PRESCIENTNATIONAL

Workers' Compensation Specialists

Severe Injury Protocol

IMMEDIATE ACTION

- Immediately secure medical treatment for the injured worker. Call 911 or transport the injured worker through another safe means of transportation.
- An employer representative should travel with the injured worker or meet them at the hospital.
    - Inform Registration Staff that this is a work injury and all bills and medical notes should be mailed or faxed to Prescient National:
      Prescient National Insurance Services
      PO Box 32788
      Charlotte, NC 28232
      P: (704) 927-2860 F: (704) 927-2867
    - If able, have the injured worker sign the Medical & Drug Test Authorization for the drug test and provide the completed authorization to the Charge Nurse.
    - Explain to the Charge Nurse that this is a work injury and inquire if a drug test can be performed. If necessary, ensure the facility is aware that expenses for toxicology testing will be honored and paid timely.
- Assist with phone calls to the injured worker's family that are necessary or requested.
- Gather as much information as possible on the injured worker's expected treatment and length of hospital stay and share with Prescient National.

NEXT STEPS

- **If the facility refuses to perform a drug test, contact Prescient National to speak with our Nurse Analyst as soon as possible to discuss the need for drug testing and to share any other pertinent medical information known.**

  Call: (866) 987-0042

  When calling, have the following information available:
  - Full name of injured worker with correct spelling
  - Date of birth
  - Social Security Number
  - Hospital name and address (if treated at a different facility initially, both locations are needed)

  **If you reach voicemail, please leave ALL above information on a recorded voicemail message.*
- Report the claim to Prescient National.
  Intelligent Claim Reporting Platform: https://prescientnational.intellifroi.net
- Preserve and secure the scene, including taking pictures of the accident location and retrieving security footage prior to its spoilage.

Prescient National Insurance Services, LLC
PO Box 32788 · Charlotte, NC 28232
(704) 927-2860 · prescientnational.com

Medical & Drug Test Authorization

The undersigned person hereby consents to, and by the Authorization or any photocopy hereof authorizes the collection of and release to Prescient National Insurance Services, their designated laboratory, Medical Review Officer or any other agent or employee of Prescient National Insurance Services by any hospital, medical clinic, physician, or any other provider of medical services, treatment, or supplies of any and all laboratory specimens, i.e. blood and/or urine, collected on _____ for the purpose of drug and/or alcohol testing by an independent laboratory.
(Date of injury)

The undersigned understands and hereby acknowledges that the information above or certain portions thereof, may be protected from disclosure without this signed Authorization by Federal and State privacy and confidentiality laws. Further, the undersigned person understands and acknowledges that the refusal to sign this Authorization could affect their workers' compensation claim and/or employment based on state statutes, laws and/or any employment agreement in effect.

This Authorization shall automatically expire without express revocation on the 31st day after the signature date of this authorization; and prior to such time shall be subject to revocation with respect to all or any particular records at any time by the undersigned person in writing delivered to the holder of such records except to the extent that action has already been taken in reliance upon this Authorization.

Date: _____

Injured Employee: _____
(Signed Name)

Injured Employee: _____
(Print Name)

Injured Employee: _____
(Date of Birth)

Witness: _____
(Signed Name)

Witness: _____
(Print Name)

The undersigned person DOES NOT consent to the above authorization and understands that the refusal of a drug and/or alcohol test could negatively affect his/her workers' compensation claim and/or employment.

Date: _____

Injured Employee: _____
(Signed Name)

Injured Employee: _____
(Print Name)

Witness: _____
(Signed Name)

Witness: _____
(Print Name)

Prescient National Insurance Services, LLC
PO Box 32788 · Charlotte, NC 28232
(704) 927-2860 · prescientnational.com

Billing Information for Emergency Treatment

Employee Name: _____ Date of Accident: _____

Employee Date of Birth: _____ Employee SSN: _____

Employer Name: _____

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Medical invoices and records may be securely uploaded at: www.prescientnational.com/file-upload

All invoices must be on a health claim form and accompanied by supporting documentation, including a W-9.

For billing questions, please call Prescient National Insurance Services at (704) 927-2860 or (866) 710-0908.