



# Mitchell **Health Ticket**<sup>™</sup>

## **YOUR TICKET TO INCREASED PROVIDER PENETRATION AND COST CONTAINMENT FOR WORKERS' COMPENSATION CLAIMS.**

In today's challenging business environment, it's more important than ever to direct injured workers to your preferred provider networks. Now there's an effective communication solution that makes it easy to increase provider network usage—the Mitchell **Health Ticket**<sup>™</sup>.

The Mitchell Health Ticket is a web-based, easy-to-use tool that provides real-time, specific, and printable care instructions to all parties involved in a claim. By providing the Mitchell Health Ticket to injured workers, clients can see increased provider penetration—which can be the springboard for reducing costs, avoiding unnecessary care, and improving the quality and timeliness of care.

The printable health ticket is completely customizable and can include patient instructions, detailed medical provider contact information, managed care instructions, pharmacy benefits and participating pharmacies, claims administrative information, treatments covered, and more.

### **IT COMES WITH A POWERFUL WEB-BASED PROVIDER DIRECTORY TOOL.**

Called the **Provider Lookup Directory**, this web-based network provider lookup tool allows users to locate providers in designated areas. It also has the functionality to create and customize panel postings and customized directories for printing or electronic distribution. Plus, it can provide tools for users to nominate providers for recruitment.

The Provider Lookup Directory is completely customizable and can be accessed 24/7 by multiple users and touch points. It is designed to incorporate any provider network's data that a client is utilizing today, as well as any additional cost-containment vendors, such as MRI, Physical Therapy, DME, or PBM vendors.

In addition to improving cost containment by stepping up provider penetration, the Mitchell Health Ticket, together with the Provider Lookup Directory, are designed to help you improve care communications and improve the overall quality and timeliness of the care.



## At-a-Glance: The Mitchell Health Ticket

### PHARMACY

Get a quick view of pharmacy benefits and the retail establishments where prescriptions can be filled.

### SPECIAL SERVICES

Promote specialty networks and services.

### PROVIDER NETWORK

Specify your preferred providers to improve provider network penetration.

### CUSTOMIZED FOR YOUR PROGRAM

This entire area can be customized to support your program-specific messages, such as return to work and managed care programs.

Your Workers' Compensation Health Ticket																	
<p>Dear Employee/Doctor: This document shall act as an identification card for workers' compensation. It is important to utilize this document for all treatment related to the work illness or injury. If you have any questions regarding coverage or need assistance please contact an adjuster at 1-800-123-4561.</p>																	
<p><b>Insurance Company</b></p> <p>Patient's Name: JOHN SMITH</p> <p>Account Name: Employer Name</p> <p>Date Of Injury: 10/3/2010</p> <p>Claim #: 63200040711100</p> <p>Part of Body: Right Arm</p> <p>State of Jurisdiction: Virginia</p>	<p><b>Employer Name</b></p> <p><b>THIS CARD DOES NOT CERTIFY COMPENSABILITY OR GUARANTEE PAYMENT</b></p> <p><b>Employee:</b> To locate additional medical providers, contact the claims adjuster at 1-800-123-4561.</p> <p><b>Providers:</b> Patient is seeking treatment under <b>Workers' Compensation</b>. Please call Insurance Company at 1-800-123-4561 with any general questions.</p> <p><b>Providers Submit Bills to:</b> Insurance Company PO BOX 123 New York, NY 10001</p> <p><b>Card printed on</b> 10/27/2010 1:48:07 PM Card Valid for Date of Injury and Body Part Only</p> <p><b>PROCURA MANAGEMENT INC.</b></p>	<p><b>Pharmacy Information</b> Use this Health Ticket for any prescriptions that you need to get filled. Participating Pharmacies:</p> <ul style="list-style-type: none"> <li>CVS</li> <li>FARM FRESH</li> <li>GIANT</li> <li>K MART</li> <li>KROGER</li> <li>RITE AID</li> <li>SAFeway</li> <li>TARGET</li> <li>WALGREENS</li> <li>WALMART</li> </ul> <p><b>CYPRESS CARE</b> BIN: 610014 Group: CCemp 1-866-530-0000</p> <p>The pharmacy benefit card is only to be used for medications prescribed for your work related injury. In using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.</p> <p><b>Scheduling Services</b> If the patient requires any of the following services/treatments, scheduling can be provided by calling the following:</p> <p><b>Durable Medical Equipment:</b> Cypress Care 1-800-419-7191</p> <p><b>Diagnostic Imaging, MRI, CT, EMG:</b> One Call Medical 1-800-872-2875</p> <p><b>Transportation Services:</b> Optimal Care Transportation 1-866-672-5797 Choose prompt #1, and then #1 again MTI 1-866-823-0974</p> <p><b>Physical Therapy:</b> Universal SmartComp 1-877-362-3391</p> <p><b>Panel Physician</b> Please refer to your Panel Posting within your place of employment or call 1-800-123-4561.</p>															
<p><b>To be completed by Treating Physician</b></p> <p>We have a return to work program designed to return injured employees to productive work as soon as possible. If JOHN SMITH is unable to return to work at full duty, please return this form to our office. This information will be used in identifying other transitional employment opportunities.</p> <p>Injured employees are aware of our desire to have them return to productive employment as soon as they are physically capable. If necessary, we will consider rearranging work schedules around medical appointments to facilitate an early return to work.</p> <p>Thank you for your participation in our efforts to return employees to a safe and productive workplace.</p> <p>We would appreciate your cooperation in completing the following items on this form. It is important to our efforts in determining this person's work potential. Any item that you do not believe you can answer should be marked N/A. Thank you.</p> <p><b>Upon completion, please fax the entire form to 212-542-9336</b></p> <table border="1"> <thead> <tr> <th>Occasionally = 1% to 33%</th> <th>Frequently = 34% to 66%</th> <th>Constantly = 67% to 100%</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1/2</td> <td>1</td> </tr> <tr> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>5</td> <td>6</td> <td>7</td> </tr> <tr> <td>8</td> <td></td> <td></td> </tr> </tbody> </table> <p><b>1) Total Hours Able to Perform Tasks:</b></p> <p>Sit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Stand <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Walk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>2) Person Can Lift</b> Never Occasionally Frequently Constantly</p> <p>Up to 10 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11-20 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>21-50 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>51-100 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>100+ lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>3) Person Can Carry</b> Never Occasionally Frequently Constantly</p> <p>Up to 10 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11-20 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>21-50 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>51-100 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>100+ lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>4) Person Can Push/Pull</b> Never Occasionally Frequently Constantly</p> <p>Up to 10 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>11-20 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>21-50 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>51-100 lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>100+ lbs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>5) Person Can Do Repetitive Movements As in Operating Controls</b></p> <p>Right Hand/Arm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Right Foot/Leg <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Left Hand/Arm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Left Foot/Leg <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Doctor's Signature _____ Date _____</p> <p><b>THIS CARD DOES NOT CERTIFY COMPENSABILITY OR GUARANTEE PAYMENT</b></p>			Occasionally = 1% to 33%	Frequently = 34% to 66%	Constantly = 67% to 100%	0	1/2	1	2	3	4	5	6	7	8		
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The best way to learn more about the Mitchell **Health Ticket** is to see it in action. Contact us for a demo today.

Call: 800.421.6705 | Visit: [www.mitchell.com](http://www.mitchell.com)

e-mail: [workerscomp@mitchell.com](mailto:workerscomp@mitchell.com)

## mitchell

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