



sedgwick®

viaOne Express

# Claim Reporting

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

PENNSTATE  WebAccess  Help

Please enter your Access Account ID or Friends of Penn State ID (e.g. xyz5000).

Enter user ID and password

User ID

Password



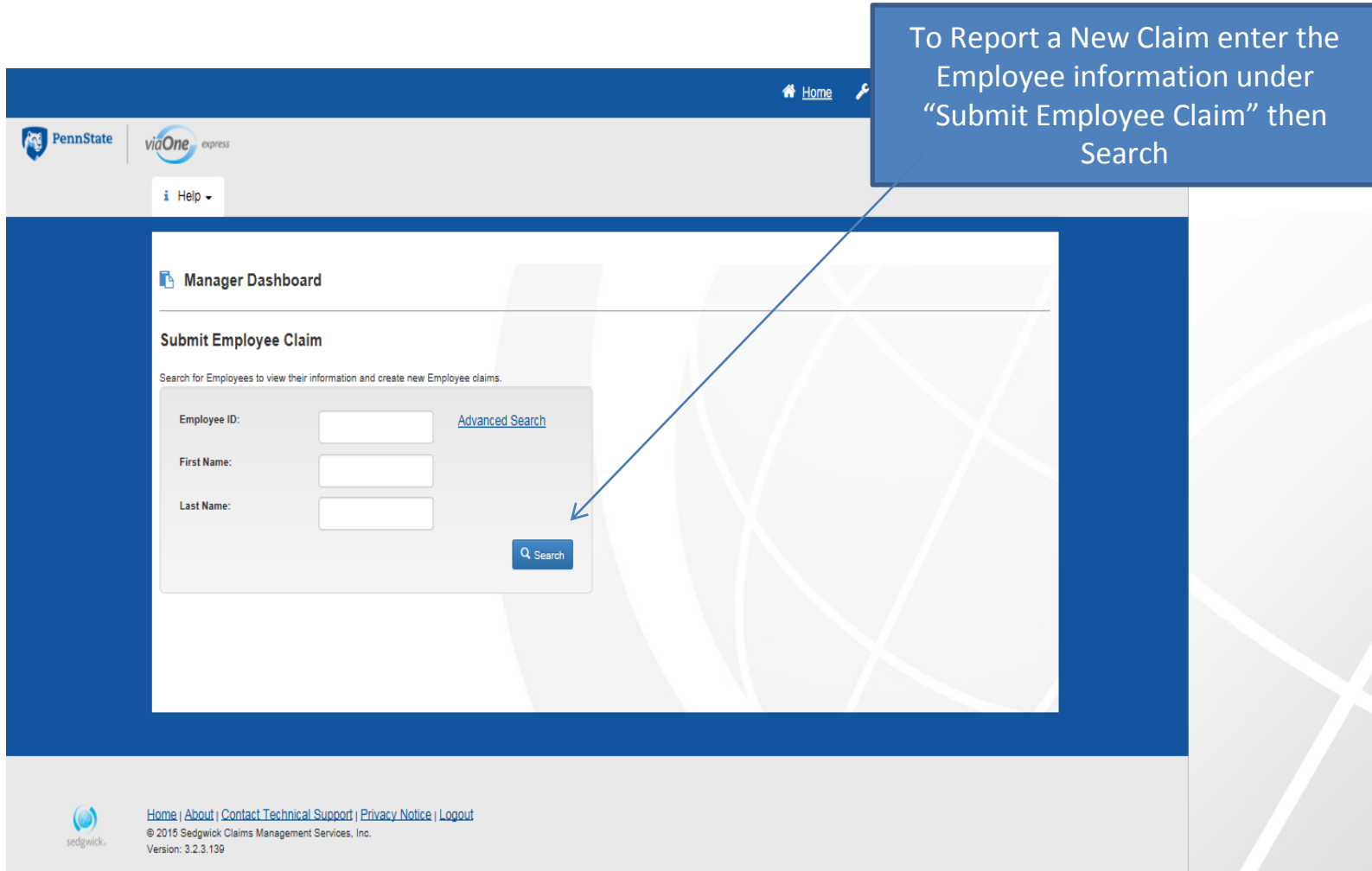
[Change Access Account Password](#) [Change FPS Account Password](#)

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Nondiscrimination Policy - Privacy and Legal Statements

# Claim Reporting (cont.)

To Report a New Claim enter the Employee information under "Submit Employee Claim" then Search



**Manager Dashboard**

### Submit Employee Claim

Search for Employees to view their information and create new Employee claims.

Employee ID:  [Advanced Search](#)

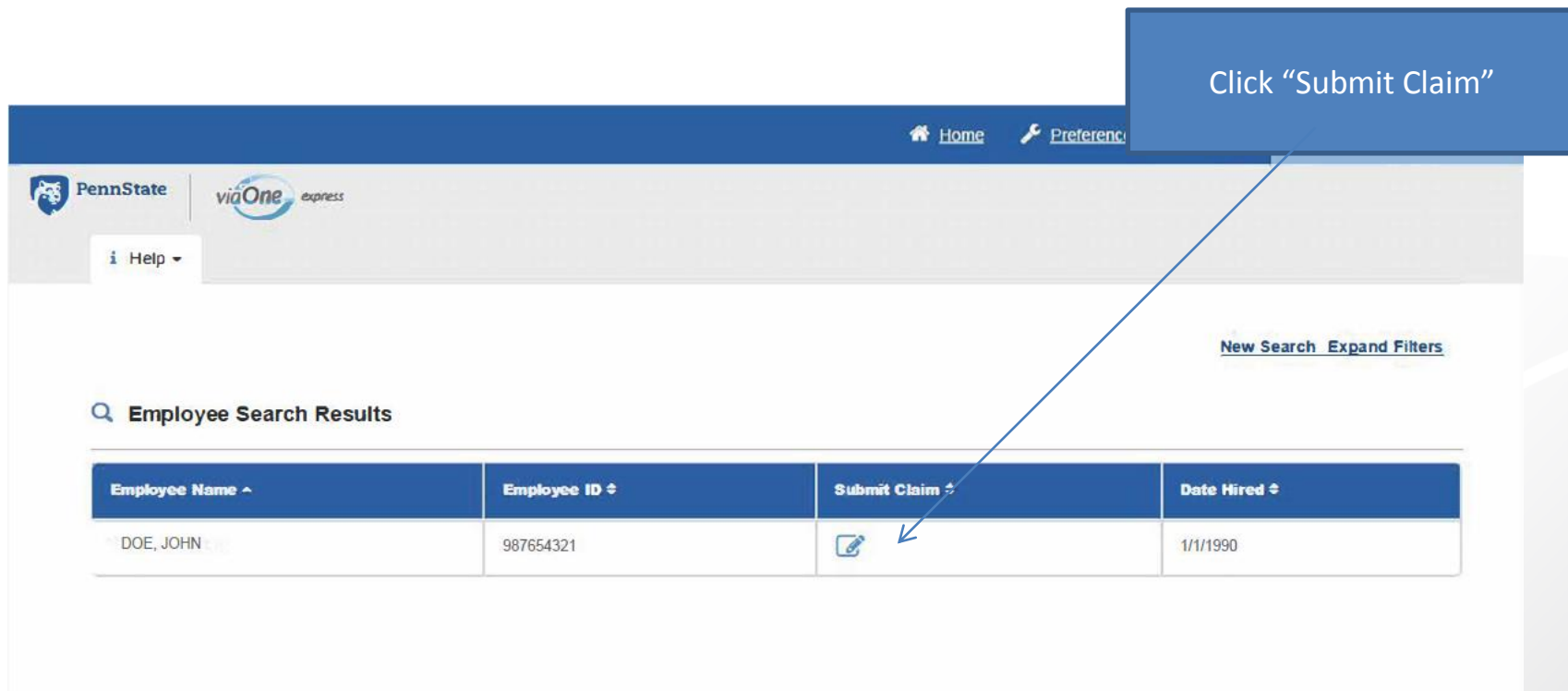
First Name:

Last Name:

[Home](#) | [About](#) | [Contact Technical Support](#) | [Privacy Notice](#) | [Logout](#)  
© 2015 Sedgwick Claims Management Services, Inc.  
Version: 3.2.3.139

# Claim Reporting (cont.)

Click "Submit Claim"



The screenshot shows the PennState viaOne express portal. At the top, there are links for Home and Preferences. Below the header, there is a search bar and a 'Help' link. The main content area displays 'Employee Search Results' with a table containing one row for John Doe. The table has columns for Employee Name, Employee ID, Submit Claim, and Date Hired. A blue box with an arrow points to the 'Submit Claim' icon in the row for John Doe.

[New Search](#) [Expand Filters](#)

**Employee Search Results**

| Employee Name ^ | Employee ID ^ | Submit Claim ^                                                                      | Date Hired ^ |
|-----------------|---------------|-------------------------------------------------------------------------------------|--------------|
| DOE, JOHN       | 987654321     |  | 1/1/1990     |

# Claim Reporting (cont.)

[Home](#) [Preferences](#) [Logout](#) Welcome ALLISON SEIBER

 PennState 

 Help ▾

## Confirmation

You are now leaving Sedgwick's website to connect to the site maintained by a third party to further assist you.

You will be subject to the destination sites's privacy policy after exiting the Sedgwick website. Sedgwick is not responsible for sites maintained by third parties nor makes any representations or warranties concerning the content of such sites.

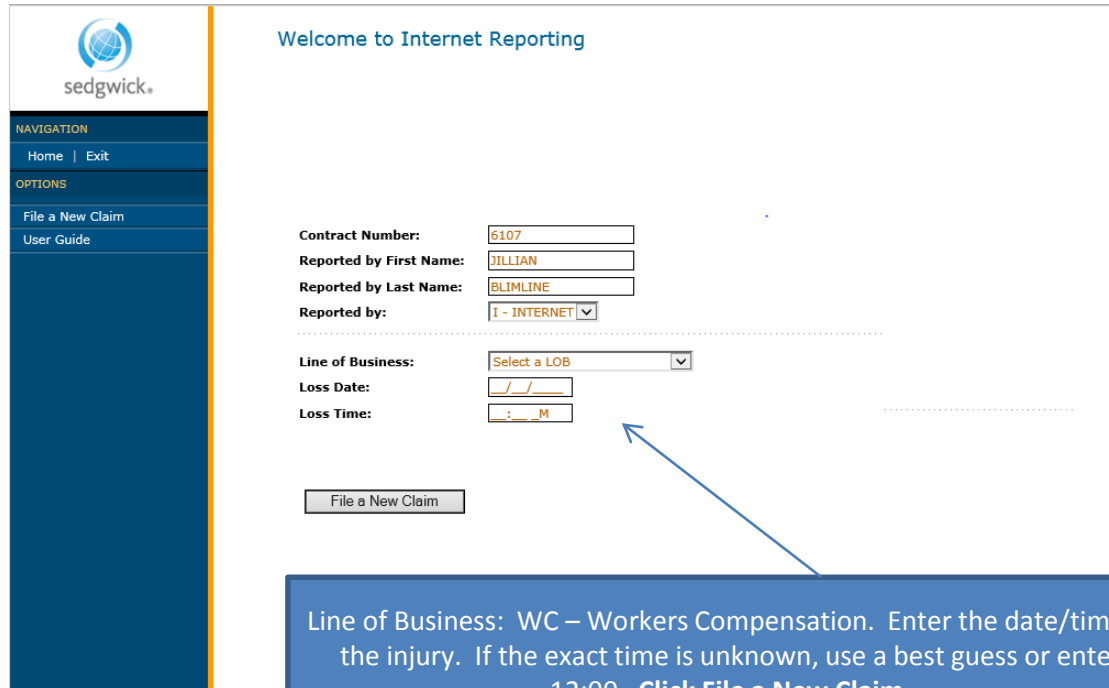
 Continue

Select Continue

# 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.



The screenshot shows the 'Welcome to Internet Reporting' page. On the left is a navigation menu with 'Home | Exit' under 'NAVIGATION' and 'File a New Claim' and 'User Guide' under 'OPTIONS'. The main form contains the following fields: 'Contract Number' (6107), 'Reported by First Name' (JILLIAN), 'Reported by Last Name' (BLIMLINE), 'Reported by' (I - INTERNET), 'Line of Business' (a dropdown menu showing 'Select a LOB'), 'Loss Date' (a date picker), and 'Loss Time' (a time picker showing ':\_\_M'). A 'File a New Claim' button is at the bottom. A blue arrow points from a text box to the 'Line of Business' dropdown.

Welcome to Internet Reporting

Contract Number: 6107

Reported by First Name: JILLIAN

Reported by Last Name: BLIMLINE

Reported by: I - INTERNET

Line of Business: Select a LOB

Loss Date: / /

Loss Time: : \_\_ M

File a New Claim

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.)

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: Ref #: 10455006 Call Type: Date: 05-31-2016 Time: 08:46:03 AM

LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walws14sedpr ClaimCapture by First Notice

**Your Information**

First Name: ALLISON Last Name: SEIBER *Employee may not report their own claim.*

Work Phone Number: 8148676463 Cell Phone Number:

Caller Email Address: ANIM5074@PSU.EDU

Location Lookup

What is the caller's email address?

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.

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: Ref #: 10455006 Call Type: Date: 05-31-2016 Time: 08:46:03 AM

LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walws14sedpr ClaimCapture by First Notice

**Your Information**

First Name: Last Name: *Employee may not report their own claim.*

Work Phone Number: Cell Phone Number:

Caller Email Address:

**LOCATION LOOKUP**

Account Name Unit Number Unit Name Address City State Zip

Search Reset Search

Sedgwick <<< You are here.

