

IndustrySafe Claims Reporting Guide

This guide describes the process for reporting claims using the IndustrySafe Safety Management Software.

1 Add a Claim through the Incidents Module

Follow the steps below to add a claim directly from the Incident Investigation from in the Incidents module. An incident record must exist before you can add a claim.

- 1.1 Click on the **Incidents** tab and locate the incident in the summary screen that you wish to add a claim to and click on the **Incident Number** link.

The screenshot shows the 'Incident Summary' screen in the IndustrySafe software. The top navigation bar includes 'Home', 'Incidents', 'Claims', 'Inspections', 'Hazards', 'Observations', 'Industrial Hygiene', and 'More'. The 'Incidents' tab is active. Below the navigation bar, there are buttons for 'Export', 'Employees', 'Search', and '+ Add New'. The main content area displays a table of incident records. Two blue arrows point to the 'Incident Number' links in the first and fourth rows of the table.

Incident Number	Facility	Date of Incident	Incident Type	Section	Location	Department	Contractor	Injury Involved	Vehicle Involved	Employee Name	Employee Injured	OSHA Recordable	OSHA Reportable
FY19-00098	Facility F-001	11/26/2019	Employee Injury	Section Eight	Location Nine	Administration		Yes	Yes	Anastasiya Krasikova	Yes	Yes	No
FY19-00097	Facility F-174	11/15/2019	Employee Injury	Section Eight	East Falls	Department3	A wonderful serenity has taken possession of my entire soul, like these sweet morning	Yes	Yes	Elizabeth Moon	Yes	No	No
FY19-00096	Facility F-072	11/13/2019	Employee Injury	Section Eight	Location Eight	Department2		Yes	Yes	Shamar Bruce	Yes	Yes	No
FY19-00095	Facility F-072	11/12/2019	Employee Injury	Section Eight	Location Eight	Department1		No	Yes	Amaris Alexander	No	No	No
FY19-00091	Facility F-072	11/11/2019	First Aid Only	Section Eight	Location Eight	Department5	Allen Tate Company213 c	No	No	Kamen Andersen	No	No	No
FY19-00092	Facility F-178	11/11/2019	First Aid Only	Section Eight	Location Eight	Department1	NewName11	No	Yes	Tanyah Andrade	No	No	No
FY19-00093	Facility F-178	11/11/2019	First Aid Only	Section Eight	Location Eight	Department1	NewName11	No	Yes	Tanyah Andrade	No	No	No

1.2 Click on the **Incident Investigation** link on the Incident Information page.

Incident: FY19-00097 11/15/2019 Employee Injury

Involved Employee: Elizabeth Moon - Employee

Initial Incident Form
Employee Form - Open
Incident Investigation Form - Open

Incident Status
Occurred: 18 days ago at Facility F-174
Date Created: 11/15/2019 04:42 PM
Date Last Modified: 11/19/2019 06:02 AM
Last Modified By: Nirav Patel
There have been 1 incident at this location in the last 30 days.

Corrective Actions
1860 - Open
1840 - Open

Note: If you do not see the **Incident Investigation** link click on the **New Incident Form** and check off the box for **Incident Investigation**.

1.3 Scroll to the bottom of the form and click the **Add Claim** button.

Additional Features

Claims Add Claim
Corrective Actions Add Corrective Action
1840 Open 1860 Open
Attachments Attach File
Emails Send Email

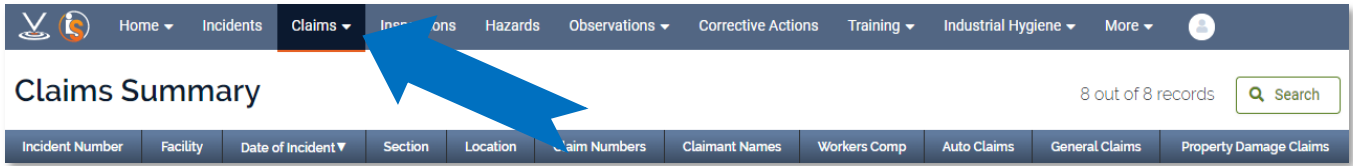
Save Back Close Print

The incident form will be saved and the Select Type of Claim screen will open. See section four for the steps to complete the claim form.

