

CiCenter – First Notice of Injury  
(Insureds)  
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## CiCenter – First Notice of Injury


### Insured Sign On

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All menu options displayed will be specific to your type of Sign on. For instance, if your Sign-on indicates you also have CI Center, you will be provided with different menu options to access CI Center as well as FROI (First Report Of Injury)

The following pages will include how to view or submit the “First Report of Injury.”

#### Sample Sign On Screen:



**AmeriHealth** Menu Quote Help Exit

To sign in to *FastQuote/CiCenter Demo*, type in your Client ID, User ID, and Password, then click Enter to continue.

Client ID:

User ID:

Password:

If you are currently a contracted agent but do not have a sign in and password, please contact the *FastQuote/CiCenter Demo* Administrator.

If you are not currently a contracted agent but would like to know how to apply, please contact the *FastQuote/CiCenter Demo* Administrator.

- Click **Enter** to advance to the Welcome screen.

## Welcome Screen

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1. Select the "Injury Reports" link



The screenshot shows a web page with a light beige header. On the left is the AmeriHealth logo, which includes a blue square with a white flag and the text "AmeriHealth." in blue. On the right of the header are the links "Menu Quote Help Exit" in a dark blue font. Below the header is a dark blue horizontal line. The main content area is white and contains the following text:

**Welcome to *FastQuote/CiCenter Demo* .**  
Insurance Services on the Internet.

**Welcome to the PDS Demo site!**  
Today is Tuesday, March 16, 2004.

Thank you for giving us the opportunity to show the strengths of our FastQuote and CiCenter products. The addition of this product to your current offerings to both your agents and insureds will allow you the competitive edge in the market needed to remain an industry leader.

**Please select a menu option**

[injury Reports](#)

[Change Password](#)

Copyright 2003 Progressive Data Solutions [Email the Administrator](#)

## Injury Report List

You may click the buttons and links on this screen to do various functions relating to the First Report of Injury. Click on any of the column headings to sort the list of reports by that column. You may click on the **Edit** or **View** links to edit or view the information for a particular insured. Or you may print the form (IA-1 Form) by clicking on the **Print Form** link.



[Menu](#) [Quote](#) [Help](#) [Exit](#)

Home
Policies
Claims
Report Claim
Billing

**Dean Insurance, Inc.**

On this screen you begin the process of completing and transmitting (i.e. submit) a First Report of Injury. You begin the process by clicking the **'New Injury Report'** button and following the instructions. On the last screen of the process you can transmit the report by selecting the **'Submit the above report'** button.

If you have previously begun the process of completing a First Report of Injury but have not yet transmitted the report it will appear in the list below. You may click on the column headings to sort the list of reports by that column.

Insured	Date	Employee	Status			
			Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
	02/15/2004	Simon, Carley	Submitted		<a href="#">View</a>	<a href="#">Print Form</a>
			Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
	02/25/2004	Downs, Susan	Submitted		<a href="#">View</a>	<a href="#">Print Form</a>
	01/15/2004	Thomas, John	Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
			Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
			Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
			Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
			Not Submitted	<a href="#">Edit</a>	<a href="#">View</a>	<a href="#">Print Form</a>
	02/24/2004	Smith, Steve	Submitted		<a href="#">View</a>	<a href="#">Print Form</a>
	02/26/2004	Ginger, Wall	Submitted		<a href="#">View</a>	<a href="#">Print Form</a>
	03/10/2004	Baker, Annie	Submitted		<a href="#">View</a>	<a href="#">Print Form</a>


Search
New Injury Report

**Number of Reports: 12**

## Injury Report List - Print Form

1. If you click on the **Print Form** link you will advance to the following screen:

**Note:** If you do not have Acrobat Reader installed you may need to contact your system's administrator to install it for you.

