



INFORMATION ON FILING A NEW WORKERS' COMPENSATION CLAIM

1. Complete the Employer's Report of Occupational Injury From, LIBC 344 *in its entirety*. It is very important that you fill out all the information when submitting the form. Please include the start time, time of injury, date disability began, return to work date, social security number and all other information. We are unable to enter/open a claim unless we have all the information. Once completed, please email the completed form to WC-Claims@mrctrust.com. **All claims must be reported to MRM Trust within 48 hours, even if the employee did not seek treatment.** Notification-Only claims may turn into a Medical if the employee starts to have symptoms weeks or months later. Also keep in mind that **reporting Notification-Only claims does not affect your Workers' Comp rate. Leave the CODES BLANK (top of 2nd page).**
2. All claims information, such as Employer's Reports, Police Reports, Medical Reports, and Work Status slips, must be timely emailed or faxed to the MRM Trust office listed above.
3. Notify your employees and department heads: If an Injured Worker needs to seek treatment immediately, they are to tell the treating provider that it is a WC Claim. If a provider asks for a claim number, you may use MRM followed by the last four digits of the employee's SSN (e.g., MRM-1234) as a temporary claim number. Upon receipt of a new claim, MRM's standard is to respond via email within 24 hours, providing you with the claim number and adjuster information.
4. All work-related medical bills should be sent to this address: **MRM Trust, 1735 East Carson Street, Box 401, Pittsburgh, PA 15203**. Please provide this information to all treating medical providers.
5. Provide the Injured Worker with the AWPRx information which is MRM's pharmacy benefits manager. Injured Workers will receive the prescription card via text message, or it may be sent via email if requested.
6. If you have a Panel of Physicians, Injured Workers are required to treat with panel providers for the first 90 days. After the 90 days expires, Injured Workers may treat with any physician of their choice. If you do not have a Panel and would like to put one in place, please contact one of the adjusters listed below and they help guide you in coordination with our panel vendor.

The Panel Acknowledgement Form should be signed by employees: (1) when hired; (2) if/when a new panel is implemented/posted; and (3) at the time of injury.

7. Pennsylvania Workers' Comp is based on *calendar* days, and a seven (7) day work week regardless of if you work seven days or not.
8. Wage information will be requested for loss time claims. Wages requested will include any/all gross wages paid one year prior to the date of injury. An adjuster will send you the form to complete and return. Any medical reports and/or work status slips received for the injury should be faxed to the Claims Department upon receipt (fax # 724-934-1609).
9. **It is especially important to notify the adjusters of the date that an injured worker returns to work, so that the appropriate documentation is filed with the Bureau of Workers' Comp to stop benefit checks. We only have seven (7) calendar days from the "Return to Work" date to file the Notification of Suspension with the Bureau, which is a unilateral document that does not require the claimant's signature. We will file the documents with the Bureau on your behalf.**

MRM Trust Workers' Comp Claims Adjusters

Donna Cox-Bird – (724) 934-1597

Rochelle Johnson – (724) 934-1596

Jennifer Zipf – (724) 934-1598

MRM Trust Workers' Comp Email

Email WC-Claims@mrctrust.com

Phone (724) 934-9797, Option 1

Fax 724-934-1609

Medical Bills to be sent to:

MRM Trust
1735 East Carson Street
Box 401
Pittsburgh, PA 15203