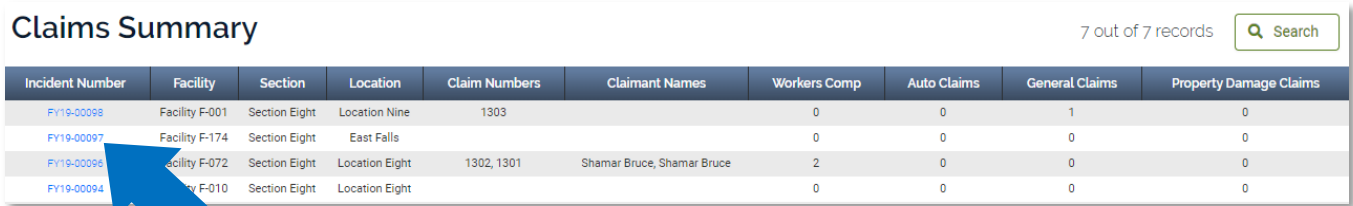
2 Add a Claim through the Claims Module

Claims may also be added directly in the Claims module. An incident record must be created in the incidents module before a claim may be added in the claims module.

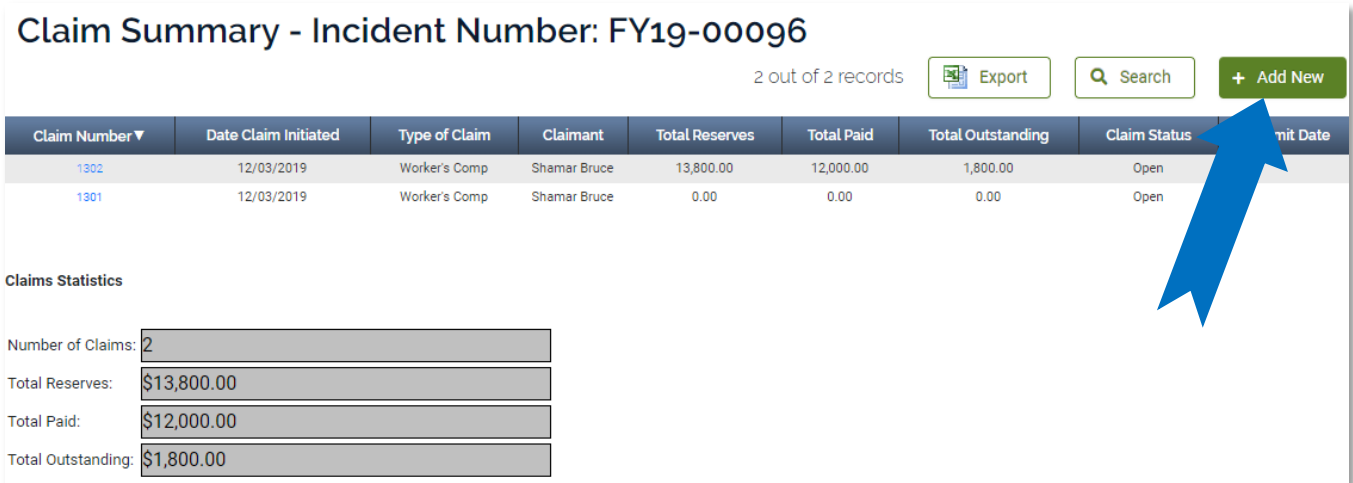
2.1 Click on the **Claims** module



2.2 Locate the incident in the summary screen that you wish to add a claim to and click on the **Incident Number** link.



2.3 Click on the green **Add New** button which will then bring you to select a type of claim.



3 Complete the Claim Form

3.1 Select the Type of Claim and click the **Continue** button.

Select a Type of Claim

[Continue](#)

Type of Claim*

- Auto Claim
- General Claim
- Property Damage
- Worker's Comp

3.2 Review the information copied from the incident form and complete the additional fields.

When the claim form opens, as much information as possible will be copied from the incident form to the claim form. The more complete the Incident Investigation form is when the claim is added, the less you will have to complete on the claims form.