Back

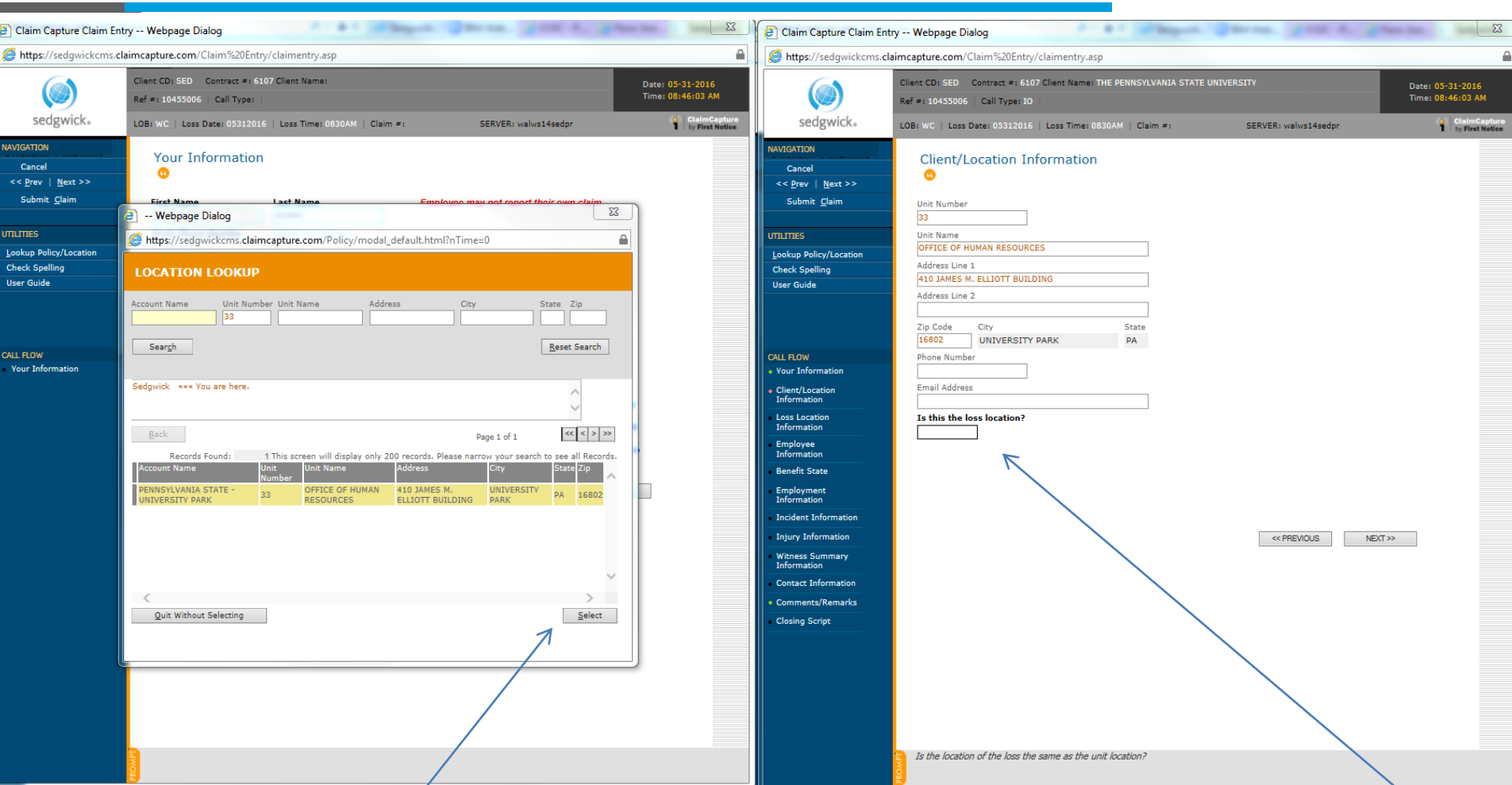
Records Found: This screen will display only 200 records. Please narrow your search to see all Records.

| Account Name | Unit Number | Unit Name | Address | City | State | Zip |
|--------------|-------------|-----------|---------|------|-------|-----|
|--------------|-------------|-----------|---------|------|-------|-----|

Quit Without Selecting Select

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.)



Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: Ref #: 10455006 Call Type: LOB: WC Loss Date: 05/31/2016 Loss Time: 08:30AM Claim #: SERVER: walw14sedpr Date: 05-31-2016 Time: 08:46:03 AM Claim Capture by First Notice

NAVIGATION

Cancel << Prev | Next >> Submit Claim

UTILITIES

Lookup Policy/Location Check Spelling User Guide

CALL FLOW

Your Information

First Name Last Name Employee may not report their own claim

Webpage Dialog

https://sedgwickcms.claimcapture.com/Policy/modal\_default.html?nTime=0

LOCATION LOOKUP

Account Name Unit Number Unit Name Address City State Zip

Search Reset Search

Sedgwick <<< You are here.

Back Page 1 of 1 << < > >>

Records Found: 1 This screen will display only 200 records. Please narrow your search to see all Records.

| Account Name                         | Unit Number | Unit Name                 | Address                       | City            | State | Zip   |
|--------------------------------------|-------------|---------------------------|-------------------------------|-----------------|-------|-------|
| PENNSYLVANIA STATE - UNIVERSITY PARK | 33          | OFFICE OF HUMAN RESOURCES | 410 JAMES M. ELLIOTT BUILDING | UNIVERSITY PARK | PA    | 16802 |

Quit Without Selecting Select

Client/Location Information

Unit Number 33

Unit Name OFFICE OF HUMAN RESOURCES

Address Line 1 410 JAMES M. ELLIOTT BUILDING

Address Line 2

Zip Code 16802 City UNIVERSITY PARK State PA

Phone Number

Email Address

Is this the loss location?

<< PREVIOUS NEXT >>

Is the location of the loss the same as the unit location?

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.)

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY  
Ref #: 10455006 Call Type: IO Date: 05-31-2016 Time: 08:46:03 AM  
LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walvis14sedpr

**Loss Location Information**  
Please provide the location where the loss occurred.

**Loss Location Name**  
OFFICE OF HUMAN RESOURCES

**Address Line 1**  
410 JAMES M. ELLIOTT BUILDING

**Address Line 2**

**Zip Code** **City** **State**  
16802 UNIVERSITY PARK PA

**Phone Number**

**Date and Time Reported to Sedgwick**  
05/31/2016 0846AM

<< PREVIOUS NEXT >>

What is the name of the location where the loss occurred?

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.

