



Sedgwick CMS

SEND BILLS TO:

**Sedgwick CMS
P.O. Box 14515
Lexington, KY 40512
Fax: 585-264-3417**

Instructions to Provider:

In compliance with state statutes, please try to:
Utilize the TALISPOINT group of providers, when possible
TalisPoint website is <http://www.talispoint.com>.
Name: STRATA (case sensitive)
Password: SW01 (case sensitive)

Supply necessary reports when an employee is seen to the appropriate Sedgwick examiner.
Contact Sedgwick for:

- Any referral to a specialist
- All hospitalizations
- All surgeries, inpatient or outpatient
- Any treatment plan changes

Contact Your Assigned Sedgwick Examiner at 866-846-7757.

Please fax medical reports to Sedgwick at 585-264-3417.

Employee Name: _____
Job Title: _____
Employer Name: _____
Authorized by: _____
Examiner's Location: _____ Rochester, NY _____
Injury Date: _____
Body Part Injured: _____

ATTENTION EMPLOYEE AND PROVIDER: THIS SHEET DOES NOT GUARANTEE PAYMENT.

Instructions to Employee:

Sedgwick Claims Management Services is the Third Party Claims Administrator for your work related injury. Use this information sheet to indicate to your medical providers that you are covered by this benefit.

Refer to your posted list of medical providers. If you go to a non-participating provider, you must contact Sedgwick CMS at 866-846-7757 before seeking treatment. Otherwise your medical expenses may not be covered.

In the event of an emergency, please go to your nearest medical facility for treatment and contact Sedgwick CMS as soon as possible after seeking treatment.