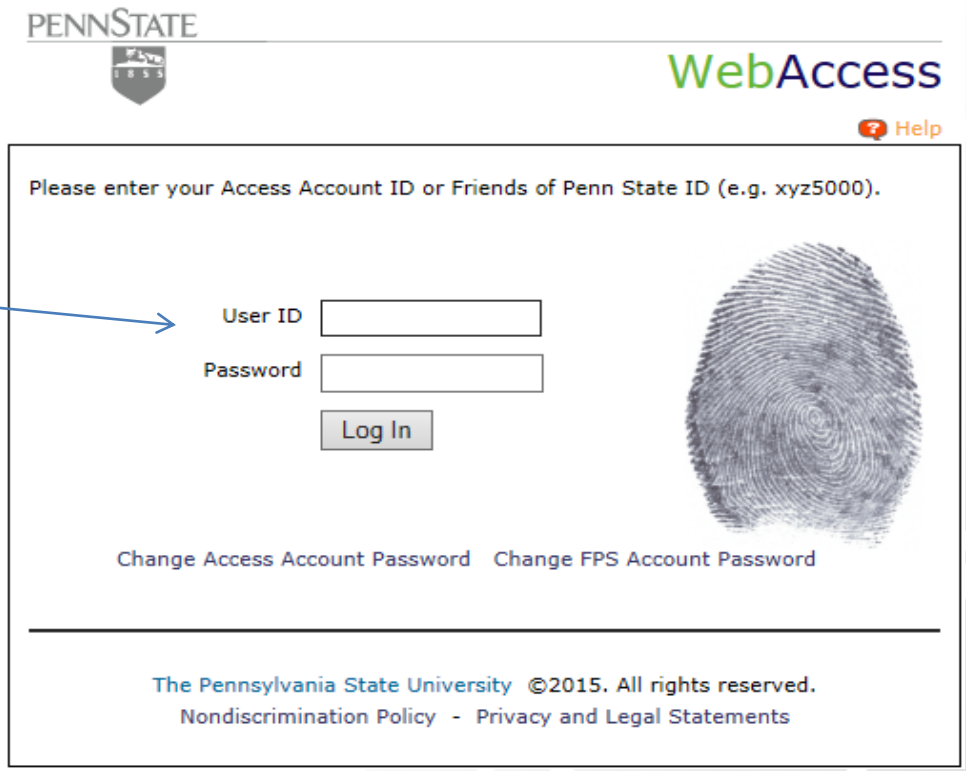
sedgwick®

viaOne Express

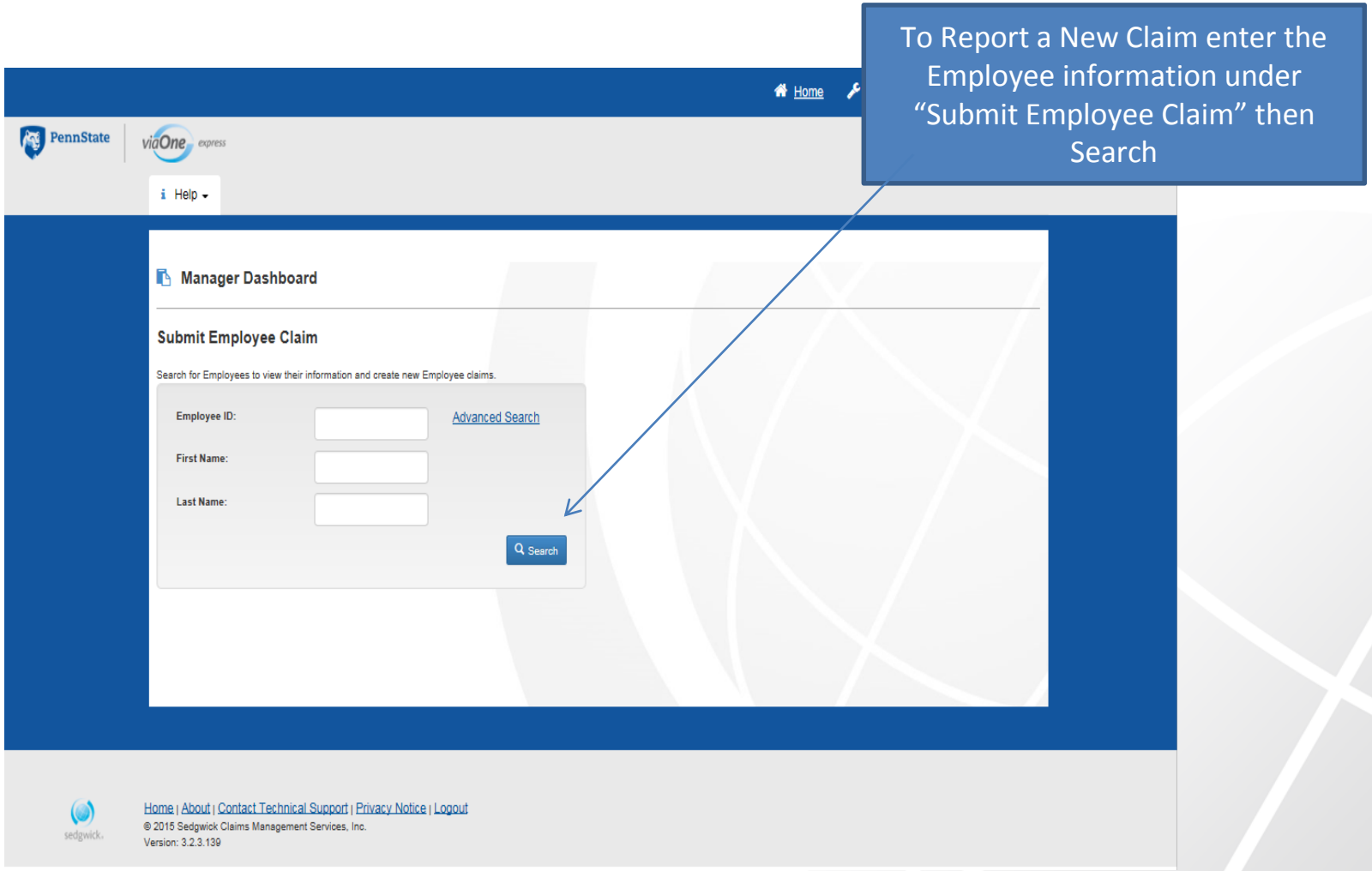
Claim Reporting

To report an injury, please select the “Report an Injury” hyperlink located on [OHR Workers’ Compensation Website]