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY  
Ref #: 10455006 Call Type: IO Date: 05-31-2016 Time: 08:46:03 AM  
LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walvis14sedpr

**Employee Information**  
Please provide the following information regarding the injured employee.

**First Name** **MI** **Last Name**  
BETSY L YODER

**Address Line 1** **Supervisor First Name** **Supervisor Last Name**  
 Supervisor Supervisor

**Address Line 2** **Supervisor Phone Number** **Supervisor Email**  
 Supervisor Supervisor

**Zip Code** **City** **State** **Do you question the validity of this claim?**  
 Yes No

**Home Phone Number** **Work Phone Number**  
 Work

**Cell Phone Number** **Email Address**  
 Email

**SSN** **Employee ID**  
 \*\*\*\*\*0000

**Employee Type**  
 STAFF 02

<< PREVIOUS NEXT >>

Employee Type

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.)

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY  
Ref #: 10455006 Call Type: IO Date: 05-31-2016 Time: 08:46:03 AM  
LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walvs14sedpr

**Benefit State**  
Please confirm benefit state.

Default Benefit State: PA Correct Benefit State?

Select Benefit State: PA

Reason to Change Benefit State

Is this the correct Benefit State?

Navigation: Cancel, << Prev, Next >>, Submit Claim

Utilities: Lookup Policy/Location, Check Spelling, User Guide

Call Flow: Your Information, Client/Location Information, Loss Location Information, Employee Information, Benefit State, Employment Information, Incident Information, Injury Information, Witness Summary Information, Contact Information, Comments/Remarks, Closing Script

No changes are needed to this frame

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY  
Ref #: 10455006 Call Type: IO Date: 05-31-2016 Time: 08:46:03 AM  
LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walvs14sedpr

**Employment Information**  
Please provide the following information regarding the injured employee.

Hire Date: 09/08/2014 Hire State: PA Employment Type:  Did employee miss work beyond their normal shift?   
Wage Frequency: Wage Amount:  
Hours Per Day:  Days Per Week:   
Average Weekly Wage: 0

Does the employee normally work 5 days a week?

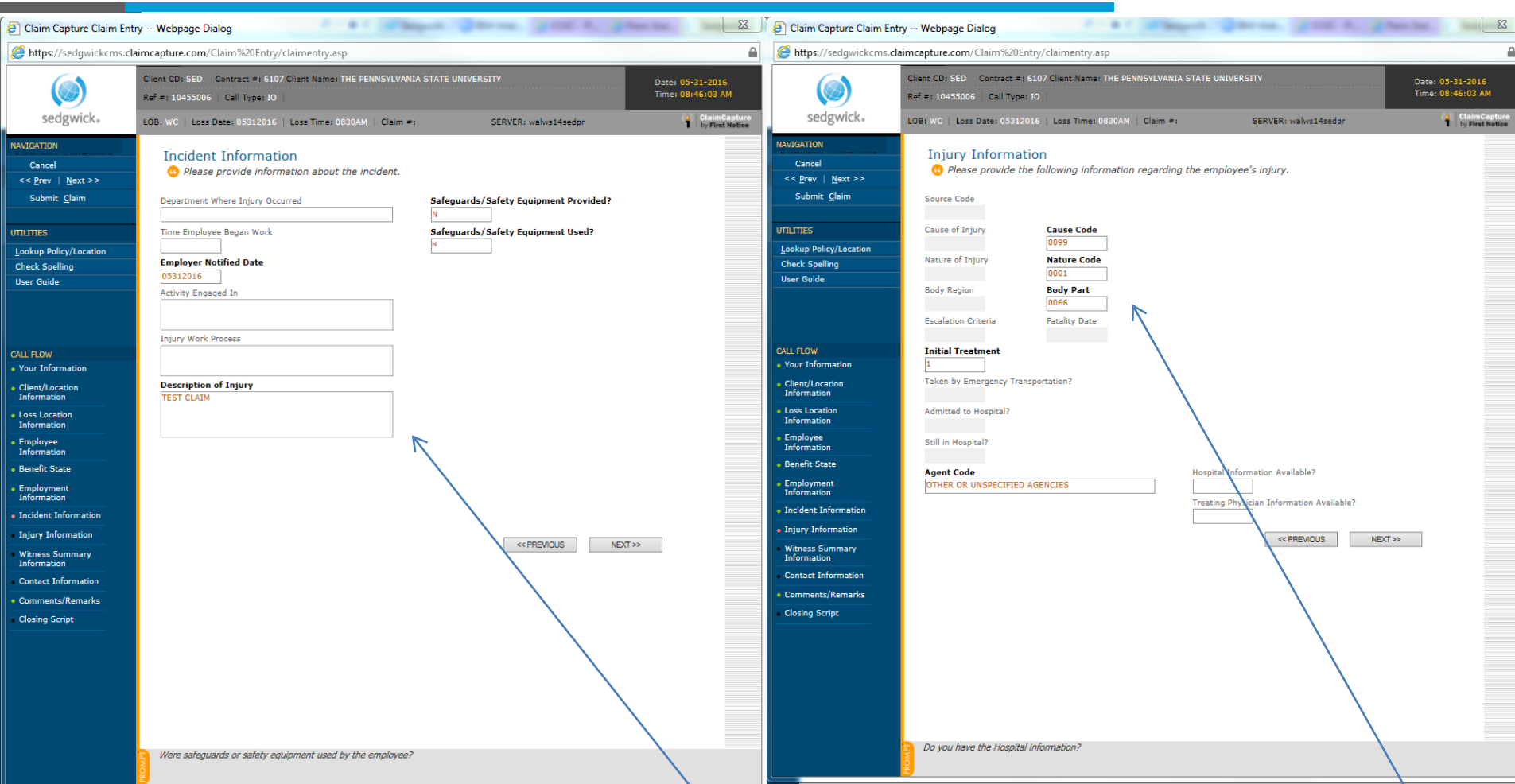
Navigation: Cancel, << Prev, Next >>, Submit Claim

Utilities: Lookup Policy/Location, Check Spelling, User Guide

Call Flow: Your Information, Client/Location Information, Loss Location Information, Employee Information, Benefit State, Employment Information, Incident Information, Injury Information, Witness Summary Information, Contact Information, Comments/Remarks, Closing Script

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.)



Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY Date: 05-31-2016 Time: 08:46:03 AM

Ref #: 10455006 Call Type: IO

LOB: WC Loss Date: 05/31/2016 Loss Time: 08:30AM Claim #: SERVER: walvis14sedpr

**Incident Information**

Please provide information about the incident.

Department Where Injury Occurred

Time Employee Began Work

Employer Notified Date  
05/31/2016

Activity Engaged In

Injury Work Process

Description of Injury  
TEST CLAIM

Safeguards/Safety Equipment Provided?  
N

Safeguards/Safety Equipment Used?  
N

<< PREVIOUS NEXT >>

Were safeguards or safety equipment used by the employee?

**Injury Information**

Please provide the following information regarding the employee's injury.

Source Code

Cause of Injury

Nature of Injury

Body Region

Escalation Criteria

Initial Treatment  
1

Taken by Emergency Transportation?

Admitted to Hospital?

Still in Hospital?

Agent Code  
OTHER OR UNSPECIFIED AGENCIES

Hospital Information Available?

