

# IMPORTANT WORKERS' COMPENSATION INFORMATION

(KEEP IN A SAFE PLACE FOR EASY REFERENCE)

## CLAIM AND ADJUSTER INFORMATION

YOUR CLAIM NUMBER: \_\_\_\_\_ (Write down as soon as you receive it!)

ADJUSTER'S NAME: \_\_\_\_\_ (Write down so you have it!)

STATE OF ARIZONA – ADOA RISK MANAGEMENT

100 N. 15<sup>TH</sup> AVENUE, SUITE 301

PHOENIX, AZ 85007

WORKERS' COMP MAIN PHONE: 602-542-5218

WORKERS' COMP GENERAL FAX: 602-382-2380

## TIME LOSS FROM WORK?

Please review the instructions on our website: <https://staterisk.az.gov/workers-compensation/employees>; especially if you did not return to work immediately. If we have not heard from you within 7 days from postmark date we will assume you returned to work already.

## LEAVING THE STATE OR CHANGING DOCTOR(S)/CARE PROVIDER(S)?

Please contact the Industrial Commission of Arizona (ICA) at [www.ica.state.az.us](http://www.ica.state.az.us).

## WHERE WOULD PROVIDER SEND ALL REQUESTS FOR AUTHORIZATION FOR MEDICAL SERVICES/PRESCRIPTIONS AND REFERRALS?

All authorization/referral requests must include carrier claim # and be faxed to (602) 382-2370.

## WHERE WOULD PROVIDER SEND DISABILITY STATEMENTS AND DISCHARGE REPORTS?

All disability statements and discharge reports must include carrier claim # and be emailed to [Workers.Comp@azdoa.gov](mailto:Workers.Comp@azdoa.gov).

## TO AVOID DELAY IN PROCESSING PAYMENTS - ALL BILLS MUST BE SENT TO:

CORVEL CORPORATION

PO BOX 4679

PORTLAND, OR 97208

BILLING PHONE: 602-288-2020

BILLING FAX: 866-523-5641

IF YOU HAVE A CHANGE OF ADDRESS TO REPORT, PLEASE FILL OUT THE CARD  
BELOW AND RETURN POSTAGE FREE:

TEAR OUT CARD BELOW AND KEEP IN YOUR  
WALLET TO PRESENT TO YOUR PROVIDER:

### PLEASE CHECK ONE:

I have moved recently and have a new address.

I will be moving soon and know my new address. Please make  
change effective \_\_\_\_\_.

Name: \_\_\_\_\_

Claim #: \_\_\_\_\_

Old Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

### YOUR CLAIM NUMBER:

\_\_\_\_\_  
**ADJUSTER'S NAME:**  
\_\_\_\_\_

STATE OF ARIZONA – ADOA RISK MANAGEMENT  
100 N. 15<sup>TH</sup> AVENUE, SUITE 301  
PHOENIX, AZ 85007  
WORKERS' COMP MAIN PHONE:  
602-542-5218  
WORKERS' COMP GENERAL FAX:  
602-382-2380

### PROVIDER:

SEND ALL INJURY-RELATED BILLS  
FOR THIS CLAIM TO:

CORVEL CORPORATION  
PO BOX 4679  
PORTLAND, OR 97208  
BILLING PHONE: 602-288-2020  
BILLING FAX: 866-523-5641

# CONTACT INFORMATION ARIZONA WORKERS' COMP STATE OF



RETURN ADDRESS

STAMP

CLAIMANT'S ADDRESS

Postage paid

**TIME LOSS FROM WORK?**

Please review the instructions on our website:

<https://staterisk.az.gov/workers-compensation/employees>

**LEAVING THE STATE OR CHANGING DOCTORS?**

Please contact the Industrial Commission of Arizona (ICA) at [www.ica.state.az.us](http://www.ica.state.az.us).

**PROVIDER: FAX ALL REQUESTS FOR AUTHORIZATION FOR MEDICAL SERVICES/PRESCRIPTIONS AND REFERRALS TO:**  
(602) 382-2370.\*

**PROVIDER: SEND DISABILITY STATEMENTS AND DISCHARGE REPORTS TO:**

[Workers.Comp@azdoa.gov](mailto:Workers.Comp@azdoa.gov)\*

\*BE SURE TO INCLUDE CARRIER CLAIM#

STATE OF ARIZONA – ADOA RISK MANAGEMENT

WORKERS' COMP DIVISION

100 N. 15<sup>TH</sup> AVENUE, SUITE 301

PHOENIX, AZ 85007