



# Virginia Claims Kit

By Mail: PO Box 97728 Raleigh, NC 27624

Email: [AWCSClaims@amyntagroup.com](mailto: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 Virginia, employers are required to comply with state law regarding mandatory posting notices to be displayed in a conspicuous area of the workplace.

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

Helpful Links:

[Virginia Workers' Compensation Commission](#)

[Workers' Compensation Insurance Information for Employees](#)

## **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](mailto: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](#)



## Virginia Panel of Physicians

In Virginia, a Panel of Physicians must be offered to the injured employee within a reasonable time after the accident. To be valid, the Panel must include the names of three physicians from three separate practice groups. The panel must be signed and dated by the employee.

For Example:

1. Dr. Adam at ABC Urgent Care, Address
2. Dr. Boyd at 123 Primary Care, Address
3. Dr. Carter at XYZ Quick Care, Address

The injured employee must select a physician from the Panel to become the attending treating physician. If the employee seeks unauthorized medical treatment from a physician other than one identified on the Panel or that was a valid referral from the selected Panel doctor, the employee shall be responsible for the cost of such treatment absent true emergency treatment.

In the event that a referral is made to another physician by another panel doctor, Amynta Work Comp Solutions will offer a new panel to the injured employee.

**For questions regarding the Panel of Physician requirements, please call the Claims Department of (877) 388-2272.**

# 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](http://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.

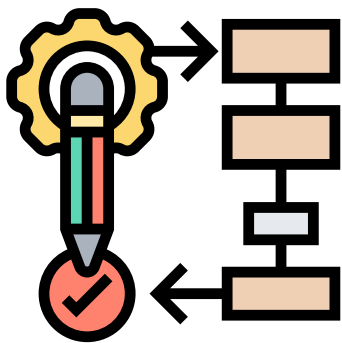


Mitchell International  
866.221.6588  
© Enlyte Group, LLC.



## 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](#).