Most fields in the sections below are populated with information from the Incident Investigation form or the employee's profile.

- Basic Information
- Injury/Incident Location
- Employee Injury (Worker's Comp Claims Only)
- Witness Information
- Lost Time and Wage Information (Worker's Comp Claims Only)
- Employee Medical / Medical Provider Information
- Vehicle Information (Auto Claims Only)

3.3 Complete the **Employee/Employment Information** section (Worker's Comp Claims Only).

Employee/Employment Information Top ↕

Employment Status Code *	<input type="text"/>
State of Hire *	<input type="text"/>
Payroll State *	<input type="text"/>
Date Employee Started in Current Position *	<input type="text" value="mm/dd/yyyy"/>
Was Employee doing his Regular Job? *	<input type="text"/>
Number of Hours Worked per Day *	<input type="text"/>
Time Employee Began Work *	<input type="text" value="03:30 AM"/>
Number of Dependents	<input type="text"/>
Days Worked per Week *	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday

Note: Some of the fields in this section will automatically be filled in if they are saved with the employee's profile. Review all information in this section and complete the remaining fields.

3.4 Complete the **Claimant Information** section (General and Auto Claims Only).

Claimant Information

Claimant's Name *	<input type="text"/>
Claimant's Address	<input type="text"/>
Claimant's City	<input type="text"/>
Claimant's State	<input type="text"/>
Claimant's Zip	<input type="text"/>
Claimant's Home Phone	<input type="text"/>
Claimant's Work Phone	<input type="text"/>
Nature of Claim	<input type="text"/>
Insurance Company	<input type="text"/>
Phone Number	<input type="text"/>
Name of Policy Holder	<input type="text"/>

3.5 Complete the **Property Damage Detail** section (General and Auto Claims Only).

Property Damage Detail

Number of Items	<input type="text" value="1"/>	
		Item 1
Age of Item	<input type="text"/>	
Repair Cost	<input type="text"/>	
Replacement Cost	<input type="text"/>	

Note: Enter the number of damaged items in the first field and then complete the Damaged Item sub-form for each item.

3.6 Complete the **Claim Inquiry Loss** section.

Claims Inquiry Loss Top ↻

Claim Diary Claim Diary

Number of Diary Entries

<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$ 0"/>
<small>Total Medical Reserves</small>	<small>Total Medical Paid</small>	<small>Total Medical Outstanding</small>
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$ 0"/>
<small>Total Non-Medical Reserves</small>	<small>Total Paid</small>	<small>Total Outstanding</small>
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$ 0"/>
<small>Total Expenses Reserves</small>	<small>Total Expenses Paid</small>	<small>Total Expenses Outstanding</small>
<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$ 0"/>
<small>Total Other Reserves</small>	<small>Total Other Paid</small>	<small>Total Other Outstanding</small>
<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>	<input type="text" value="\$ 0"/>
<small>Total Cost of Claim Reserves</small>	<small>Total Cost of Claim Paid</small>	<small>Total Cost of Claim Outstanding</small>

Note: Click the **Claim Diary** button to review and add diary entries. The fields shaded in grey will automatically be filled in when payments are linked to the claim.

3.7 Complete the **Administration and Claim Notes** section.

The screenshot shows a form titled "Administration & Claim Notes" with a "Top" link. The form contains the following fields:

- Contact Employee ID: A light green input field.
- Contact Name: An input field with the placeholder text "Start typing name here".
- Contact Title: A greyed-out input field.
- Contact Phone Number *: An input field.
- Claim Notes: A large text area.
- Date Form Last Updated: A greyed-out input field.
- Claim Status *: A dropdown menu currently showing "Open".