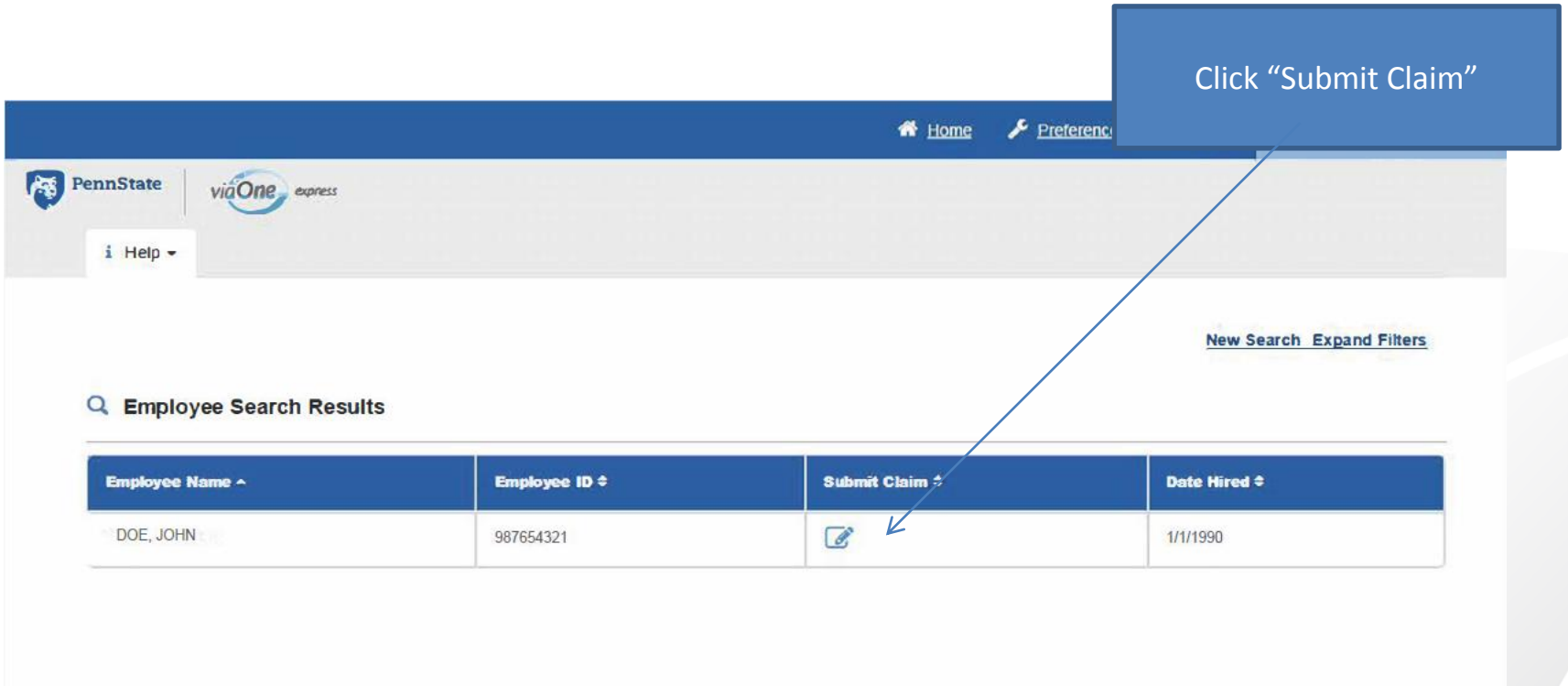
Enter user ID and password



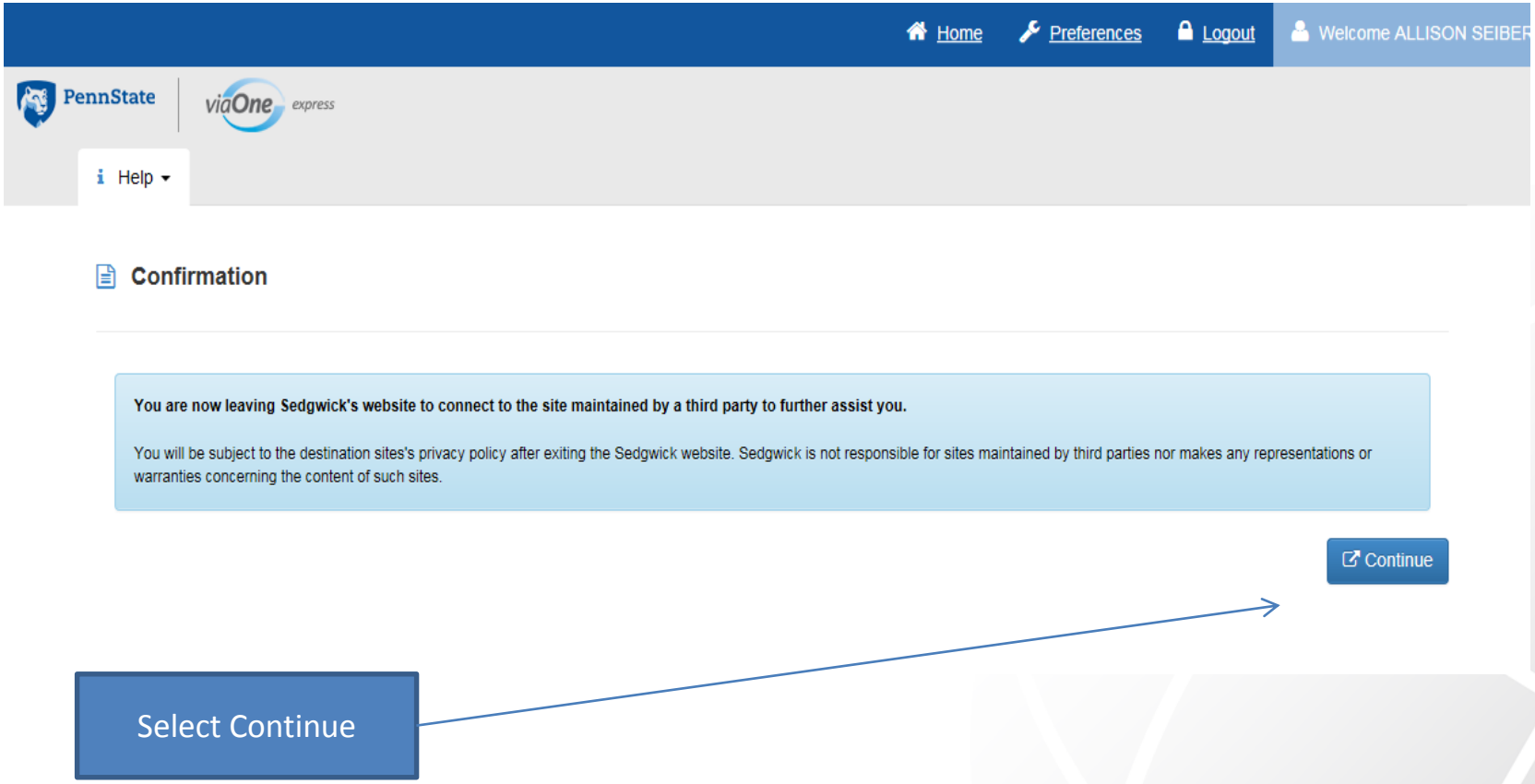
Claim Reporting (cont.)



Claim Reporting (cont.)



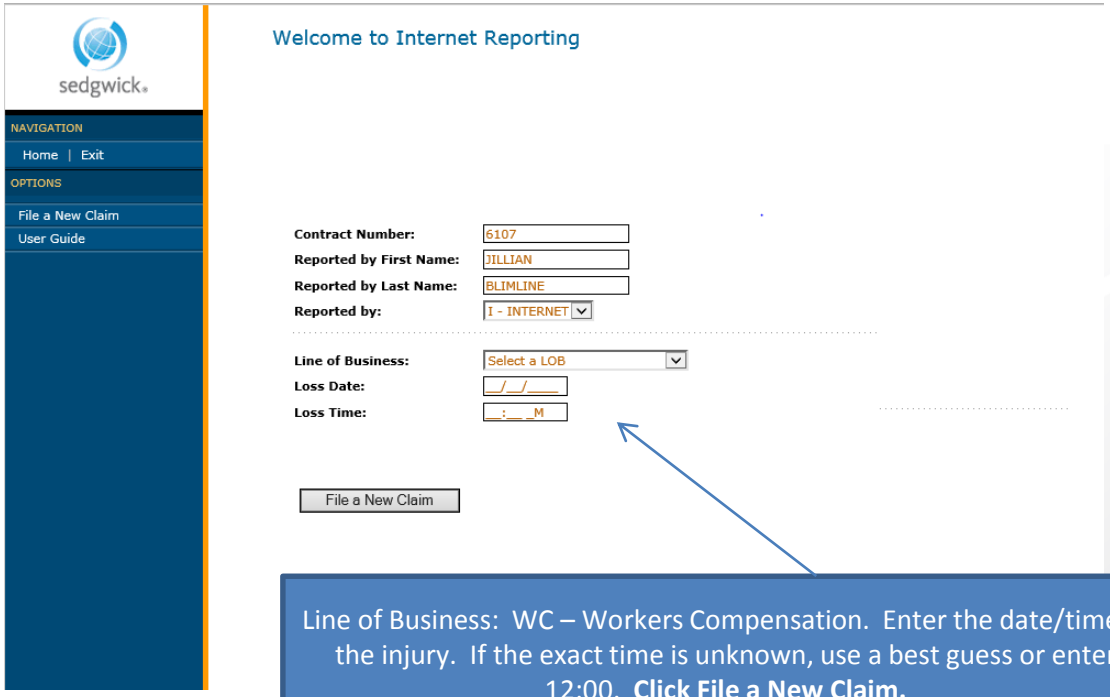
Claim Reporting (cont.)



Claim Reporting (cont.)

You will then be redirected to the Web Reporting platform, Claim Capture

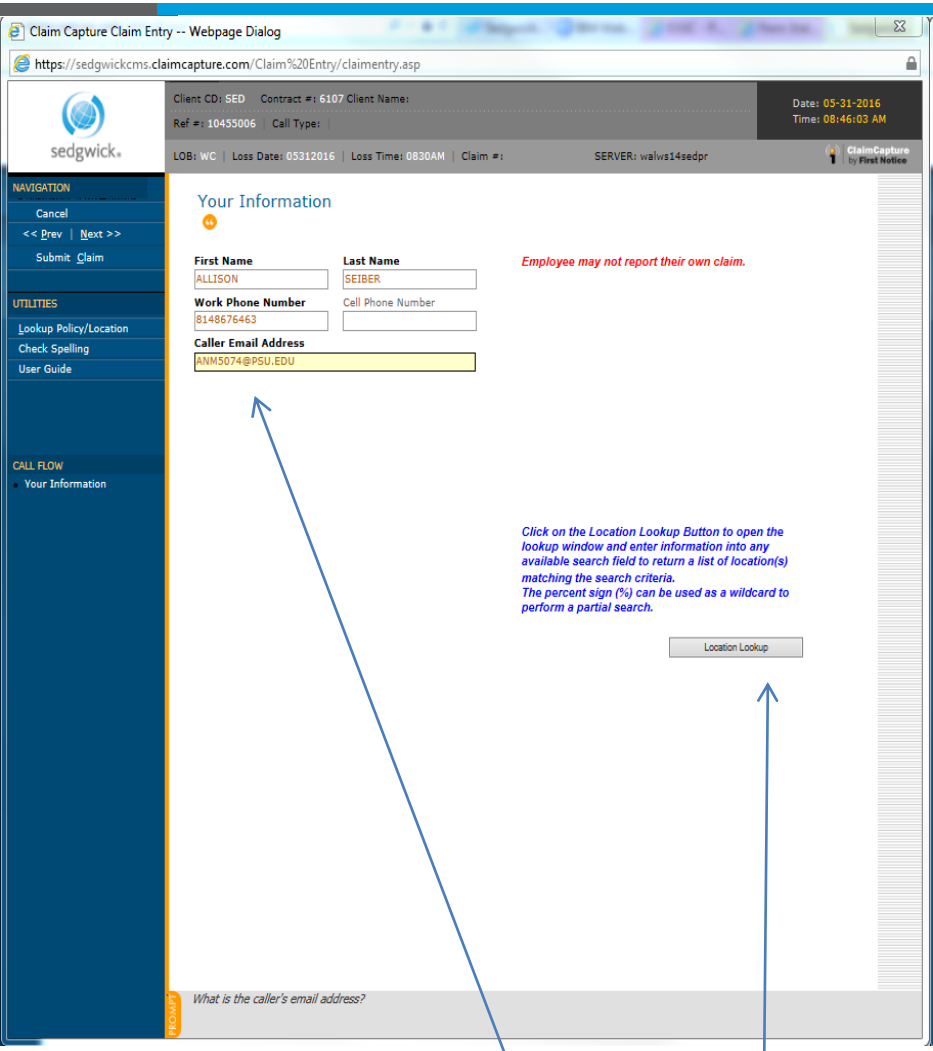
This is the same reporting system, however:
you will not need a Claim Capture specific user name and password.
New user access requests are no longer required.

