

Commonwealth of Kentucky

PROVIDER INTRODUCTORY LETTER

Dear Provider:

_____, is coming to you for a visit as an employee of _____, who is a participant in the **comp mc** Managed Healthcare Plan of Kentucky. This letter does not confirm that the injury or condition is covered under Kentucky's workers' compensation coverage. The claims administrator, CCMSI, will make this determination.

As the employer we are working closely with our claims administrator, CCMSI, and **comp mc**, to facilitate timely and medically necessary treatment for all employees who are injured on the job. *Please note: We often have modified duty available within the capabilities/limits you assign.*

**For Utilization and Case Management contact COMP MC
Phone: 866-361-6899 OR Louisville 502-394-3050 Fax: 502-426-9516**

When one of the Following Occurs:

- Anticipated Disability 7 days or greater
- History of Prior disability-same body part
 - Fractures
 - Hospitalization
 - Surgery anticipated
 - Referral to Specialists
- Treatment Plan will exceed 2 weeks
- Physical Therapy is recommended

Emergency Room/Hospitals/Urgent Care Centers/Physicians: If the patient requires a referral to a specialist, consult the First Health Network Directory or call COMP MC, 866-361-6899.

Sincerely,

Employer Representative