

06/29/2017

Claim #: 3893920
WC #:
Injured Worker: Russell Cipponeri
DOI: 06/20/2017
Employer #: 4118503

Corporate Management Group Inc
12000 N Washington St Suite 350
Thornton, CO 80241

Dear Policyholder:

Pinnacol Assurance received a claim due to a work-related injury sustained on 06/20/2017. Our records indicate your employee may have sought treatment in an emergency room or at an urgent-care facility. If the facility is not aware that your employee's injury is work-related, your employee may be billed for their treatment.

If your employee received a bill, please contact the facility and provide the following information:

Worker's Compensation Carrier: Pinnacol Assurance

Claim Number: 3893920

Claims Representative: Stephanie Bechtel

Adjuster phone and fax: 303-361-4535 / 888-329-2209

Billing Address: PO Box 469013, Denver, CO 80246-9011

As a reminder, if your employee received care in an emergency room or at an urgent-care facility, they must follow up with your designated provider.

Thank you, and please call your Claims Representative with any questions.

Sincerely,

Stephanie Bechtel, Claims Representative I
303-361-4535 or 888-852-2263

Fax: 303-361-5500 or 888-329-2209

E-mail: stephanie.bechtel@pinnacol.com

Org: EMP Corporate Management Group Inc

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Dear Policyholder:

Pinnacol Assurance has received a first report of injury or a workers' claim for compensation for an injury suffered by your employee on 06/20/2017. Below you will find additional claim details, my contact information and other actions you will need to take.

Lost Time Status: Non Lost Time
Claims Representative: Stephanie Bechtel
Contact Information:
Phone: 303-361-4535
Fax: 303-361-5500
E-mail: stephanie.bechtel@pinnacol.com

Lost Wage Benefits: If the injured worker has missed more than three scheduled work shifts, please contact me immediately with gross wage documentation for the period prior to the injury. This information will help us calculate benefits for your injured employee.

If Pinnacol was notified of lost time and the injured worker has now returned to work, please provide written confirmation of the following information:

- * Date employee returned to work
- * Hours worked since returning to work
- * Wages earned since returning to work

You may provide this information by email, fax, or our website, Pinnacol.com.

Medical Benefits: If your injured worker is in need of medical care for the above-referenced injury, they should select one of your designated medical providers for treatment. Don't forget that Colorado law requires employers to designate four medical providers for the injured employee to choose from. At least one of the four medical providers must be at a distinct location and have a different owner from the others. In some cases, rural employers are exempt from this law.

In addition, the law requires that you give the injured worker the following information *in writing* at the time the injury occurs:

- * **Names and contact information of four designated medical providers**
- * **Name and contact information of the authorized representative**
- * **Name and contact information of the workers' compensation carrier**

(Continued on reverse)

If you cannot provide that information at the time of injury, the list must be provided by verifiable means (e.g. certified mail, date stamped email) within seven business days of the date the injured worker notifies you about the injury.

If you have questions about designating medical providers, providing written notification, or this claim's status, please contact me.

Sincerely,

Stephanie Bechtel, Claims Representative I

303-361-4535 or 888-852-2263

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