



Workers' Compensation Medical Provider Instructions

Patient Name:	
Employer:	
Injured Body Part:	
Date of Injury:	

Dear Medical Provider,

This letter will verify and authorize initial treatment for the above-mentioned employee's work-related injury. Please be advised that our Workers' Compensation administrator is **Synergy Coverage Solutions, LLC**. Please read the following important instructions:

1. Please initial/sign the **Transitional Duty Task List** and return to Synergy Coverage Solutions; please also return a copy to the Injured Worker to hand to their Supervisor. This will help us in finding modified duty work within their limitations and capabilities you have outlined.
2. All workers' compensation injuries require at least a 5-panel drug screen. However, a 10-panel drug screen is highly recommended.
3. Submit all charges on CMS 1500 (red form), UB04 form, or accordingly on each state's industrial commission approved form. **Please include the claim number, medical notes and W-9 form.** For expedited processing, please email forms & invoices to: claimsgeneral@synergyinsurance.net or fax to (704) 927-2867.

Should you prefer to send invoices & forms by mail, please submit to:

Synergy Coverage Solutions
Attn: Claims
217 South Tryon Street
Charlotte, NC 28202

**Please do not send any invoices to the employer or injured worker*

4. Approved Providers: All Synergy claims have the following partners associated:
 - Procura Management, Inc.
Medical Network
 - Network Synergy Group
Physical Therapy Network
 - Cypress Care
Pharmacy Network

If you have any questions please call Synergy Coverage Solutions at (704) 927-2860 or 1-866-710-0908.

Thank you,

X _____

Employer Representative