i.



From: ACCG_Notification_Donotreply@accg.org
To: Fusco, Tim
Cc:
Subject: FW: New Claim Notification 7250093023 - Freeman, Freddie

Employer: ACCG
Department: Parks & Recreation
Injury Date: 4/22/2016
Claim #: 7250093023

Dear Freddie Freeman:

This letter will serve to acknowledge receipt of the First Report of Injury submitted on your behalf by your employer on 4/22/2016.

The following team has been assigned to assist in the investigation and resolution of your claim. Please call us if you have any questions or concerns.

Contact Information	**Contact this person for:**
Not defined	Questions about claim compensability
Not defined or call toll-free 1-877-421-6298	Questions about benefit payment

Following an injury or illness arising out of and in the course of employment, your employer is required to pay all reasonable, necessary and authorized medical expenses. Authorized prescriptions and medical treatment paid by you are reimbursable. You will be receiving a workers' compensation prescription card directly from Express Scripts. To locate a participating pharmacy, call 1-800-945-5951 or visit www.accg.org. Look for the Workers' Compensation Pharmacy Locator under the "ACCG Insurance ProgramsTab."

Mileage for authorized medical treatment is reimbursable at 40 cents per mile. A mileage reimbursement form is attached for your convenience.

For all inquiries regarding payment of medical bills, please call 678-225-4258.

Sincerely,