

**EMPLOYEE**  
**INSTRUCTIONS FOR CLAIMS REPORTING**

Please read the entire contents of the packet and follow directions below.

1. Complete the "Claim Filing Form" and return to Rosemarie Lobe-Waller at the District office to report your work-related claim as soon as possible.
2. You must seek medical treatment for your claimed injury with one of the healthcare providers listed on your **PANEL OF PROVIDERS** for at least ninety (90) days from the date of your first visit.
3. Please use the enclosed Pharmacy Sheet and temporary card. You may fill your prescription at your local Walgreen's, CVS, Rite Aid, Wal-Mart, Longs Drugs, Target or Safeway. The Mitchell International, our pharmacy management company, will send you a personalized pharmacy card for future prescriptions. **Mitchell Script Advisor** can be reached at: 1-866-846-9279.
4. Please provide your claim number and Encova's address to all medical providers.
5. Please complete the enclosed documents as promptly as possible.
6. Please notify your **Worker's Compensation Coordinator** immediately when you receive a **return to work date**.

Please call **570-402-1000 Ext 1315** if you need any assistance or have questions regarding your work-related injury.

**Encova Insurance**  
**400 Quarrier Street**  
**Charleston, WV 25301**  
**1-844-362-6821**