		<a href="#">Menu</a> <a href="#">Quote</a> <a href="#">Help</a> <a href="#">Exit</a>			
<a href="#">Home</a>	<a href="#">Policies</a>	<a href="#">Claims</a>	<a href="#">Report Claim</a>	<a href="#">Billing</a>	
<b>IA-1 WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS</b>					
EMPLOYER (NAME & ADDRESS INCL ZIP) <a href="#">Olde Heritage Builders</a> <a href="#">111 Water St.</a> <a href="#">Charleston</a> , SC 34343-0000		CARRIER/ADMINISTRATOR CLAIM NUMBER		REPORT PURPOSE CODE	
SIC CODE <a href="#">0123</a>		EMPLOYER FEIN <a href="#">569483724</a>		JURISDICTION <a href="#">Null State</a>	
		JURISDICTION CLAIM NUMBER		INSURED REPORT NUMBER	
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION #	
				PHONE #	
<b>CARRIER/CLAIMS ADMINISTRATOR</b>					
CARRIER (NAME, ADDRESS & PHONE NO.) <a href="#">Fast Quote Insurance Services 555</a>		POLICY PERIOD <a href="#">04/25/2003 TO 04/25/2004</a>		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO.)	
		CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE			
CARRIER FEIN		POLICY/SELF-INSURED NUMBER <a href="#">55500000003103</a>		ADMINISTRATOR FEIN	
AGENT NAME & CODE NUMBER <a href="#">Dean Insurance, Inc.</a> <a href="#">565487589000</a>					
<b>EMPLOYEE/WAGE</b>					
NAME (LAST, FIRST, MIDDLE) <a href="#">Thomas, John,</a>		DATE OF BIRTH <a href="#">05/13/1958</a>	SOCIAL SECURITY NUMBER <a href="#">005444214</a>	DATE HIRED <a href="#">01/13/1995</a>	STATE OF HIRE <a href="#">Florida</a>
ADDRESS (INCL ZIP) <a href="#">332 South St</a> <a href="#">Orlando, FL 32804</a>		GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED SINGLE/DIVORCED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	OCCUPATION/JOB TITLE <a href="#">Truck Driver</a>	
PHONE		# OF DEPENDENTS <input type="checkbox"/> K	UNKNOWN	EMPLOYMENT STATUS <a href="#">Full-Time</a>	
				NCCI CLASS CODE	

## Injury Report List - Search

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1. Click on the **Search** button if an Injury Report has been prepared but does not show up on this list.
2. You may limit the list to a specific date range in the **Preparation Date** field.
3. You may limit the list to the status you have indicated in the Status selection box.
4. You may see all Injury reports by clicking **Clear**
5. Click on **Return to List** and you will be taken back to the Injury List



Dean Insurance, Inc.

The selections below will allow you to restrict the list of Injury Reports to your specified criteria. By specifying **'Preparation Date'**, you may limit the list to only Injury Reports prepared within the dates specified. By specifying one or more **'Statuses'**, you may limit the list of Injury Reports to only those with the statuses that you have indicated. To select more than one status, click on each status while holding down the 'Ctrl' key. To display the list you have customized click **'Return to list'**. **'Clear'** will remove all restrictions so that you may see all Injury Reports. **'Default'** will restore the selections to the system specified criteria. Click 'Return to list' when you are done.

**Preparation Date between:**    [Calendar](#) **and:**    [Calendar](#)

**Status:**

Not Submitted  
 Submitted

## New Injury Report

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When you click on the “New Injury Report” button from the Injury Report list the following screen appears.

**State Selection**

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Please select the jurisdiction state, Policy for the first report of injury:

Jurisdiction State:  ▼

Policy#:  ▼

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Depending on how your policy or policies are set up, you can select which Jurisdiction State, and Policy from the drop down menus you wish to submit a First Report of Injury for.

## New Injury Report - Continued

1. You may begin entering the information needed to submit a First Report of Injury.
2. All highlighted fields are required fields.

**Note:** If you wish to return to the previous screen click on the back button on the bottom left hand corner of this screen.



### WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS

EMPLOYER (NAME & ADDRESS INCL ZIP) <b>Dean Insurance, INC.</b>  <b>1880 JFK BLVD</b>  <b>Philadelphia, PA 19103</b>		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG CASE #	REPORT PURPOSE CODE	
INDUSTRY CODE <b>8361</b>		EMPLOYER FEIN	JURISDICTION <b>Pennsylvania</b>	JURISDICTION CLAIM NUMBER	
INSURED REPORT NUMBER		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)		LOCATION #	
CARRIER/CLAIMS ADMINISTRATOR		PHONE #			
CARRIER (NAME, ADDRESS, & PHONE #) <b>AmeriHealth Casualty</b> <b>1880 JFK BLVD., 2nd Floor</b> <b>Philadelphia, PA 19103</b> <b>(215) 587-1900</b>		POLICY PERIOD <b>01/01/2006 TO 01/01/2007</b>	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)		
CARRIER FEIN <b>987876765</b>		POLICY/SELF-INSURED NUMBER <b>001123456789105</b>	ADMINISTRATOR FEIN		
CSI		999999999999			
<b>EMPLOYEE/WAGE</b>					
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE HIRED	STATE OF HIRE
ADDRESS (INCL ZIP)		SEX	MARITAL STATUS	OCCUPATION/JOB TITLE	
PHONE		M MALE F FEMALE U UNKNOWN	U UNMARRIED SINGLE/DIVORCED M MARRIED S SEPARATED K UNKNOWN	EMPLOYMENT STATUS <b>Full-Time</b>	
RATE PER: <b>\$0.00</b>		DAY WEEK	MONTH OTHER:	DAYS WORKED/WEEK <b>0</b>	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE?
				YES	NO
<b>OCCURRENCE/TREATMENT</b>					
TIME EMPLOYEE BEGAN WORK	AM PM	DATE OF INJURY/ILLNESS	TIME OF OCCURRENCE ( ) CANNOT BE DETERMINED	AM PM	LAST WORK DATE
					DATE EMPLOYER NOTIFIED
					DATE DISABILITY BEGAN



