

The University of Texas at San Antonio Office of Workers' Compensation



Provider notification of an on-the-job injury

This form shall act as your notification for your workers' compensation insurance coverage. This form is to be presented to the physician's office, hospital emergency room, pharmacy or other authorized provider that is treating you for your work related injury. If you have any questions regarding your workers compensation coverage, please contact the UTSA Workers Compensation Office at 210-458-8178

Employee Name:	
Date of Birth:	
Date of Injury:	
SSN:	Department:
<p>Provider: PLEASE COPY THIS FORM AND RETURN TO EMPLOYEE</p> <p>This employee has claimed a work related injury and may be covered by Workers' Compensation Insurance through the University of Texas System.</p> <p>The University of Texas at San Antonio is a self-funded employer. Claims are processed through the University of Texas System in Austin.</p> <p>Pre-Authorization: For pre-authorization, please call 214.217.5939 or toll-free at 888.466.6381 or fax to 214.217.5937 or 877.946.6638.</p> <p>THIS FORM DOES NOT CERTIFY COMPENSABILITY OR GUARANTEE PAYMENT</p>	<p>Please submit bills, medical reports, or questions to:</p> <p>The University of Texas System Office of Risk Management Workers' Compensation Insurance Office P.O. Box 802082 Dallas, Texas 75380 1-888-802-0692 FAX (972) 386-7918</p>
<p>Pharmacy: The University of Texas System has partnered with RXBridge to make filling prescriptions easy.</p> <p>Please use this form as a temporary prescription card. Please process prescriptions for the worker's compensation injury only. This form is only valid if signed and dated by UTSA employer representative.</p> <p>For questions or rejections, please call (833) 792-7434. Please DO NOT send employee home or have employee pay for medication(s) before calling RXBridge for assistance.</p>	<p>RXBridge Group #: G7STD7 Processor: RXBridge Bin#: 984000</p>
	<p>Pcn#: RXB RXBridge Help Desk: (833) 792-7434</p>
	<p>ID:</p>
	<p>Next to the SAN01 enter the last 3 digits of your Social Security Number and then two-digit month and two-digit day of your injury. (ID Example: SAN011231219)</p>
	<p>Day supply is limited to 7 days for a new injury</p>
<p>Injured Employee:</p> <p>PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS</p> <p>Please feel free to contact the UTSA Workers Compensation Insurance office at (210) 458-8178 to assist you in locating a Workers Compensation Treating Medical Provider.</p> <p>Please contact the UT System/CCMSI Claim Adjuster at (888) 802-0692 as soon as possible, following your injury.</p> <p>A permanent RXBridge prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.</p> <p>Please take this form and your prescription(s) to a pharmacy near you. RXBridge has a network of pharmacies nationwide. If you need assistance in locating a network pharmacy near you, please call RXBridge toll free at (833) 792-7434 or "Find a Pharmacy" search tool at www.RxBridge.com</p> <p>If you are denied medication(s) at the pharmacy, please call (833) 792-7434.</p> <p>MODIFIED DUTY MAY BE AVAILABLE, PLEASE CONTACT THE UTSA WCI OFFICE AT 210-458-8178</p>	

Employer Representative

Phone

Date