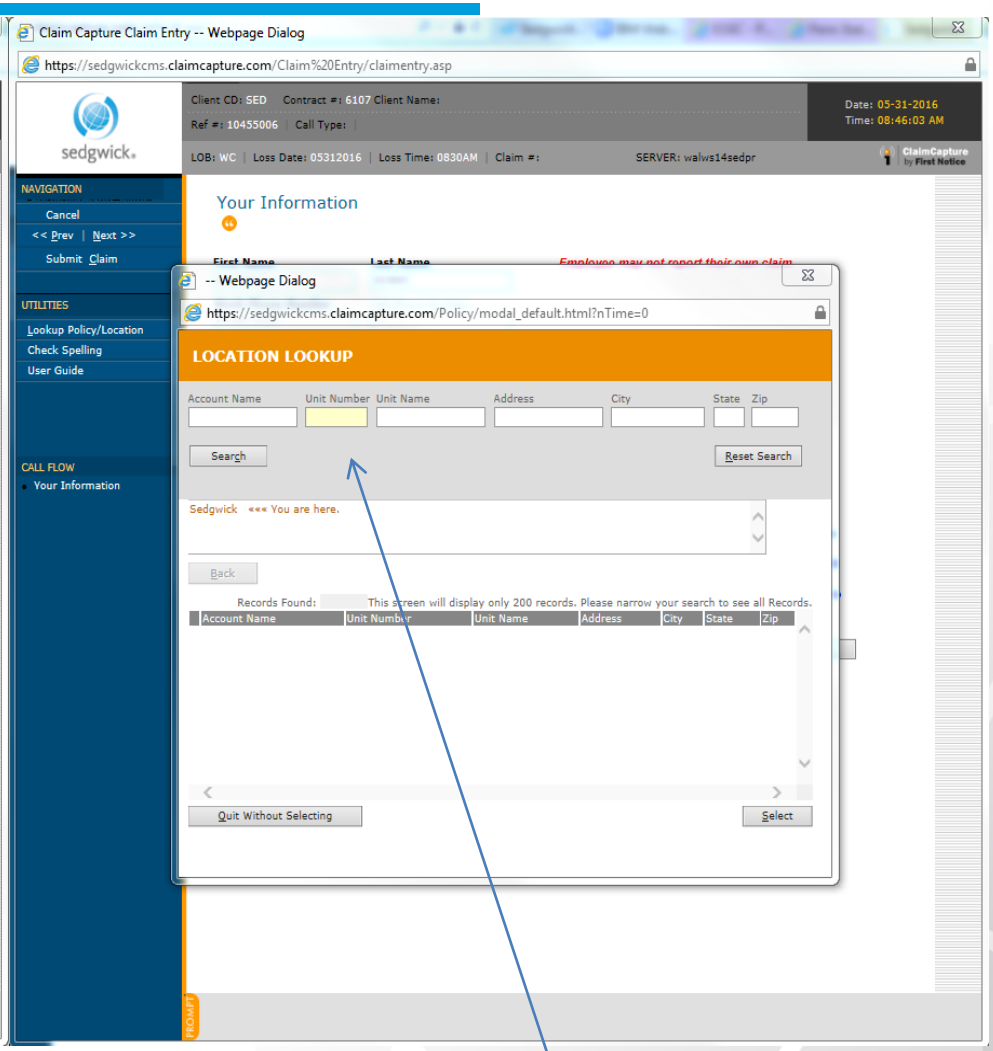


Line of Business: WC – Workers Compensation. Enter the date/time of the injury. If the exact time is unknown, use a best guess or enter 12:00. **Click File a New Claim.**

REMINDER To successfully submit a claim, please use Internet Explorer

Claim Reporting (cont.)

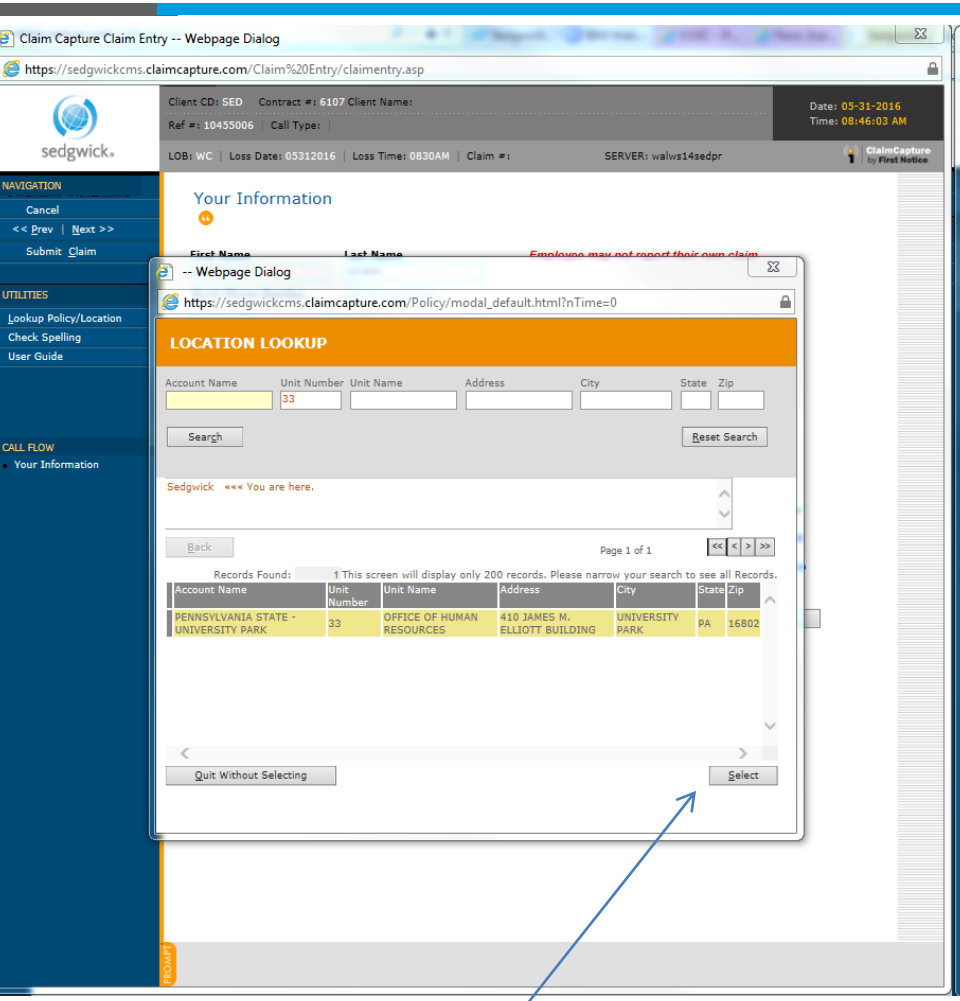


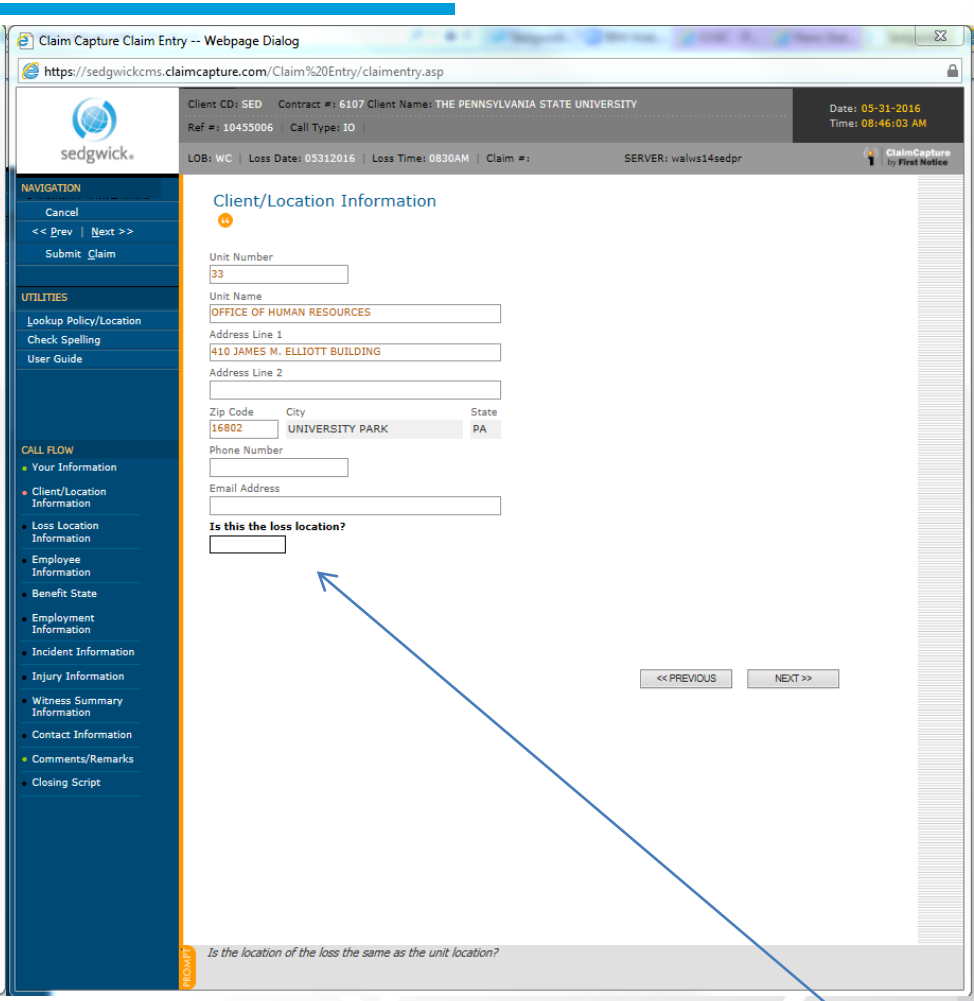


Be sure to enter your email address on Your Information so you receive a copy of the claim once it is submitted. Click Location Lookup to begin selecting your location.

You can search using your unit number, state or unit name. To utilize the wildcard function, use the(%) sign. For example, to search for Abington units, type %Abington in the Account Name field. Click Search.

Claim Reporting (cont.)

