

Thank you for choosing FFVA Mutual as your Workers' Compensation carrier in GEORGIA.

The enclosed WORKERS' COMPENSATION NOTICE OF COMPLIANCE POSTER must be posted in a conspicuous place for your employees to view. By law, the State Board requires that this poster be present at all locations of your business. Georgia also requires that the enclosed PANEL OF CHOICE PHYSICIANS nearest to your location be displayed. Preferred physicians from a previous panel that you wish to continue to use can be added and displayed on the panel provided by FFVA Mutual. Multiple medical specialties are required to be on your panel. Please follow the instructions below in directing urgent care and use of provider directory or contact your FFVA Mutual claims representative for assistance.

For reporting employee accidents or injuries, claims can be reported by either faxing the initial claim form to us or by calling our 24-hour Claims Center. Contacting the FFVA Mutual Claims Center as soon as you are aware of an accident or injury is VERY IMPORTANT. Early notification by your company will help our claims professionals recommend appropriate medical care and/or initiate timely benefits for employees who have lost-time injuries. By working together we will be able to better manage your claim costs.

- For life-threatening injuries, call 911 immediately and then call the FFVA Mutual Claims Center at 1-800-226-0666.
- For non life-threatening injuries, call the FFVA Mutual Claims Center at 1-800-226-0666. You may send injured workers to the closest walk-in clinic or hospital.
- A listing of preferred physicians and facilities that accept Workers' Compensation and are nearest to your location, along with driving directions for the convenience of your employees, is available on our website link at:

[www.talispoint.com](http://www.talispoint.com) – For login information please contact the FFVA Mutual Claims Center.

Please access our website at [www.ffvamutual.com](http://www.ffvamutual.com) for:

- WHAT TO DO WHEN AN ACCIDENT OCCURS – Procedures to follow should an employee report an accident.
- INITIAL TREATMENT AUTHORIZATION – Please print this form and send it with your injured employee to ANY walk-in clinic.
- FIRST FILL PHARMACY – Please print this form and give it to your injured employee to take to the pharmacy when filling authorized prescriptions.
- ADDITIONAL STATE-SPECIFIC FORMS – Please contact us should you need information regarding which forms you need to complete.

If the claim is not reported to FFVA Mutual, we cannot give authorization to any medical facilities nor will any medical bills be paid.

After the claim is reported, your dedicated claims adjuster will begin to manage the injured worker's care and rapid return to work and will closely monitor the claim and follow it through to closure.

**IF YOU DO NOT HAVE INTERNET ACCESS OR ARE UNABLE TO RETRIEVE THE INFORMATION YOU NEED FROM THE FFVA MUTUAL WEBSITE, PLEASE CONTACT OUR CLAIMS CENTER TO ASSIST YOU.**

**WE LOOK FORWARD TO ASSISTING YOU WITH YOUR WORKERS' COMPENSATION PROGRAM AND ARE DEDICATED TO ACHIEVING THE BEST POSSIBLE OUTCOME FOR YOU AND YOUR INJURED WORKERS.**