Note: The contact information will be populated with the ID, Name, and Title of the user completing the form. To change this information, delete the name and start typing a new one to search for the correct person.

The Date Form Last Updated will automatically be populated with the current date when the form is saved.

3.8 **Save** the form.

The screenshot shows the "Additional Features" section with a "Top" link. It includes the following buttons:

- Payments: Add Payment
- Attachments: Attach File
- Emails: Send Email

At the bottom, there is a row of action buttons: Save, Back, Submit Claim, Print, Print Generic Injury Report, and Print State Injury Report. A large blue arrow points to the "Submit Claim" button.

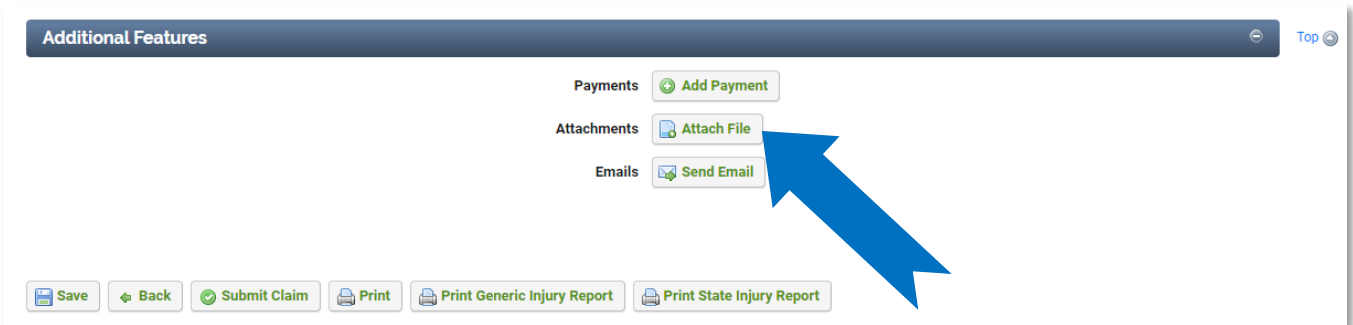
3.9 Submit the Claim. If your IndustrySafe site has been configured to electronically submit claims to an insurance provider or TPA, clicking the **Submit Claim** button at the top or bottom of the form would send that information, otherwise the submit claims button acts like a close button, just like the other modules.

This screenshot is identical to the previous one, showing the "Additional Features" section with the same buttons and action row. A large blue arrow points to the "Submit Claim" button.

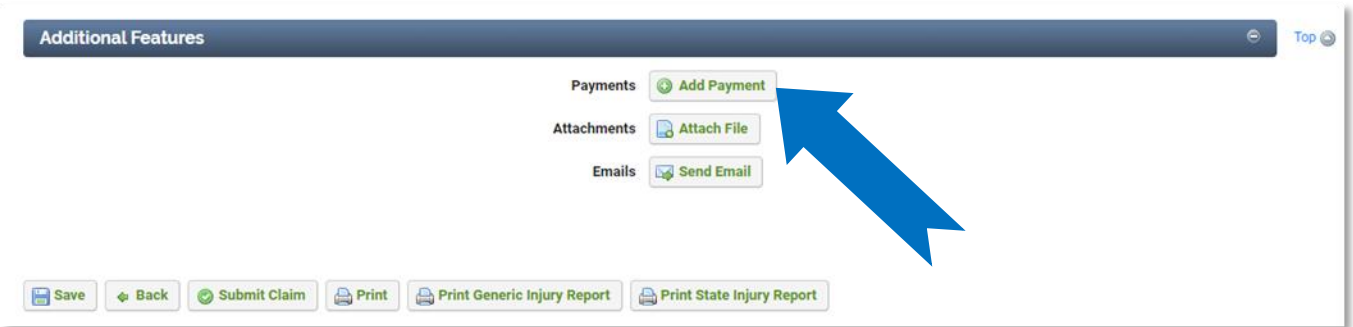
Note: Once a claim has been submitted, it will be read only and changes cannot be made unless an Administrator reopens the claim. If an integration with an insurance carrier or third-party administrator has been setup, the information for the claim will be sent to them after you click the **Yes** button on the Submit Claim confirmation screen.

