

First Report of Injury

Online

Log in or register
www.fhmic.com

Phone

1-888-346-3461
Ext. 353

Fax

1-407-352-5788

Mail

P.O. Box 616648
Orlando, FL 32861-6648

Report of injury reviewed by
Processing Supervisor

Managed Care

- ▶ Managed Care RN contacts injured employee by phone to review, if applicable
- ▶ Choose Coventry-approved Medical Provider

Medical Only Adjuster

- ▶ File is given to Medical Only Adjuster for Authorization
- ▶ Follow-up in 90 days for closure

Lost Time Supervisor

- ▶ Supervisor reviews report of injury and gives instructions to the Lost Time Adjuster along with notes from Managed Care RN, reserving, recorded statements and field investigation
- ▶ File is transferred to adjuster

Lost Time Adjuster

- ▶ Investigation begins. Three-point contact occurs - employer, employee and provider - to determine length of disability. Reserves are set up and file is diaried for initial compensation payment
- ▶ Adjuster handles maximum caseload of 135 files
- ▶ Supervisor reviews at 30 days, 60 days and every subsequent 90 days to maintain direction on the file
- ▶ Adjuster reviews files for any fraud indications. If fraud possible, file is forwarded to Fraud Unit for review

Cost Containment

- ▶ Provider sends medical bills to the adjuster for authorization
- ▶ All bills are sent to Cost Containment for fee schedule adjusting and payment
- ▶ All bills are pre-screened by nurses to ensure appropriateness of treatment

Current Medical Savings in Excess of 40%



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