



Medical Provider Billing Information

Injured Employee: Please provide this sheet to all medical providers providing treatment for your injury. If you need assistance finding or selecting medical providers, please contact: 855-268-6560

Important Instructions to Medical Providers:

1. The injured employee has been referred to your office for medical treatment of an injury/illness that may be work-related. Sedgwick is the Workers' Compensation Third Party Administrator (TPA) for Wrapbook. Please note that a Claims Examiner from Sedgwick must approve any non-emergency treatment following the initial visit. Payment for work-related medical services is **NOT** the patient's responsibility, so please **DO NOT SEND BILLS TO THE INJURED EMPLOYEE.**
2. For medical services requiring authorization or additional claims information questions please contact the appropriate Sedgwick office. A full list by State is on the back side of this sheet. For UR Request For Authorization (RFA) email: WrapbookUR@ekhealth.com or fax to 408-725-1135.
3. For payment, medical reports must be attached to the medical invoices for consideration. Medical invoices need to be submitted on a HCFA 1500 or UB92 with valid diagnosis and CPT codes. Please provide the Date of Injury, SSN, and DOB of the injured employee on the medical invoice.
4. Please submit all itemized medical invoices via mail, email, or fax to:
Sedgwick
PO Box 14424 Lexington, KY 40412-4424
Email: Wrapbook@Sedgwick.com (max size 30MB)
Fax: 801-559-2833
5. Submit work status' (return to work full duty, modified duty, restrictions, etc.) to:
Wrapbook
228 Park Avenue S. #36206, New York, NY 10003
Phone: 213-647-1511 Fax: 801-559-2833
Email: (Employer): WorkCompClaims@Wrapbook.com and (TPA): Wrapbook@Sedgwick.com
6. Prescription & Pharmacy information:
Medical Provider:
If prescription or over the counter medication(s) are required, please provide the injured worker with the prescription(s) to present at the pharmacy of their choice or e-prescribe if applicable. Please note the First Fill Prescription Card allows up to a 10-day supply for the initial prescriptions.
Injured Employee:
To obtain your First Fill Prescription Card follow the step-by-step instructions on your mobile device:
 1. **Text WRA00 to 833-377-8345** and present your prescription card to your local pharmacy.
 2. If you encounter any problems filling your prescriptions, please call **RxBridge at 833-792-7434** for assistance. A customer service representative is available 24 hours a day and 7 days a week.

This does not guarantee that benefits will be payable under Workers' Compensation coverage. Benefit payments are always subject to a determination by the Sedgwick Claims Examiner at the time the service was rendered.



7. Lastly, we value our relationship with medical providers and appreciate the quality medical services provided. We strive to provide timely payment reimbursement for medical services, so please adhere to the instructions above so there are no delays in payment. For payment status inquiries contact EK Health Provider Inquires at 888-507-0616 or email ProviderInquiry@ekhealth.com

Sedgwick contact phone numbers by State:

AK.....	(800) 906-3147
CA.....	(800) 731-1005
CO	(800) 507-9656
AL, AR, FL	(800) 548-1373
HI.....	(866) 580-6674
ID, UT	(866) 253-1074
IA, IL, IN, MI, MN, NE, WI, MO, KS, SD	(866) 342-3920
DC, MD, VA, ME	(800) 285-3258
CT, MA, ME, NH, RI, VT	(800) 526-3721
MT.....	(866) 458-4737
NM	(800) 255-4349
NV	(702) 568-3740
NY.....	(315) 426-4800
OR	(800) 906-3147
PA.....	(800) 551-0271
LA, OK, TX.....	(972) 372-6100
KY, MS, NC, SC.....	(800) 541-0139
WV.....	(877) 925-5580