A Guide to Reimbursement Requests for Self-Insurers of Workers' Compensation

Scroll to the bottom of the page, and under **Workers' Compensation Claims**.
Select the link "Click here for our online Workers' Comp Claims Reimbursement Request Form"

Logging into the system

1. A prompt for a login and password input will appear next. If **you are a first time user, please** submit a request to obtain a Username and Password by clicking on the following link: Ask_Genesis@gumc.com.

2. Next, input your **Username** and **Password** in the corresponding fields:

Completing the RR Form

Once logged in, the following form will appear. Please complete all fields.
Note: The submission must include **"Mail To"** information. Without it, the request may be considered incomplete and will not be processed.

This Guide is not intended to be an acceptance or denial of any claim under any policy or reinsuring agreement and should not be construed as such. Nothing in this Guide or any act or omission by GRC, Genesis or any of its employees, representatives, agents, or attorneys is a waiver of any of GRC's rights under any policy or reinsuring agreement nor applicable law, all of which are reserved. Neither this Guide nor any act or omission shall estop Genesis or GRC from asserting any such right.

A Guide to Reimbursement Requests for Self-Insurers of Workers' Compensation

Entering Dates

For "**Payments Through**", and "**Billing Date**", please use the calendar icon to the right of the cell in order to select the correct date – this field will not accept freeform text input.
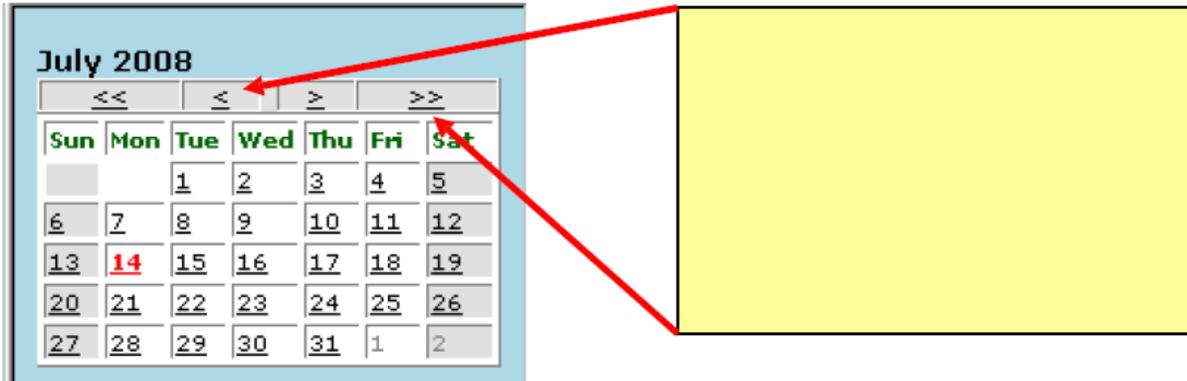
1. The **Payment Through** date should equal the last medical service or disability date of the most recently issued payment.

   * Payment Through   05/31/2008

2. The **Billing Date** is auto-populated with the date of entry.

   Billing Date   07/14/2008

3. For the **Date of Loss** field, please either type the date of loss, or use the calendar icon. To manually type the date in, please use the MM/DD/YYYY format.

   * Date of Loss   01/01/2007

4. When entering the **Paid To Date** figures, the dollars must be completely numeric (no commas, dollar or minus signs). Please also note that the Paid To Date amounts must be the Gross paid to date figures.

Loss	Paid To Date	O/S Reserves
Indemnity ($)	230987.23	0.00
Medical ($)	0.00	0.00

5. Use the Subrogation and 2nd injury Fund section to provide any recoveries made on the file.

Subrogation ($)	0.00
2nd Injury Fund ($)	0.00

A Guide to Reimbursement Requests for Self-Insurers of Workers' Compensation

Supporting Documentation
Once the information is entered, attach all supporting documents including, but not limited to:
- **Historical Payment listing** (inception to present) in an editable format (e.g.Excel)
- **Claim Status Report**
- **All medical reports** to substantiate the reimbursement request period, including **Medicare Set Aside**, if applicable
- **Medication drug run** for the past 6 months if applicable
- **Investigation and Legal documents** including motions, pleadings, awards, suit papers and defense attorney analysis
- **Second Injury Fund** and **Subrogation** document, if applicable
- Genesis, on behalf of GRC, also reserves the right to make requests for additional information at any time

Attachments		
# 1		Browse...
# 2		Browse...
# 3		Browse...
# 4		Browse...
# 5		Browse...

Please note:
- Failure to supply appropriate documentation may result in an incomplete submission notification. In such case, the incomplete reimbursement request will not be considered for further evaluation until the necessary documentation is provided.
- If Payment Codes are used to abbreviate details in the Payment Listing, please also attach a "Payment Key".
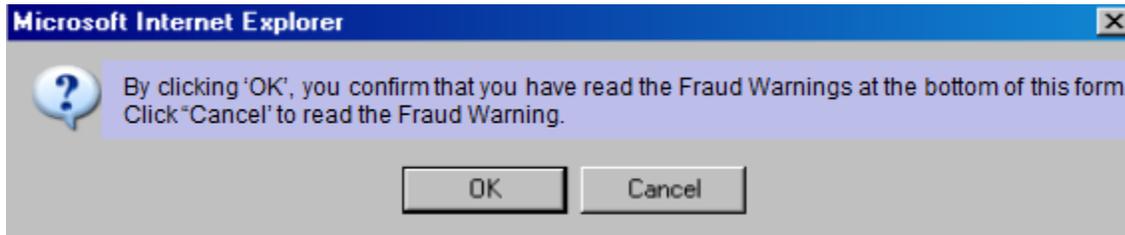
Submitting Your Request
To submit the request, please click on "Submit to Genesis" in the upper left corner.
Please print a copy of the submission for your records.

A Guide to Reimbursement Requests for Self-Insurers of Workers' Compensation

Once submitted, the following message appears confirming that you have read the Fraud Warnings at the bottom of the form. Click "**OK**", and the reimbursement request will be submitted.

If you have additional questions about submitting a reimbursement request, please email Ask_Genesis@gumc.com.

Document end.