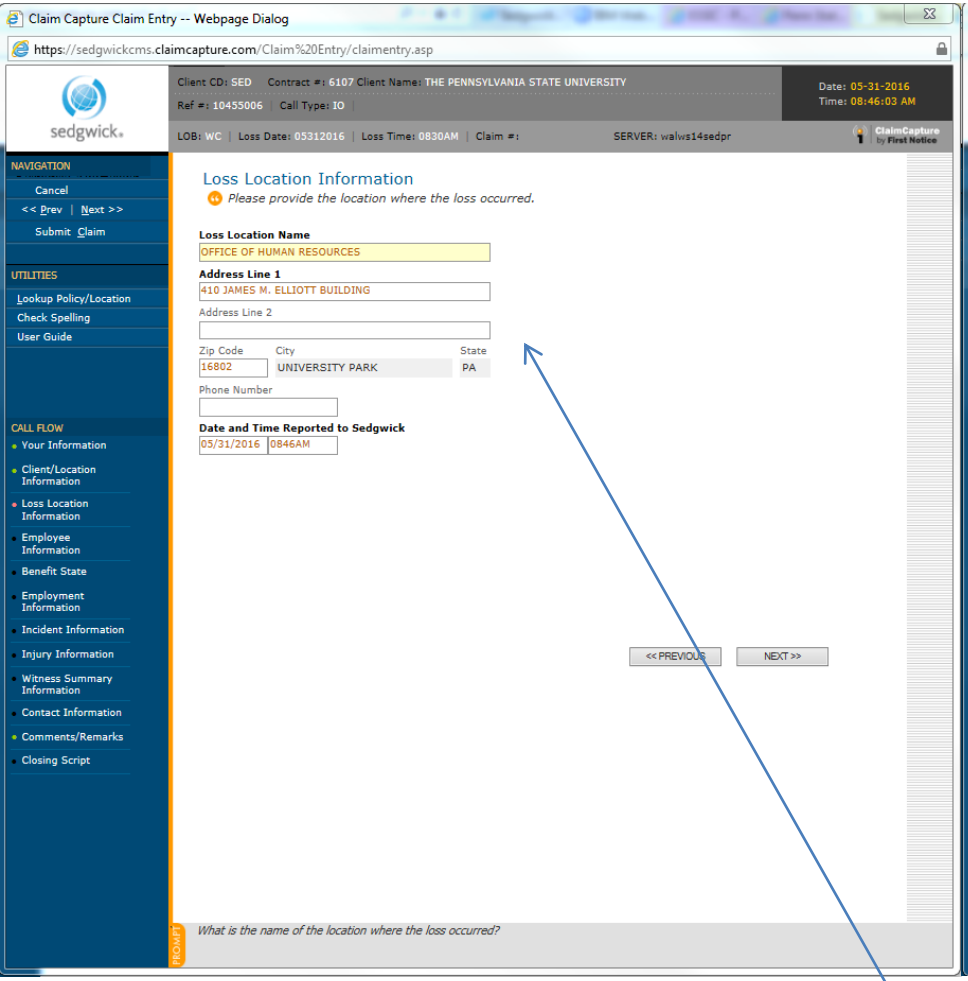


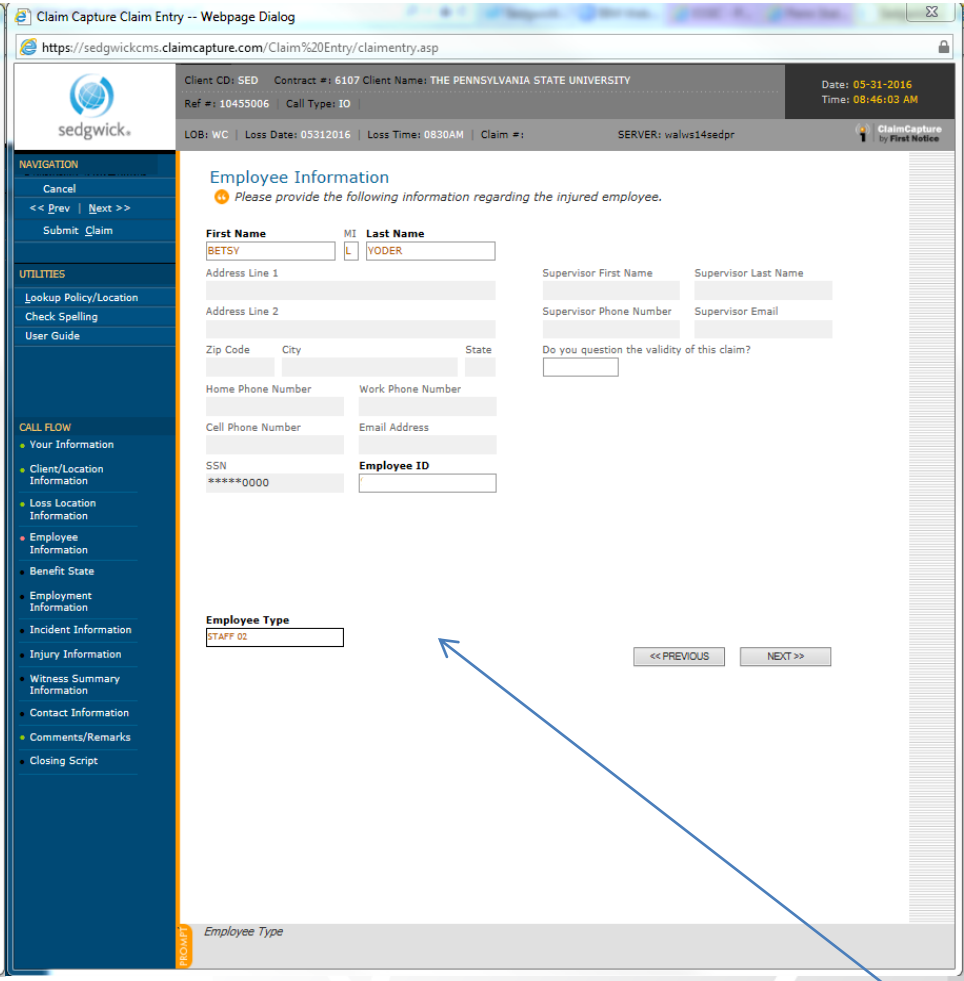


When the correct location appears, be sure the location is highlighted yellow and click Select.

There is no need to change any of the information here, simply indicate whether or not this is where the injury occurred in the “Is this the loss location” field.

Claim Reporting (cont.)