Treating Physician Information Available?

<< PREVIOUS NEXT >>

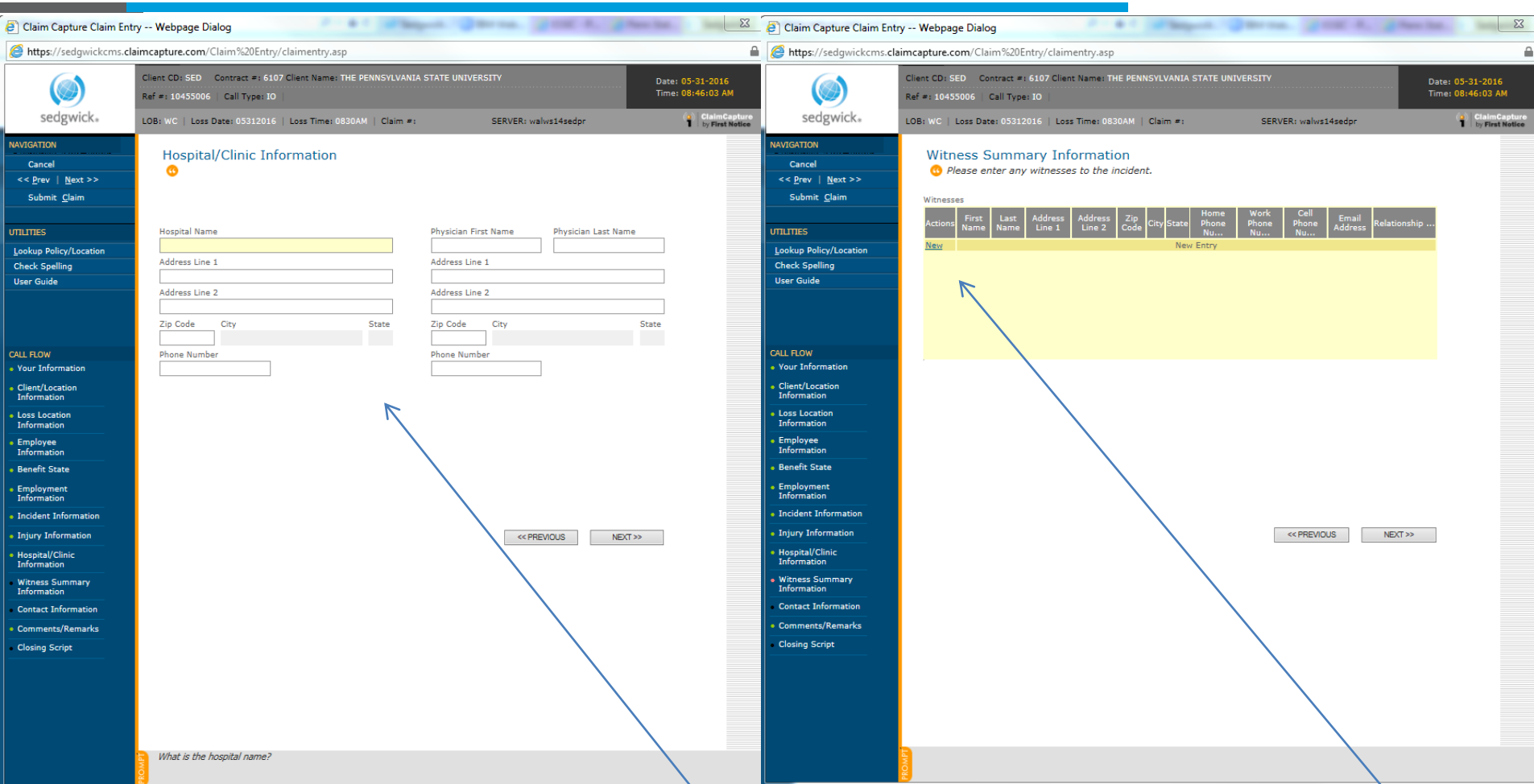
Do you have the Hospital information?

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.)



Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY Date: 05-31-2016 Time: 08:46:03 AM

Ref #: 10453006 Call Type: IO

LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walws14sedpr

Claim Capture by First Notice

**Hospital/Clinic Information**

Cancel << Prev | Next >> Submit Claim

UTILITIES

Lookup Policy/Location Check Spelling User Guide

CALL FLOW

- Your Information
- Client/Location Information
- Loss Location Information
- Employee Information
- Benefit State
- Employment Information
- Incident Information
- Injury Information
- Hospital/Clinic Information
- Witness Summary Information
- Contact Information
- Comments/Remarks
- Closing Script

Hospital Name

Physician First Name Physician Last Name

Address Line 1

Address Line 2

Zip Code City State

Phone Number

<< PREVIOUS NEXT >>

What is the hospital name?

**Witness Summary Information**

Cancel << Prev | Next >> Submit Claim

UTILITIES

Lookup Policy/Location Check Spelling User Guide

CALL FLOW

- Your Information
- Client/Location Information
- Loss Location Information
- Employee Information
- Benefit State
- Employment Information
- Incident Information
- Injury Information
- Hospital/Clinic Information
- Witness Summary Information
- Contact Information
- Comments/Remarks
- Closing Script

Witnesses

Please enter any witnesses to the incident.

