

# The University of Texas at Tyler

## 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 Environmental Health and Safety Department at 903-566-7011 or via email, [wci@uttyler.edu](mailto:wci@uttyler.edu).

Employee Name:											
Date of Birth:	Date of Injury:										
<b>Provider Instructions</b>	<p><b>Please submit bills, medical reports, or questions to:</b></p> <p>The University of Texas System c/o CCMSI Cannon Cochran Management Services, Inc P.O.Box 802082 Dallas, TX 75380 PHONE: 1-888-802-0692 FAX: 217-477-6813 E-mail: <a href="mailto:UTS@CCMSI.com">UTS@CCMSI.com</a></p>										
<p style="text-align: center;"><u>PLEASE COPY THIS FORM AND RETURN TO EMPLOYEE</u></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 Tyler is a self-funded employer. Claims are processed through the University of Texas System in Austin.</p> <p>It is an administrative violation to bill injured employee directly for Workers' Compensation treatment. See Section 413.042 of Texas Labor Code.</p> <p><b>Pre-Authorization:</b> For pre-authorization, please call 214-217-5939 or toll-free 888-466-6381 or fax to 214-217-5937 or 877-946-6638.</p> <p style="text-align: center;"><i>THIS FORM DOES NOT CERTIFY COMPENSABILITY OR GUARANTEE PAYMENT</i></p>											
<b>Pharmacy Instructions</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Processor: <b>Mitchell</b></td> <td style="width: 50%; padding: 5px;">PCN: <b>MPS</b></td> </tr> <tr> <td style="padding: 5px;">Group: <b>MPS001150TC</b></td> <td style="padding: 5px;">BIN: <b>019082</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">Mitchell Help Desk: <b>877-232-6520</b></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">           ID: _____  <b>Date of injury (MMDDYY)+Date of Birth (MMDDYY)</b>   <i>(ID Example: MMDDYYMMDDYY)</i> </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Day Supply is limited to <b>7</b> days for a new injury</td> </tr> </table>	Processor: <b>Mitchell</b>	PCN: <b>MPS</b>	Group: <b>MPS001150TC</b>	BIN: <b>019082</b>	Mitchell Help Desk: <b>877-232-6520</b>		ID: _____ <b>Date of injury (MMDDYY)+Date of Birth (MMDDYY)</b>  <i>(ID Example: MMDDYYMMDDYY)</i>		Day Supply is limited to <b>7</b> days for a new injury	
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<p>The University of Texas System has partnered with Mitchell ScriptAdvisor to make filling prescriptions easy.</p> <p>Please use this form as a temporary prescription card. Please process prescriptions for the workers' compensation injury only. This form is only valid if signed and dated by a UT employer representative.</p> <p>For questions or rejections, please call 877-232-6520. Please DO NOT send employee home or have employee pay for medication(s) before calling Mitchell for assistance.</p>											
<p><b>Injured Employee:</b> PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS</p> <p>Please feel free to contact the Environmental Health and Safety Department at 903-566-7011 to assist you in locating a workers' compensation treating medical provider.</p> <p>Please take this form and your prescription(s) to a local pharmacy. Mitchell has a network of pharmacies nationwide. If you need assistance in locating a pharmacy near you, please call Mitchell toll-free at 877-232-6520 or use the "Find a Pharmacy" search tool at <a href="https://www.mitchell.com/products-services/pharmacy-solutions/scriptadvisor">https://www.mitchell.com/products-services/pharmacy-solutions/scriptadvisor</a>.</p> <p>If you are denied medication(s) at the pharmacy, please call 877-232-6520.</p>											
<b>MODIFIED DUTY MAY BE AVAILABLE, PLEASE REACH OUT TO YOUR SUPERVISOR</b>											

Employer Representative

Phone

Date