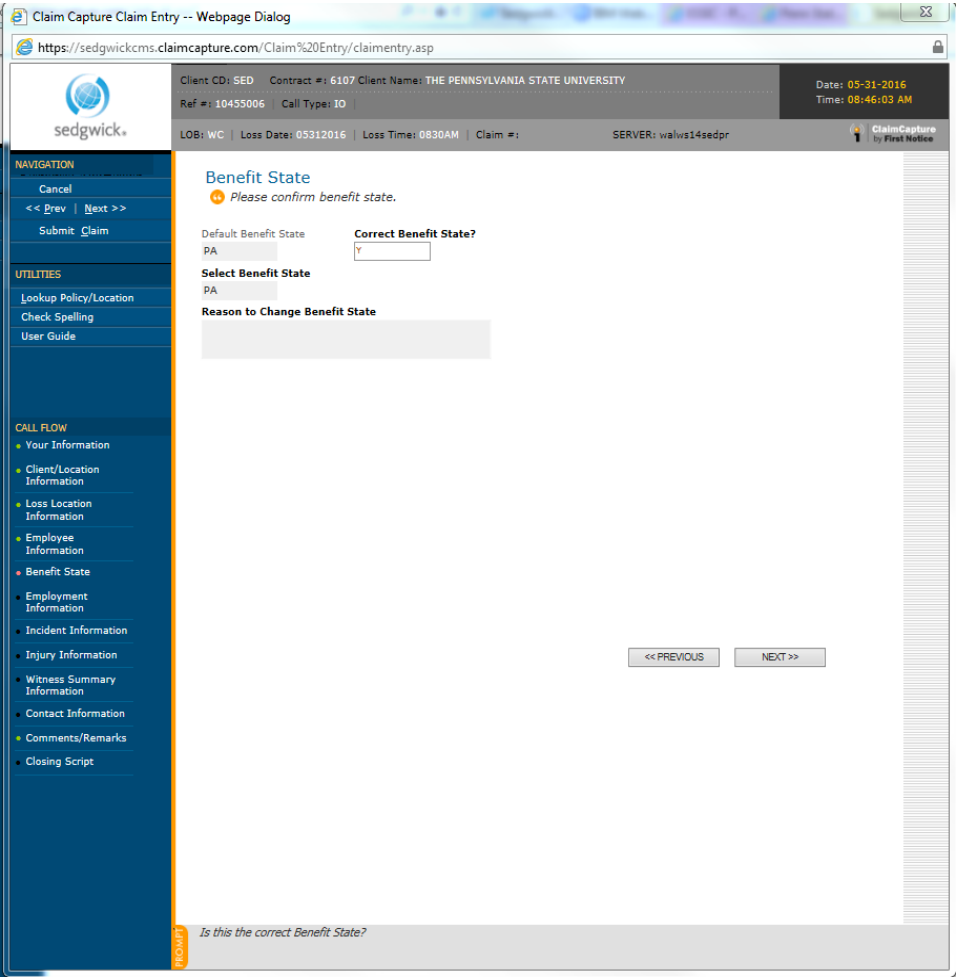


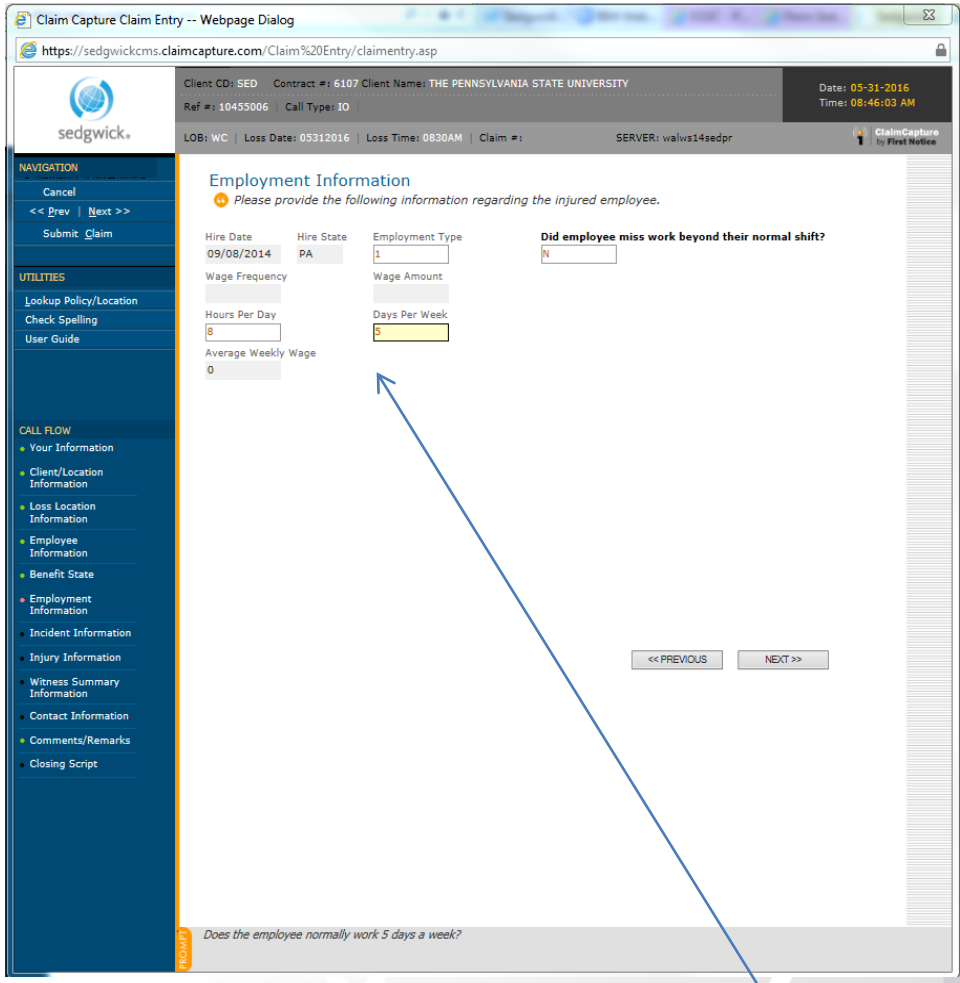


If the injury occurred elsewhere, please type that information here. Please note that the name and address of the location are in BOLD. If you do not have exact information, you can type something more general in the fields.

The employee's name, Penn State ID and Employee Type must be entered here.
If this information is unknown, please abort the claim and get the information before proceeding.

Claim Reporting (cont.)

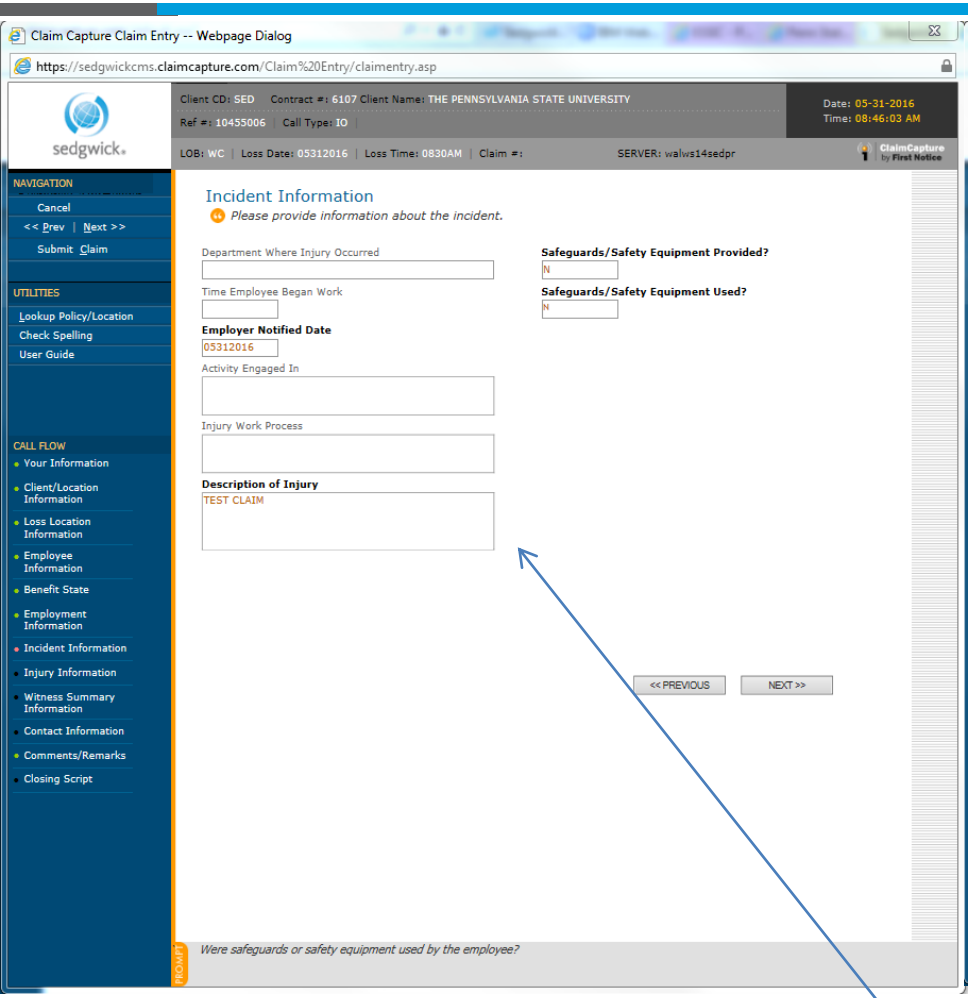


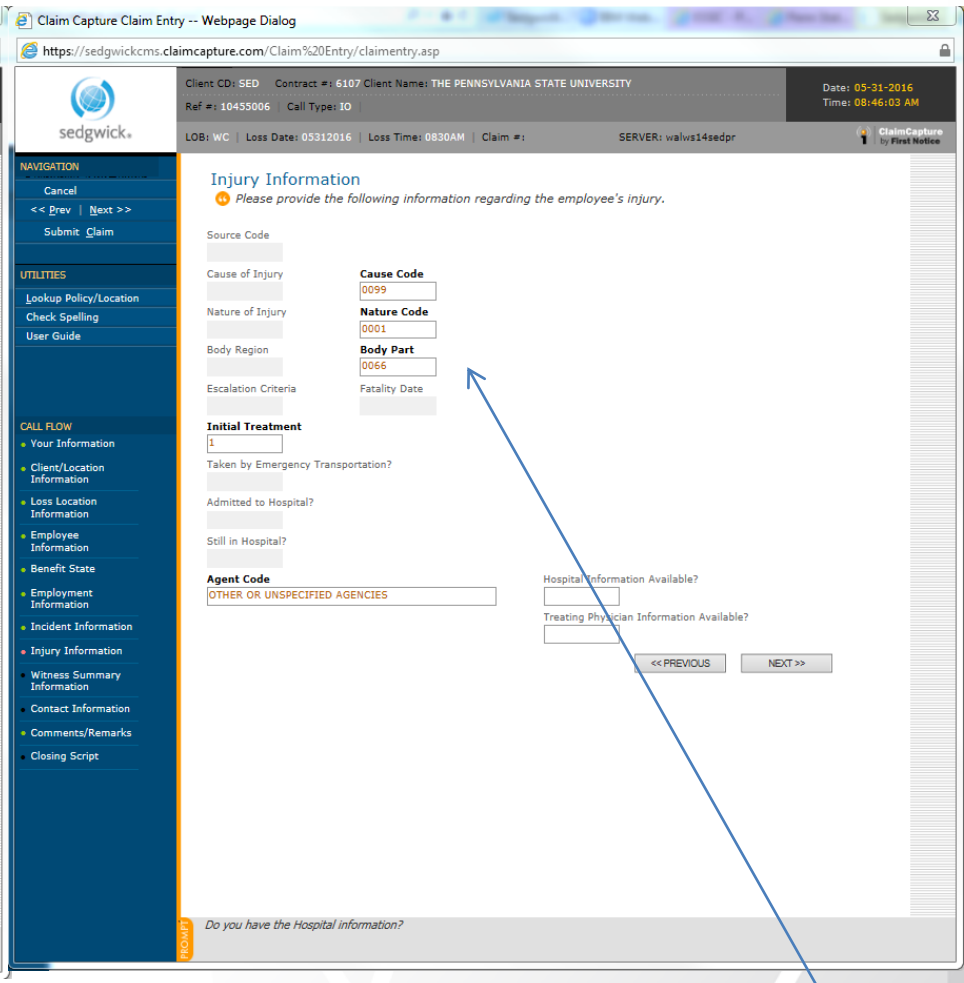


No changes are needed to this frame

Please enter Employment Type, hours per day/days per week, and indicate whether or not the employee will miss time from work due to the injury.

Claim Reporting (cont.)

