



AUTHORIZATION FOR INITIAL TREATMENT

County Risk Services, Inc.
Third Party Administrator for ACCA Self-Insurers Fund



TODAY'S DATE: _____

Employee Name: _____ S.S. # _____ - _____ - _____ Actual Date of Injury: _____

Supervisor's Name: _____ Supervisor's Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

Work Status: _____ May return to full duty
_____ Out of work for _____ days, then return to work with restrictions (see below)
_____ May return to work with the following restrictions for _____ days:

Activity Restrictions: _____

Physician Name (please print): _____ Return Appointment Date: _____

Physician Signature: _____ Date: _____

INSTRUCTIONS FOR SUBMITTING CLAIM:

1. Immediately email or fax this form to CRS, Inc. at workerscompclaims@countyrisk.org or (334) 394-3244.
2. Give original to employee. Instruct employee to take original back to the employer. Keep a copy in the employee's chart.
3. Claim filing:
 - A. **For authorization and timely payment, office notes must be sent to CRS, Inc.:**
Fax to (334) 394-3244 or mail to CRS, Inc.: P. O. Box 589, Montgomery, AL 36101-0589.
 - B. **Send claim to:**
Please file electronically to Blue Cross/Blue Shield (Group 32134) - Use the WRI prefix with the employee's social security number. **(Do not use the EIB number)**
NOTE: DO NOT CHARGE CO-PAYS OR DEDUCTIBLES.

TO BE COMPLETED BY EMPLOYEE AFTER BEING SEEN BY PHYSICIAN:

I understand and agree to the recommended activity restrictions and follow up instructions. I agree I will not perform any activities outside the limitations either at work or home.

Employee Signature: _____ Date: _____

EMPLOYEE: Please return signed form to your employer

PHARMACY:

Send claim to Blue Cross/Blue Shield of Alabama. All prescriptions must be filed electronically with BC/BS by using the WRI prefix and the employee's social security number. **(Do not use the EIB number)** Please use **BIN# 004915, group number 32134 and in the PCN field use WRI#**. ACCA WCSIF does have a Formulary and some drug classes require prior approval before BC/BS will approve the prescription under WRI. **Charges filed manually, or through third party billing companies, will not be reimbursed.** If you are unable to obtain approval or confirmation, please contact ACCA WCSIF/CRS, Inc. at (888) 608-2009 (toll-free) or (334) 394-3232 for assistance.