

Workers' Compensation Benefit Ticket

THE USE OF THIS TICKET IS LIMITED TO THE TREATMENT WHICH IS MEDICALLY RELATED TO THE INJURY REFERENCED BELOW.

MEDICAL CLAIM INFORMATION



Administrator:
IPMG
Claims Management Services
225 Smith Road
St. Charles, IL 60174

PHARMACY CLAIMS BILLING



BIN: 004261
PCN: CAL
RxGrp: IPMGCMS
Member ID = DOI + SSN
(i.e. YYMMDD123456789)

FIRST FILL TICKET

Insured

Injured Employee

Claim Number

Policy Number

Date of Loss/Injury

Body Part

Workers Comp Date of Injury is Required

***** FOR ALL CLAIMS PROCESSING QUESTIONS PLEASE CONTACT
PHARMACY HELPDESK AT (800)-964-2531 (FOR ANY ASSISTANCE)**

**** PHARMACIST Please ask for SSN and Date of Injury ****

**** IF PRIOR AUTHORIZATION IS REQUIRED CALL (877) 616-0504**

OR FAX TO (888) 587-4929 **

BILLING INSTRUCTIONS

Submit Bills to:

C/o IPMG Claims Management Services

225 Smith Road

Phone: (877) 616-0504

St. Charles, IL 60174

Fax: (888) 587-4929

*Submit Bills Electronically using Payer ID: IPMWC
Questions please contact Smart Data 855-650-6590 (www.sdata.us)*

PHYSICIAN INFORMATION

CALL (877) 616-0504 FOR AUTHORIZATION / NOTIFICATION ON THE FOLLOWING:

- | | |
|---|-------------------------------|
| • Discharge Planning | • Outpatient Surgery |
| • Durable Medical Equipment | • Potential Catastrophic Loss |
| • Epidural Steroid Injections | • Physician Referrals |
| • Home Health Care | • Second Surgical Opinion |
| • Hospitalization | • Skilled Nursing Facility |
| • IV Therapy | • Therapy (OT/PT/ST) |
| • Outpatient Diagnostic Testing (MRI, CT Scan Review, Ultrasound) | |

**** Doctors and Employees ****

**** Please Contact Your Claims Representative To Discuss Transitional Duty Opportunities ****

****This Benefit Ticket is not an approval to provide treatment and is provided only to expedite the approval process and assure that there are no unnecessary delays in treatment for a work-related injury. You must call the above number and obtain approval for all services.****