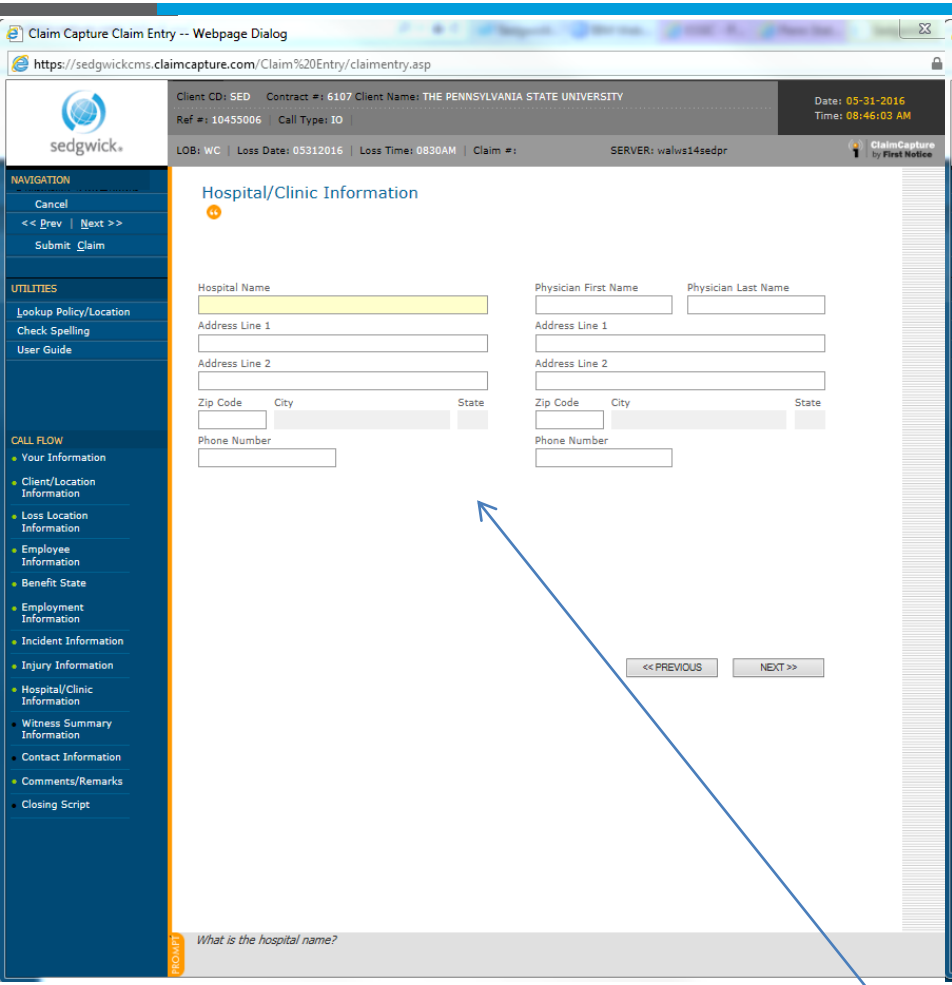


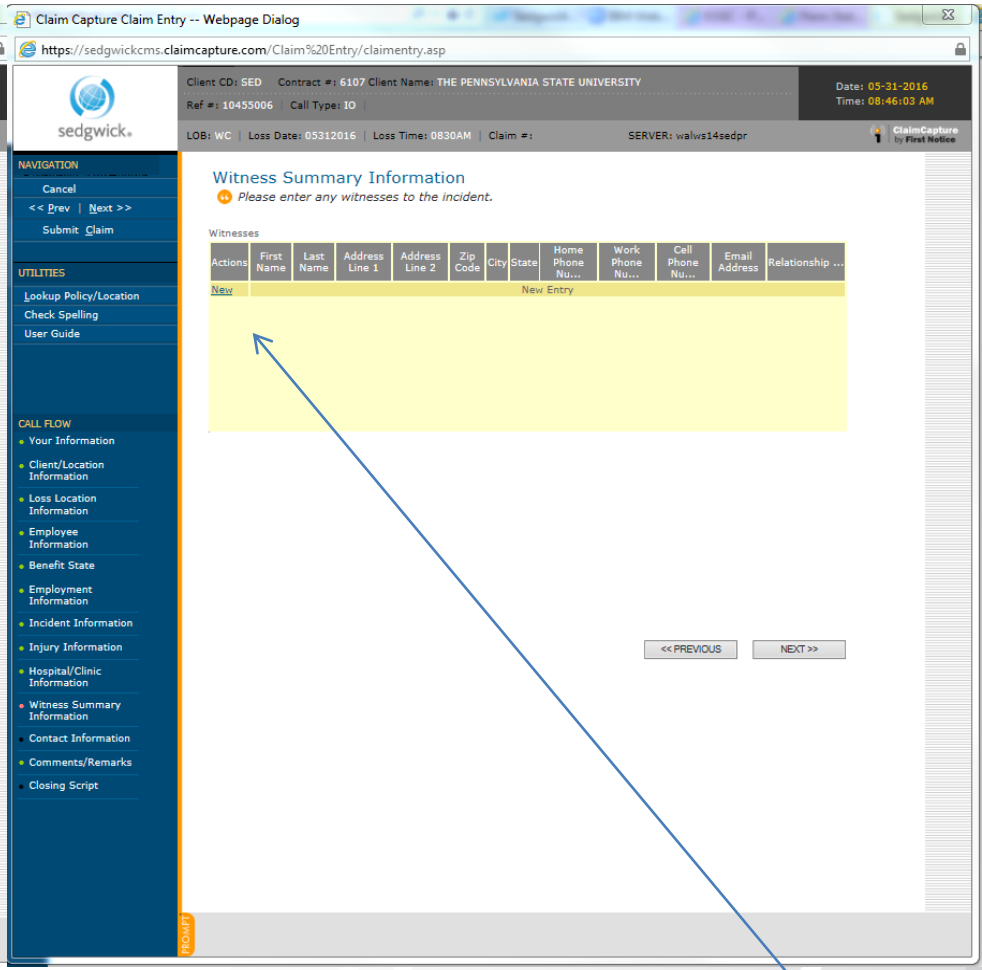


Note that the employer notified date will pre-fill with today's date, please update if needed.
Include a complete description of the incident that caused the injury, as well as if safety equipment was provided and used.

Please choose the best available codes from each category for the injury and any treatment.

Claim Reporting (cont.)

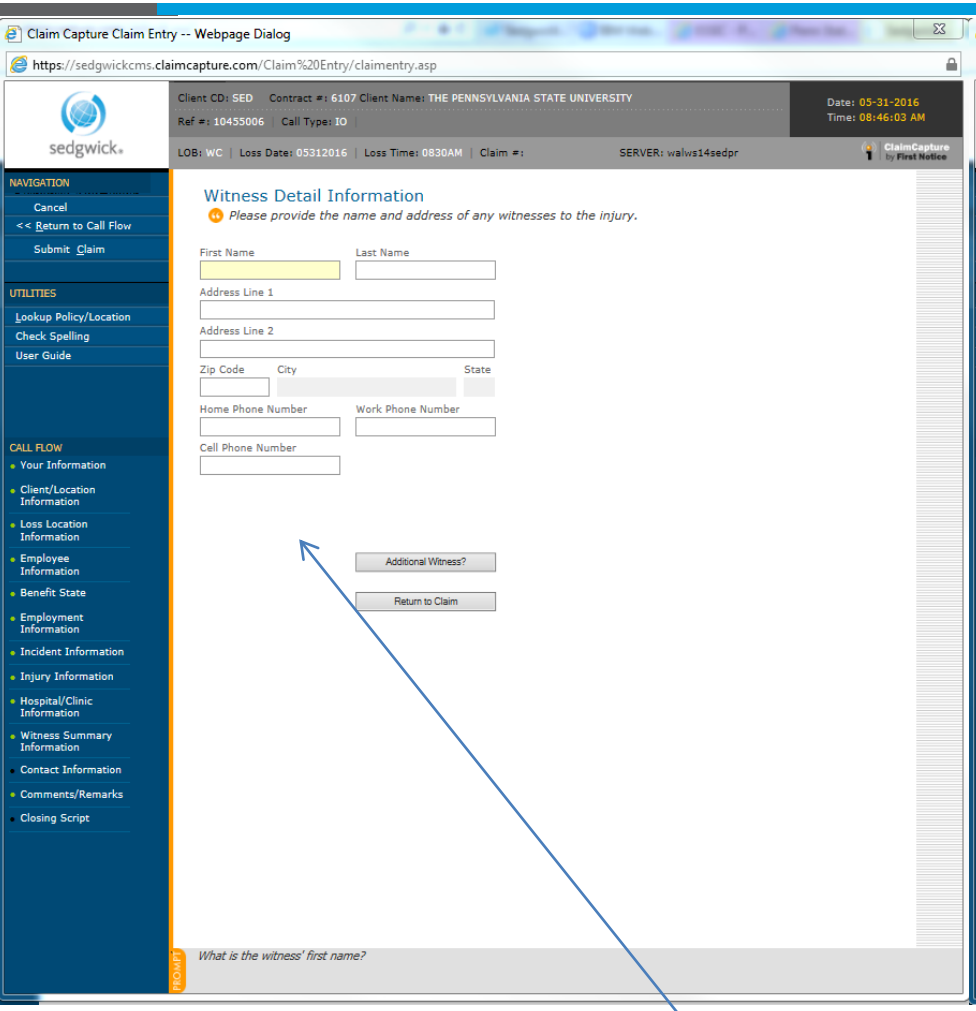


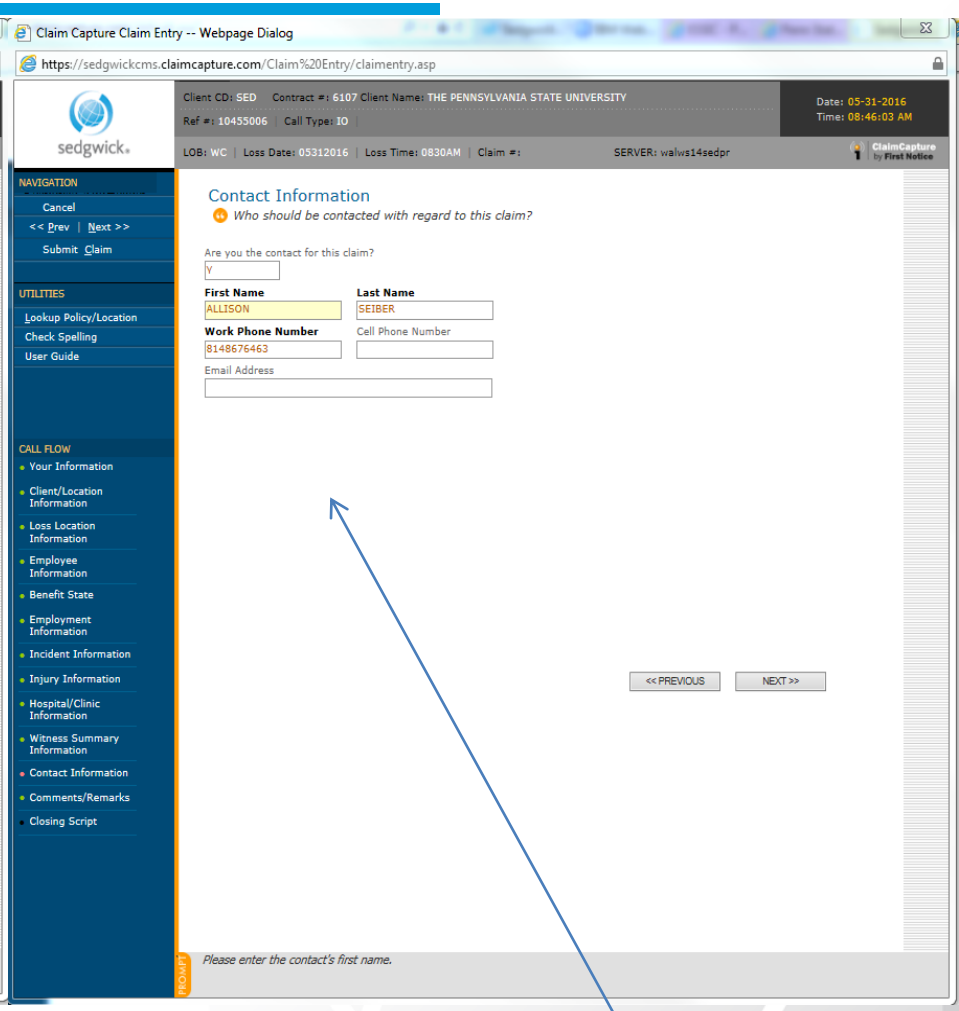


Enter the hospital/Clinic and Physician information here. Note that none of the fields are required, so enter what information is available.

