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| **Employee**  **Claim** | **Medical Provider Documentation** | **Bill to:** |
| Work-Related | Work-Related | WC Insurer/Self-Insurer/TPA |
| Work-Related | Not Work-Related  OR  Not Yet Determined | WC Insurer/Self-Insurer/TPA  If the claim is denied the provider should receive a copy of the denial that allows the provider to bill the patient’s private insurance (if any) or the employee (if none) |
| Not Work-Related  (i.e. employee doesn’t want to file a WC claim with his/her employer) | Work-Related | Employee |
| Not Work-Related | Not Work-Related | Employer (if employer has a policy to pay for employees to be seen and treated for non-work injuries)  Otherwise, bill private insurance (if any) or the patient (if none) |