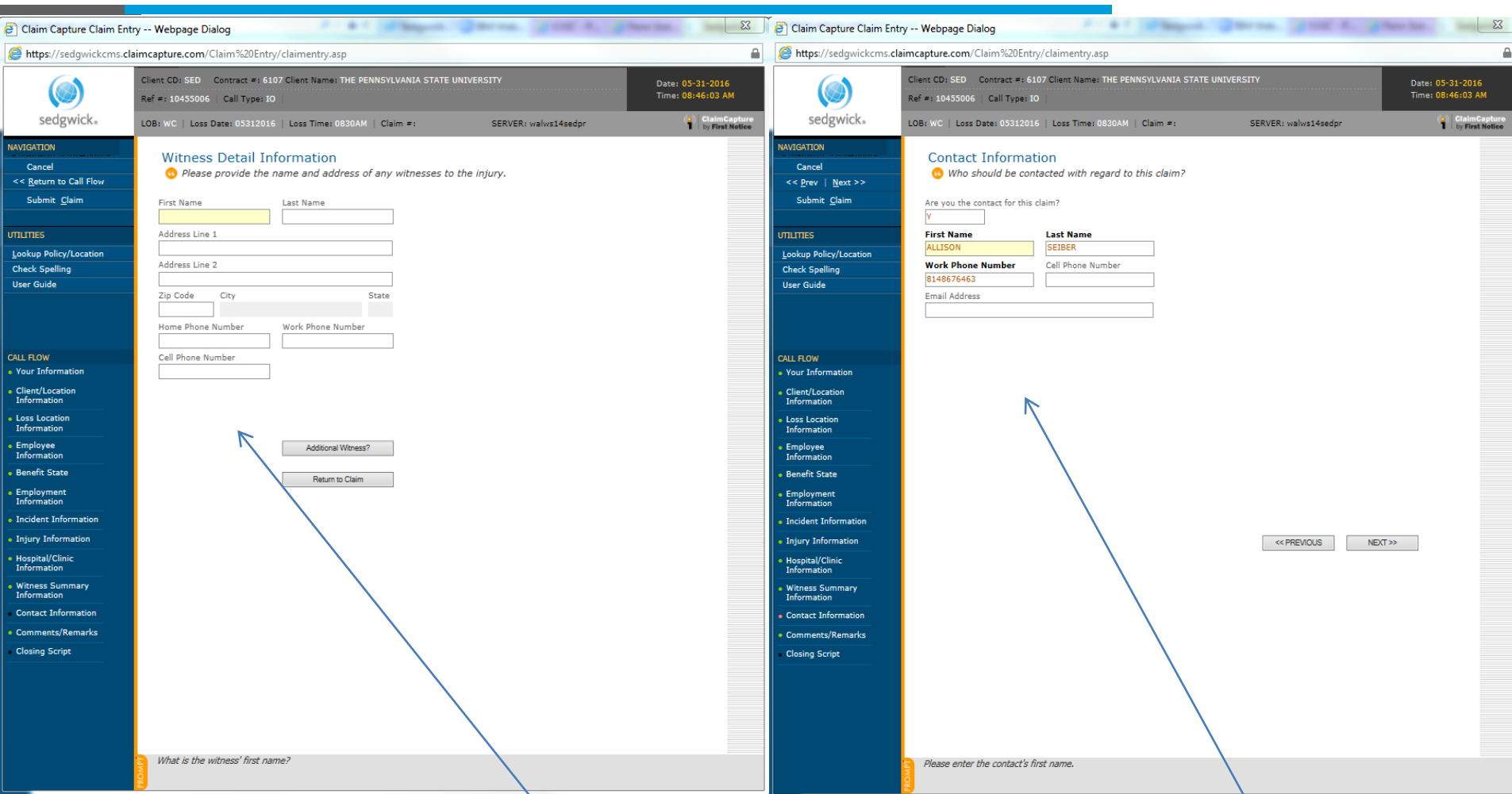
| Actions | First Name | Last Name | Address Line 1 | Address Line 2 | Zip Code | City | State | Home Phone Nu... | Work Phone Nu... | Cell Phone Nu... | Email Address | Relationship ... |
|---------|------------|-----------|----------------|----------------|----------|------|-------|------------------|------------------|------------------|---------------|------------------|
| New     | New Entry  |           |                |                |          |      |       |                  |                  |                  |               |                  |

<< PREVIOUS NEXT >>

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.)



**Claim Capture Claim Entry -- Webpage Dialog**

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY Date: 05-31-2016 Time: 08:46:03 AM  
Ref #: 10455006 Call Type: IO  
LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walws14sedpr Claim Capture by First Notice

**NAVIGATION**

- Cancel
- << Return to Call Flow
- Submit Claim

**UTILITIES**

- Lookup Policy/Location
- Check Spelling
- User Guide

**CALL FLOW**

- Your Information
- Client/Location Information
- Loss Location Information
- Employee Information
- Benefit State
- Employment Information
- Incident Information
- Injury Information
- Hospital/Clinic Information
- Witness Summary Information
- Contact Information
- Comments/Remarks
- Closing Script

**Witness Detail Information**

Please provide the name and address of any witnesses to the injury.

First Name Last Name  
Address Line 1  
Address Line 2  
Zip Code City State  
Home Phone Number Work Phone Number  
Cell Phone Number

Additional Witness?  
Return to Claim

What is the witness' first name?

**Contact Information**

Who should be contacted with regard to this claim?

Are you the contact for this claim?  
Y

First Name Last Name  
ALLISON SEIBER  
Work Phone Number Cell Phone Number  
8148676463  
Email Address

<< PREVIOUS NEXT >>

Please enter the contact's first name.

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.)

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY  
Ref #: 10453006 Call Type: IO Date: 05-31-2016 Time: 08:46:03 AM

LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: SERVER: walvs14sedpr

**Comments/Remarks**  
Would you like to provide any additional comment or remarks?

Comments/Remarks

Internal Comments

**PLEASE NOTE: Enter claim cancellation explanation only in Internal Comments. Comments entered here will not be forwarded to the claims examiner.**

<< PREVIOUS NEXT >>

Please provide any additional information necessary.

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.

Claim Capture Claim Entry -- Webpage Dialog

https://sedgwickcms.claimcapture.com/Claim%20Entry/claimentry.asp

Client CD: SED Contract #: 6107 Client Name: THE PENNSYLVANIA STATE UNIVERSITY  
Ref #: 10453006 Call Type: IO Date: 05-31-2016 Time: 08:46:03 AM

LOB: WC Loss Date: 05312016 Loss Time: 0830AM Claim #: 301659215930001 SERVER: walvs14sedpr

**Closing Script**  
Please read closing script provided.

Your incident number is:  
301659215930001

Please use this number on any associated correspondence.

This claim will be processed within the next 48 hours and will be handled by the appropriate Sedgwick Handling Office.

The injured worker must be provided with a copy of the following forms which can be obtained from <http://ohr.psu.edu/writers-compensation>

1. Employer's Report of Occupational Injury or Disease
2. Current copy of the Healthcare Provider Panels
3. Workers' Compensation Signature Packet (Also available for the Office of Physical Plant and Auxiliary Business Services)

Note: The employee must read and sign the Workers' Compensation Signature Packet.

For any questions, please contact 814-865-0424.