If there were any witnesses, click “New” or hit spacebar to open the witness detail screen.

Claim Reporting (cont.)

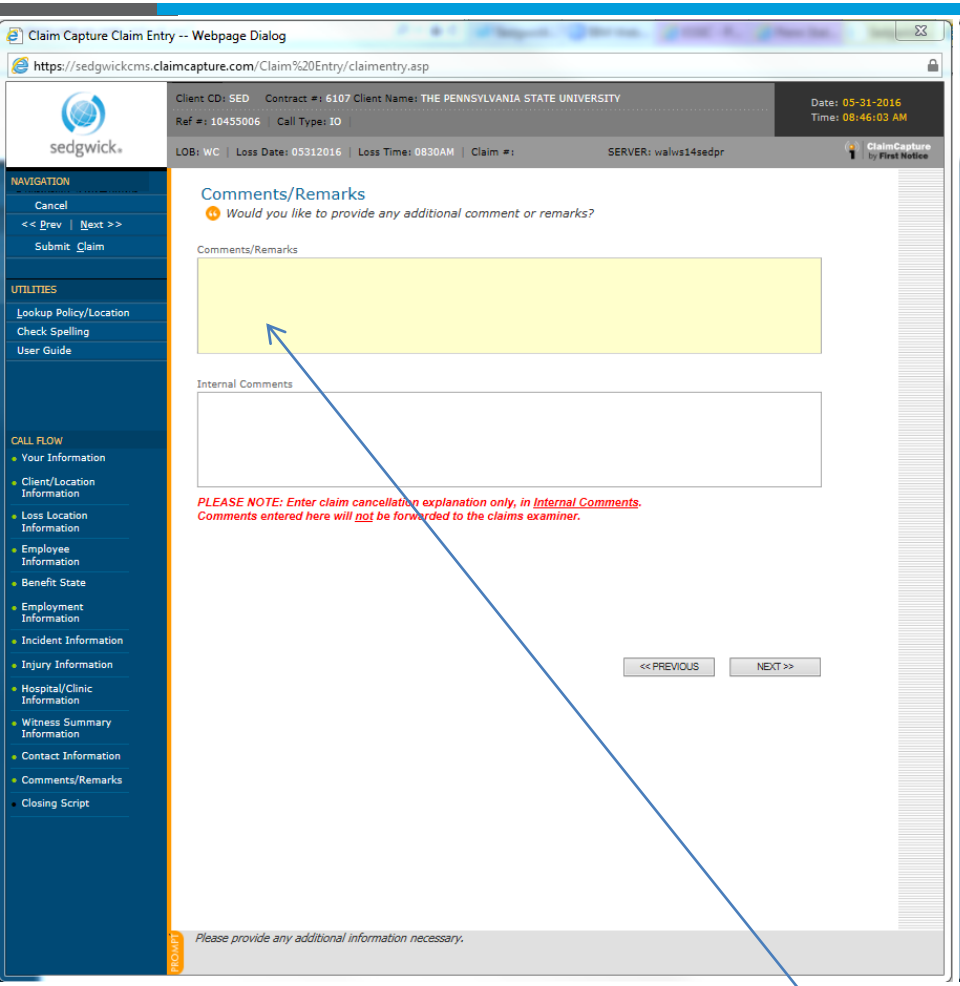


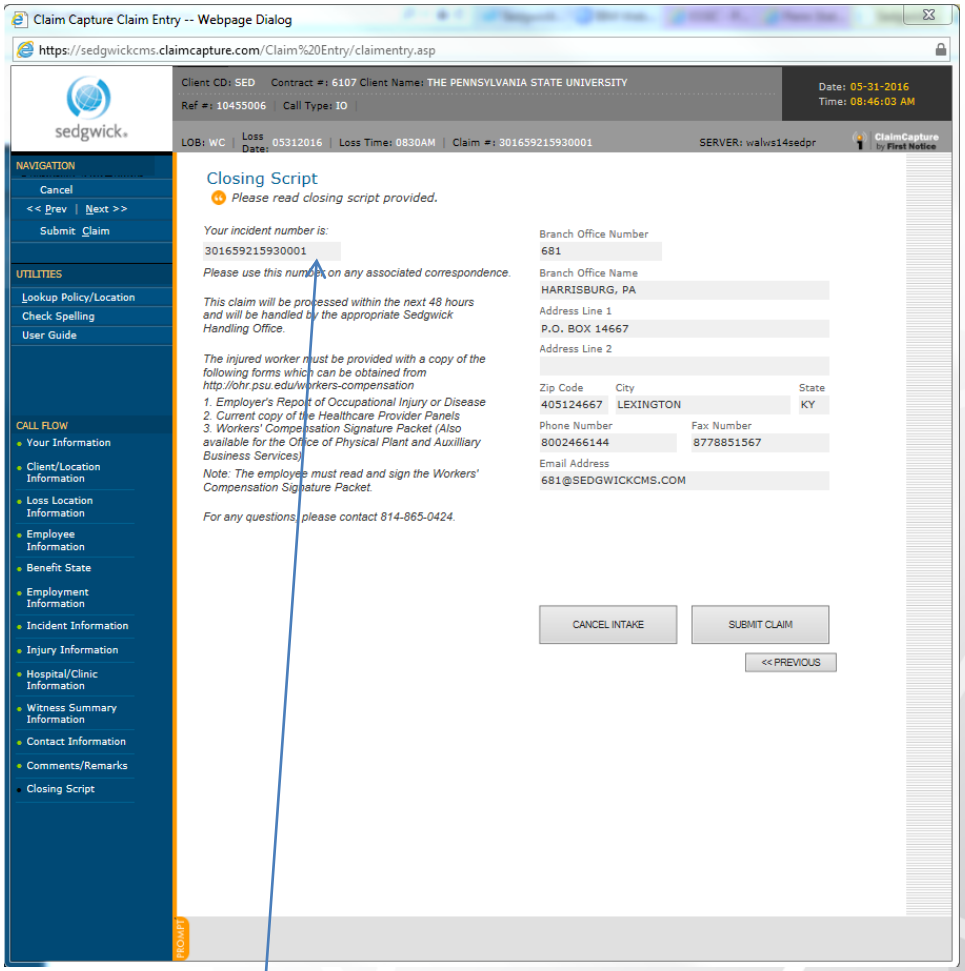


Enter Witness Detail Information

Enter the contact person for the claim here. The person the claims examiner should call with any questions regarding the work related injury.

Claim Reporting (cont.)

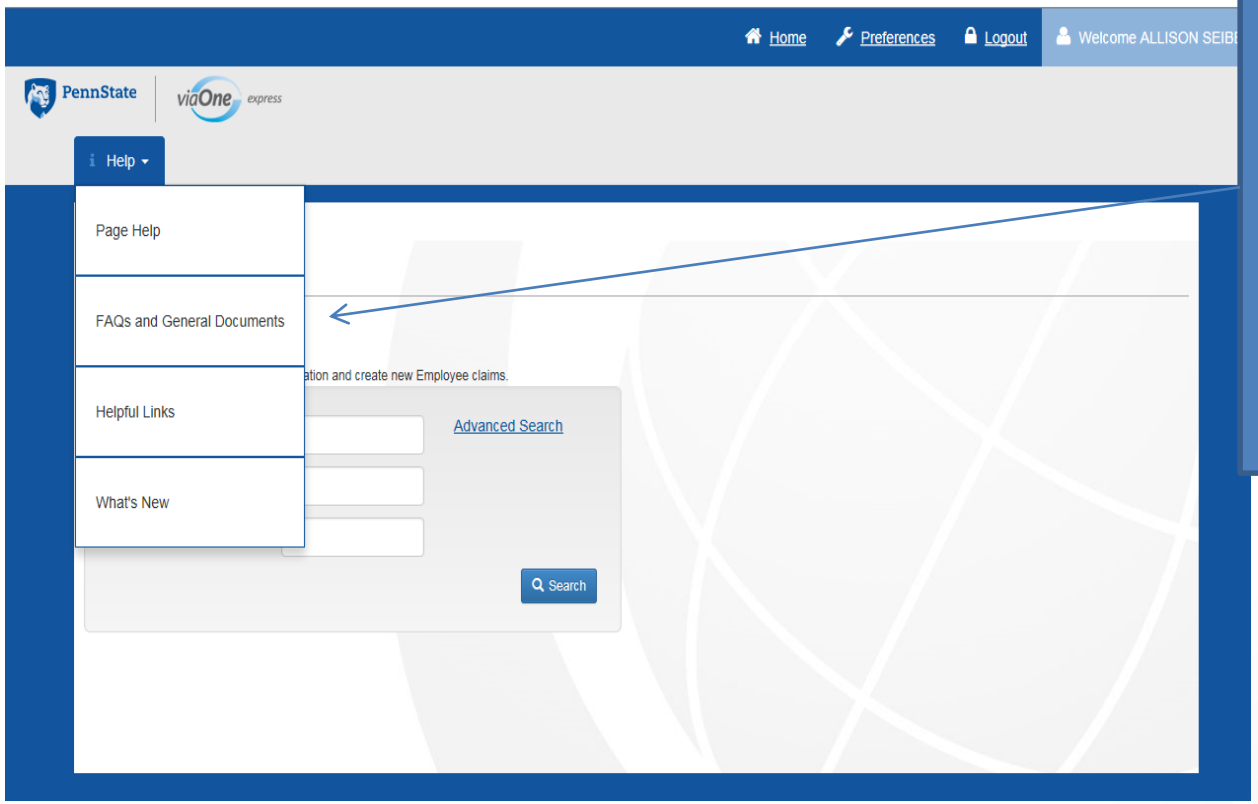




Enter any additional information you have in Comments/Remarks. This will go to the claims examiner assigned to this claim. Do not use the Internal Comments section.

