

CompNET Identification and Verification

Date _____

Claimant
Address
City State Zip

Dear Claimant:

Zurich American Insurance has chosen to work with CompNET. We understand that a work-related injury or illness can be very unsettling. We also realize that your focus and attention is directed on your recovery and returning to your job. You can turn to CompNET for assistance in eliminating any confusion that you may have in your care.

When you receive medical care in a hospital, clinic, or through any medical provider, you must identify yourself as a CompNET participant. To assist you, we have provided the identification card below. Detach this card and present it to the provider when you register.

Please obtain from your employer the CompNET directory of providers and CompNET Employee Manual. If you have any questions about your participation in CompNET call 1.866.4COMPNET

Sincerely,

 <p><u>Identification And Verification</u> To Health Care Providers: This patient is employed by a company that is a member of CompNET, a West Virginia Workers' Compensation provider network. Except for emergency care, the patient must be treated by a CompNET provider. You may obtain a provider listing by calling 1.866.4COMPNET Opt-out provisions may apply Communicate promptly</p> <p>This verification card is not to be construed as authorization for medical services or payment.</p>	<p>Employer: _____ Address: _____ Phone: _____</p> <hr/> <p><u>Managed Care Plan</u> Address all CompNET correspondence or inquiry to: CompNET 426 Leon Sullivan Way Charleston WV 25301 Phone: 304.556.4732 or 1.866.4COMPNET</p> <p>For billing correspondence or claims inquiry to: Zurich American Insurance PO Box 968053 Schaumburg, IL 60196-8053 1-800-987-3373</p>
<p><small>Zurich</small></p> <p><u>Employee Instructions:</u></p> <ul style="list-style-type: none"> • Report your injury to your employer. • Select a provider from the CompNET provider listing and make an appointment. • Provide this card to any health care provider from whom you are seeking treatment for a work-related condition. • Keep your employer informed of any medical treatment you receive. 	<p><u>Employee Identification</u></p> <p>Employee Name: _____ Employee SSN: _____ DOI: _____</p>