Branch Office Number  
681

Branch Office Name  
HARRISBURG, PA

Address Line 1  
P.O. BOX 14667

Address Line 2

Zip Code City State  
405124667 LEXINGTON KY

Phone Number Fax Number  
8002466144 8778851567

Email Address  
681@SEDGWICKCMS.COM

CANCEL INTAKE SUBMIT CLAIM

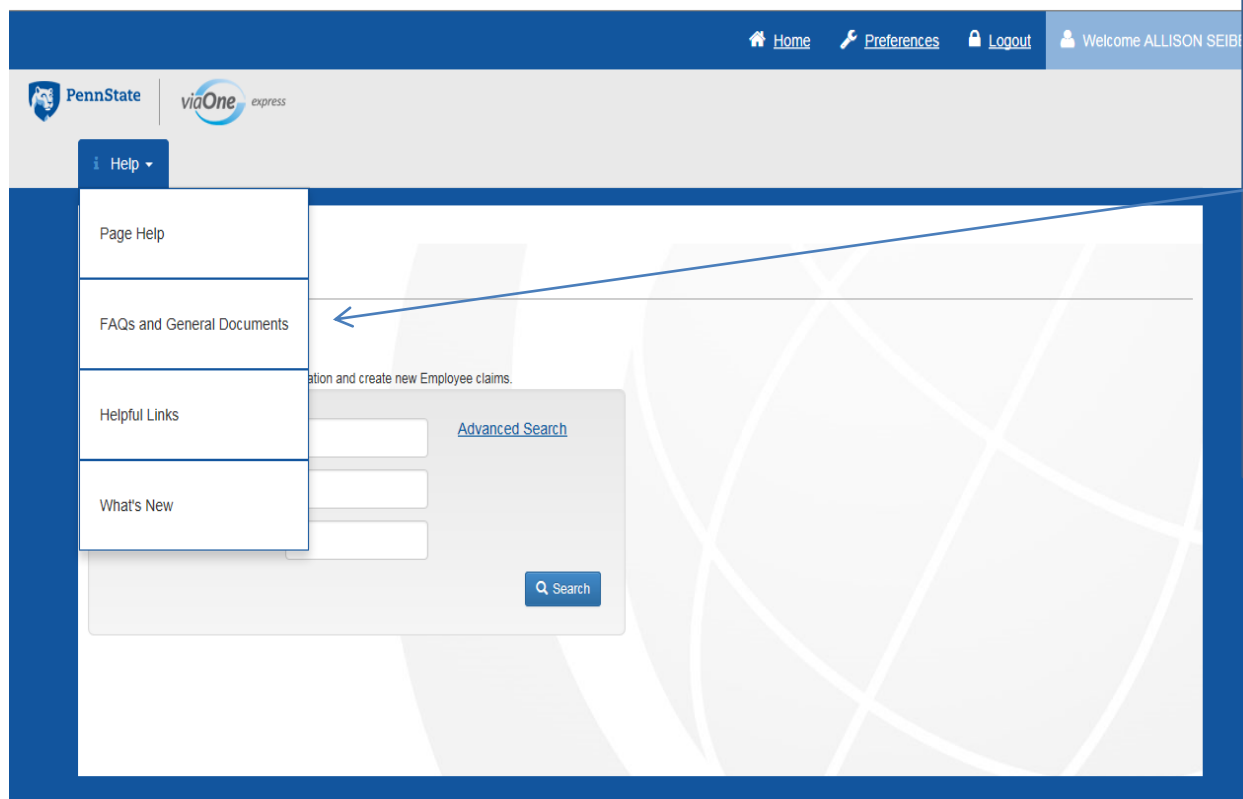
<< PREVIOUS

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



sedgwick.

# Claim Reporting (cont.)

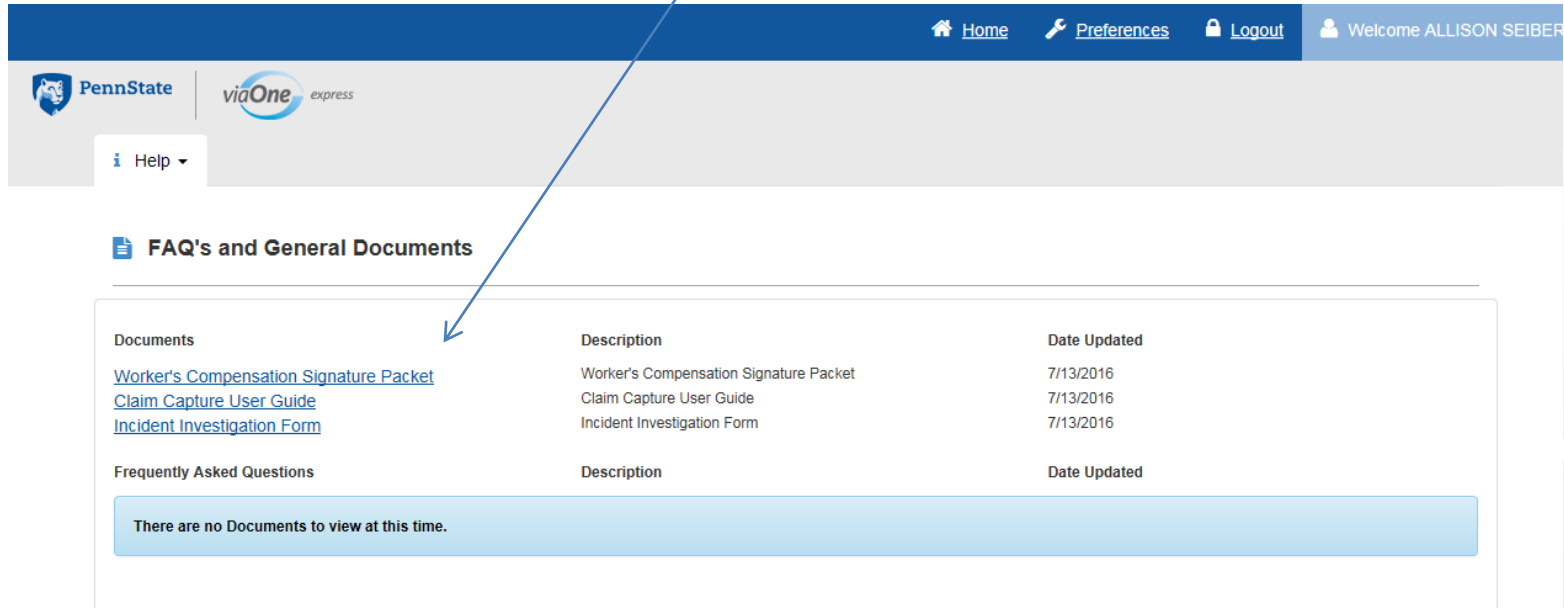


Claim Capture User Guide, Workers' Compensation Signature Packet and Incident Investigation Forms are located under the Help Tab - FAQs and General Documents

\*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!