The claim number and handling office information is provided here. These instructions and the claim number will also be sent to you by email.

Claim Reporting (cont.)

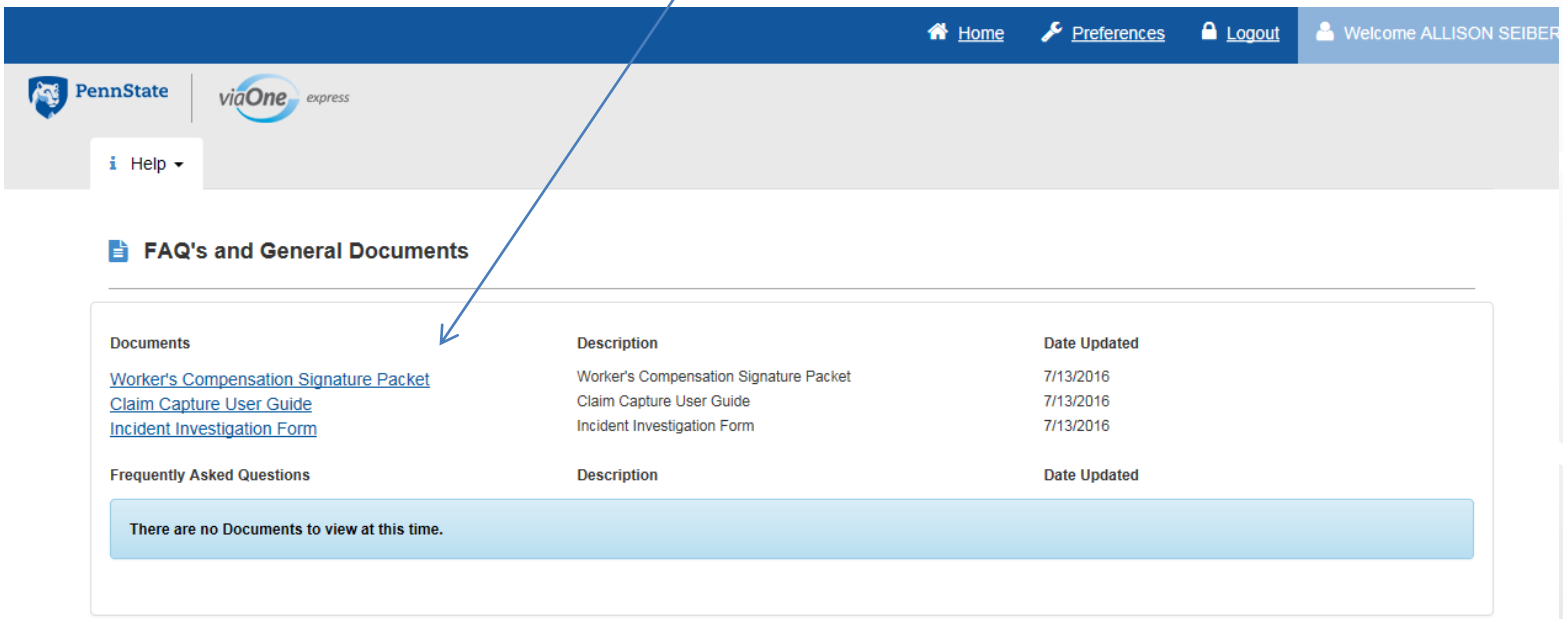


Claim Capture User Guide, Workers' Compensation Signature Packet and Incident Investigation Forms are located under the Help Tab - FAQs and General Documents

If unable to complete the Web Reporting platform, Claim Capture please call 877-219-7738

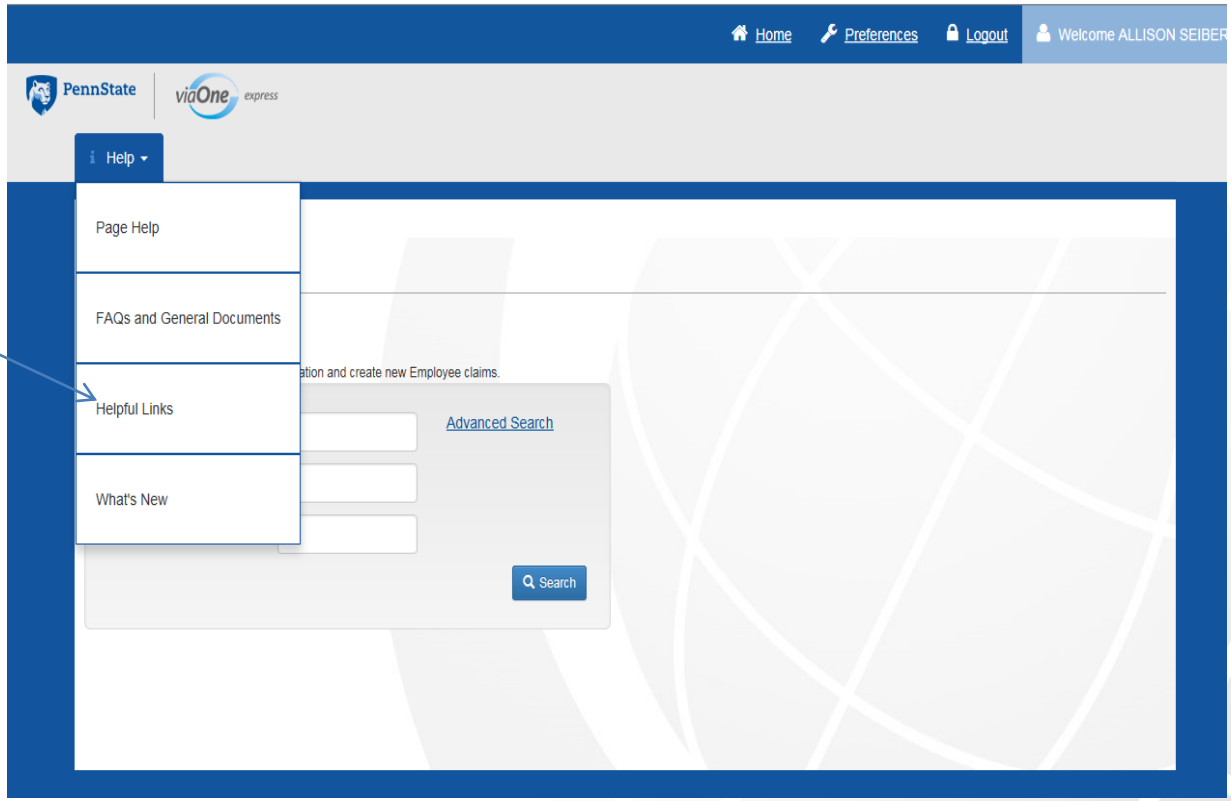
WC Signature Packet

Don’t Forget to Complete the Workers’ Compensation Signature Packet!



Medical Panel Links

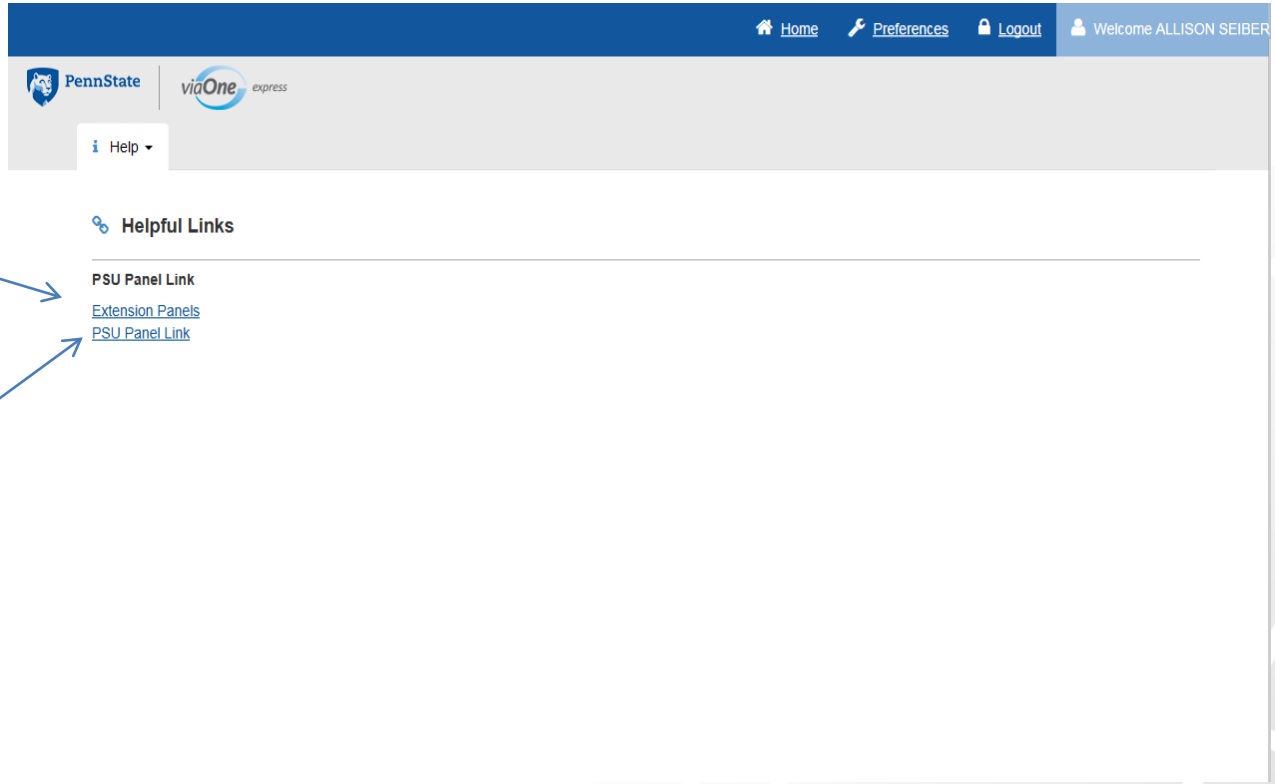
Medical Provider Panels can be located by selecting Helpful Links under the Help tab



Medical Panel Links (cont.)

Extension Panel

Provider Panel



Need Help?

Need Assistance? Check out Site Help

While you're there, check out What's New