4 Additional Features

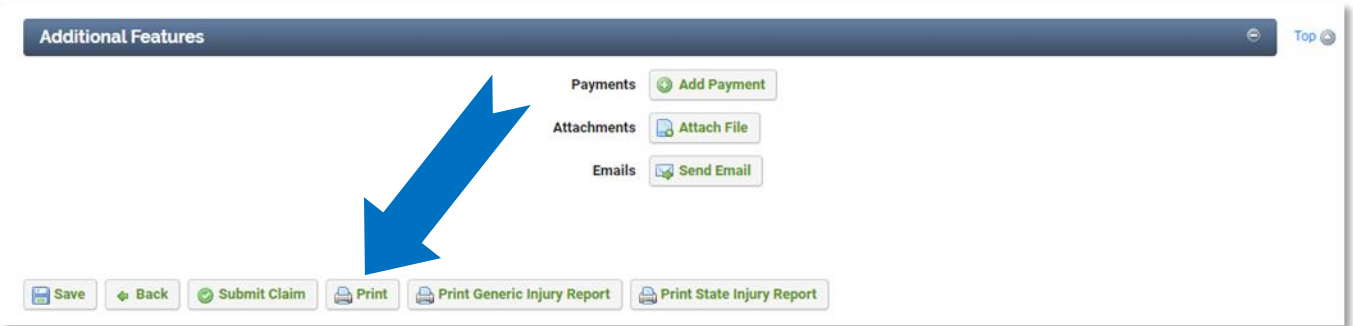
4.1 To attach supporting documents (Photos, etc.), click the **Attach File** button.



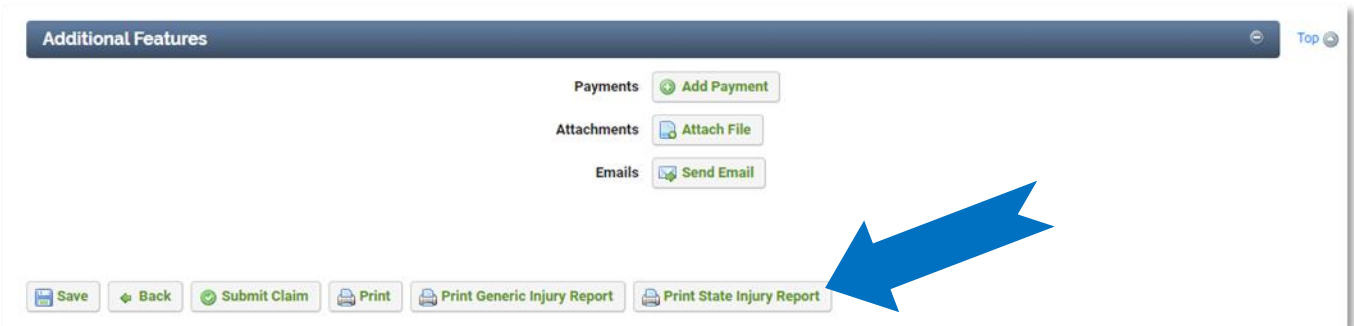
4.2 To add payments, click the **Add Payment** button.



4.3 To view a generic print-out of the claim, click the **Print** button.



4.4 To view the state-specific Report of Injury, click the **Print State Injury Report** button.



5 General Notes about IndustrySafe

- Fields with a red * are required.
- Ensure that your browser allows pop-ups from IndustrySafe. This is required for certain features such as printing reports and attaching supporting documents.
- You may save the form at any time to ensure that you do not lose your work (even if you have not completed all required fields).
- If you do not save or refresh the screen for 30 minutes you will be logged out due to inactivity. Upon automatic logout, any form that you may have open on the screen will be saved. A pop-up will alert you before this happens.
- Additional help may be obtained by clicking the Help icon within the navigation pane at the top of the screen.

