

# Worker's Comp, Auto & Personal Injury Claims with Attachments

## User Instructions

Payer ID needs to be on each claim to ensure proper routing and invoicing of your WC, Personal Injury and Auto Claims. Please refer to our [new payer list](#) and [payer list user instructions](#) for information on searching, sorting and filtering the new list as well as addressing your claims.

Once logged into Infinedi website, click the **VIC** tab to retrieve fax coversheet for your attachments.



## DOWNLOADING

Click on the appropriate **batch**.

Batch Id	Claim Count			
Batch ID	107 Claims	\$9,096.00		
964592 Received: 8/2/2009	4 2 101		Notes	Trash
Batch ID	173 Claims	\$13,875.00		
964591 Received: 8/1/2009	7 6 160	⚠ This batch needs your attention.	Notes	Trash
Batch ID	238 Claims	\$19,075.00		
964590 Received: 8/1/2009	8 4 226		Notes	Trash

Once the batch has been selected, locate the **specific claim**. Click on the **WkCmp** icon to download fax coversheet.

Mcneil, Giancarlo    Acceptance Insurance(WC231)    \$80.00  
DOS :08-02-09, Updated :08/04/2009  
Acc #64246, Trace #876

Audit Report ERA

Claim Seq Recall Notes WkCmp Inquiry Trash

\*\*\*Keep in mind that the **WkCmp** icon is for downloading the fax coversheet, not to indicate claim status.

**Claim status** is still located here.

## ICONS

**WKCMP Icon** will change colors depending on the availability of the fax coversheet for download.



RED Icon ---The WkCmp Icon will be red the first day while Infinedi awaits an ACN (Attachment Control Number).



YELLOW Icon ---The fax coversheet is ready for download. The fax coversheet will be available for download for 5 business days.



GREEN Icon ---Fax coversheet has been downloaded



RED Icon---The coversheet is no longer available for download



This is not a worker's comp, personal injury or auto accident claim

## FAXING INSTRUCTIONS

After downloading the attachment cover page, you will complete the form and fax the form with attachments to the fax number at the top of the page.

WC/Personal Injury/Auto dedicated fax line: (651) 925-0058

**Infinedi**  
ELECTRONIC DATA INTERCHANGE

**Attachment Cover Page**  
Please use CINE cover sheet per claim.  
Send cover sheet with attachments to (651) 925-0058.

Attachment Control Number: 12345

**Provider / Patient information**  
Billing Provider/Group: Test Client  
Patient Last Name: Mcneil  
Patient First Name: Glancario  
Patient ID: W15548687501  
Patient Account Number: 64346

**Billing Information**  
Claim Number: 876  
Total Charge Amount: \$80.00  
Date of Service: 2009-08-02

**Attachment Type**

<input type="checkbox"/> AS Admission	<input type="checkbox"/> DG Diagnostic Report	<input type="checkbox"/> OZ Support Data for Bill
<input type="checkbox"/> B2 Prescription	<input type="checkbox"/> DS Discharge Summary	<input type="checkbox"/> PN Physical Therapist Notes
<input type="checkbox"/> B3 Physician	<input type="checkbox"/> EB Explanation of Benefits	<input type="checkbox"/> Prosthetic or Orthotic Cert.
<input type="checkbox"/> B4 Referral	<input type="checkbox"/> MT Modets	<input type="checkbox"/> PZ Physical Therapy Cert.
<input type="checkbox"/> CT Certification	<input type="checkbox"/> NN Nursing Needs	<input type="checkbox"/> RB Radiology Films
<input type="checkbox"/> DA Denial Modets	<input type="checkbox"/> OB Operative Note	<input type="checkbox"/> RR radiology Report
		<input type="checkbox"/> RT Report of Tests and Analysis

**Transmission Information**  
Total Number of Pages: \_\_\_\_\_  
Contact Name: TEST CLIENT  
Fax Number: 2494450  
Send Date: 08/02/2009

**Comments**

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Providers will have 5 business days to complete the process of downloading the cover page and faxing it along with any attachments to the number above. Once received, the attachments and cover page will be matched to your claim and forwarded on to the payer.

**Note:** If this process is not completed within the 5 day period, the claim will be forwarded on to the payer without an attachment.