## New Injury Report - Continued



[Menu](#) [Quote](#) [Help](#) [Exit](#)

Home
Policies
Claims
Report Claim
Billing

CONTACT NAME/PHONE NUMBER		TYPE OF INJURY/ILLNESS		PART OF BODY AFFECTED	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY/ILLNESS CODE		PART OF BODY AFFECTED CODE	
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED			
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL					
<input type="text"/>		<input type="text"/>		CAUSE OF INJURY CODE	
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?		YES	NO
<input type="text"/>	<input type="text"/>	WERE THEY USED?		YES	NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)		INITIAL TREATMENT	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> NO MEDICAL TREATMENT	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> MINOR: BY EMPLOYER	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> MINOR CLINIC/HOSP	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> EMERGENCY CARE	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> HOSPITALIZED > 24 HOURS	
<input type="text"/>		<input type="text"/>		<input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED	
<b>OTHER</b>					
WITNESSES (NAME & PHONE #)					
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE		PHONE NUMBER	
<input type="text"/>	01/26/2006	<input type="text"/>		<input type="text"/>	

FORM IA-1(r 1-1-02)

SEE BACK FOR IMPORTANT INFORMATION

©IAIABC 2002

Back

Clear

Save

Print

**Note:** Click on the "SAVE" button to save your information and advance to the next screen.

## New Injury Report - Continued

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1. Click **Submit the above report** button to submit the First Notice of Injury Report.
2. Click the “Return to list” button to return to the first screen of the Injury List. The Injury Report status will be updated to **Submitted**.
3. Click on the **Print the Above Report** button to print the IA-1 form

The screenshot shows the AmeriHealth website interface. At the top left is the AmeriHealth logo. To the right are navigation links: Menu, Quote, Help, and Exit. Below these is a dark blue navigation bar with buttons for Home, Policies, Claims, Report Claim (highlighted), and Billing. Underneath is the text "Dean Insurance, Inc." followed by a summary of the First Report of Injury. The summary includes a synopsis and specific details: Injured Employee: John Thomas, Injury Date: 01/15/2004 02:10 PM, Injury Type: Crushing, and Body Part affected: Fingers. At the bottom of the summary are three buttons: "Return to list", "Previous", and "Submit the above report" (highlighted). Below these is a "Print the above report" button. At the very bottom of the page, there is a footer with "Copyright 2003 Progressive Data Solutions" on the left and "Email the Administrator" on the right.

**Note:** If you missed one or more of the required high lighted fields, the “submit the above report” button will display “Verify report” instead. Click on the “Verify report” button to display what key field/fields were missed. Click the “Previous” button to return to the report and enter the missing data. Once this is done, and you click “Save” , you will return to this screen where you will be able to click on the “Submit the above report” button.

## New Injury Report - Continued

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1. The following screen displays with the Injury report number assigned.
2. Click on the **Return Injury Reports Page** link to complete this process.



The screenshot shows the AmeriHealth website interface. At the top left is the AmeriHealth logo. To the right are links for Menu, Quote, Help, and Exit. Below these is a navigation bar with buttons for Home, Policies, Claims, Report Claim, and Billing. Underneath the navigation bar, it says "Dean Insurance, Inc.". The main content area displays a confirmation message: "Injury Report #1810 successfully changed to: Submitted" followed by a blue link "Return to the Injury Reports page". At the bottom of the page, there is a footer with "Copyright 2003 Progressive Data Solutions" and "Email the Administrator".

**IMPORTANT: This is NOT a claim number. This is a submission confirmation number only. This number does NOT confirm acceptance of your claim, only acceptance of the electronic submission. An actual claim number will be issued upon acceptance of the claim. If you do not receive a claim number within 24 – 48 hours after your submission, please contact your claims adjuster.**