Home Preferences Logout Welcome ALLISON SEIBER

PennState viaOne express

Help

### FAQ's and General Documents

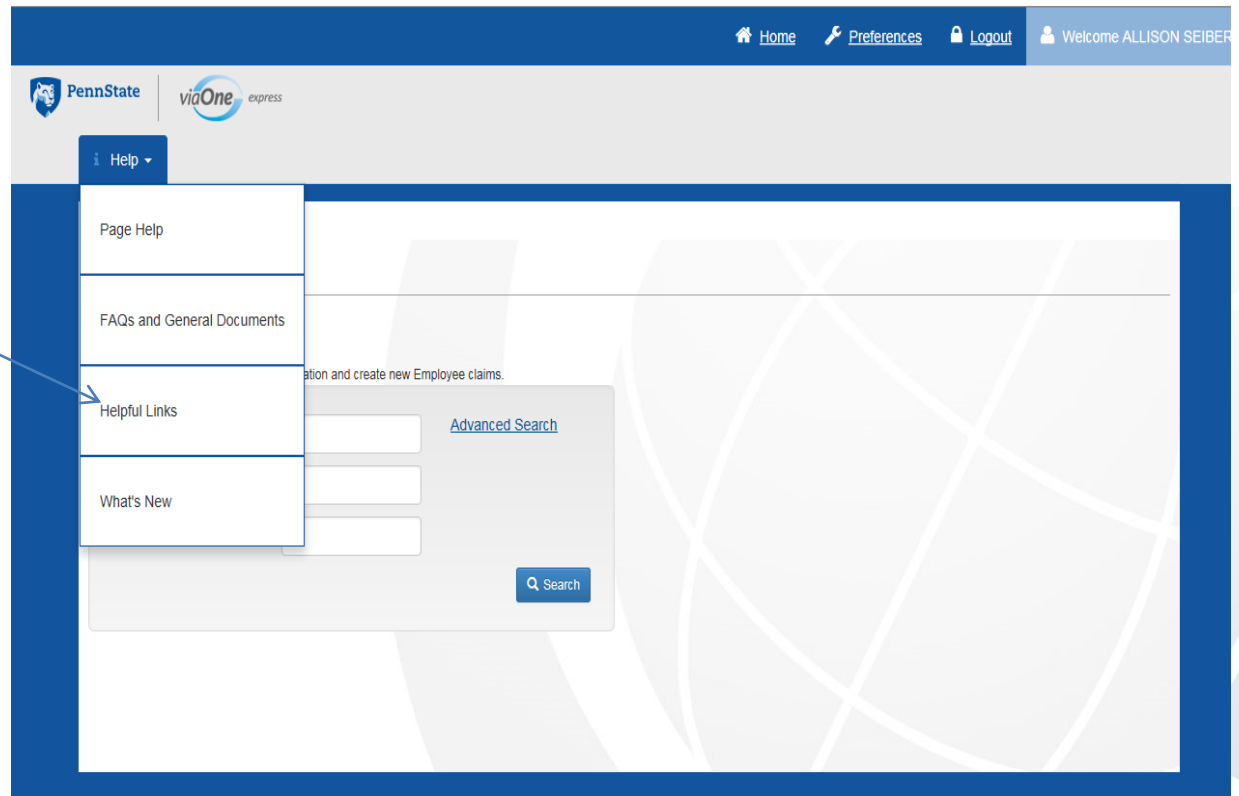
| Documents                                              | Description                            | Date Updated |
|--------------------------------------------------------|----------------------------------------|--------------|
| <a href="#">Worker's Compensation Signature Packet</a> | Worker's Compensation Signature Packet | 7/13/2016    |
| <a href="#">Claim Capture User Guide</a>               | Claim Capture User Guide               | 7/13/2016    |
| <a href="#">Incident Investigation Form</a>            | Incident Investigation Form            | 7/13/2016    |

Frequently Asked Questions

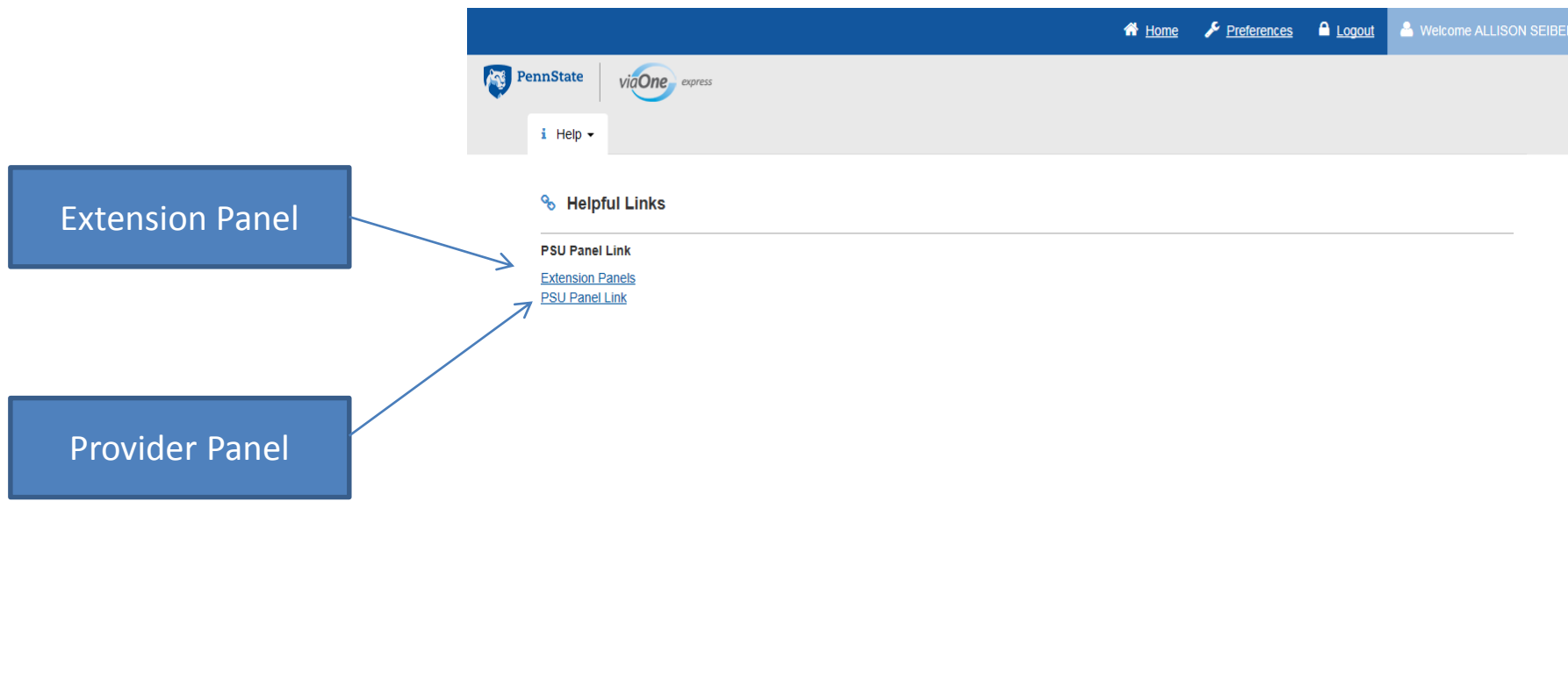
| Description                                  | Date Updated |
|----------------------------------------------|--------------|
| There are no Documents to view at this time. |              |

# Medical Panel Links

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



# Medical Panel Links (cont.)



The screenshot displays the PennState viaOne express user interface. At the top, a dark blue navigation bar contains links for Home, Preferences, and Logout, along with a user welcome message: 'Welcome ALLISON SEIBER'. Below this, a light gray header bar features the PennState and viaOne express logos, and a 'Help' dropdown menu. The main content area is titled 'Helpful Links' and lists three links: 'PSU Panel Link', 'Extension Panels', and 'PSU Panel Link'. Two blue boxes on the left side of the slide, labeled 'Extension Panel' and 'Provider Panel', have arrows pointing to the 'Extension Panels' link in the 'Helpful Links' section.

# Need Help?

Need Assistance? Check out Site Help

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

