**Employee name:**

**Claim #**

**Date of Injury:**

Please read the information below as it will be useful in navigating your claim:

* Broadspire is the State’s workers’ compensation third party administrator. Be sure to respond in a timely manner to any phone calls, mailed documents or emails from the Broadspire claim adjuster as information may be required to process your claim.
* A claim number is not an admission of liability. Broadspire will determine if your claim is covered under workers’ compensation insurance. Further investigation may be required.
* Do not provide your personal medical insurance card/information while treating under workers compensation. (Only if the claim has been denied).
* It is your responsibility to provide a copy of the medical Work Status Report (WSR) or other supporting medical documentation to your supervisor.
* Report all lost time from work to your supervisor.
* Give a copy of this letter to the Workers Comp designated provider to assist with the billing process.

If you have questions about your claim, contact:

HR Benefits Administrator

Crystal Duran

303-556-3385

crystal.duran@ahec.edu

**Important Billing Information**

**Broadspire Address:**

**PO Box 14645**

**Lexington, KY 40512-4348**

**Phone: 1-800-321-9515**

**Fax: 1-859-550-2731**

**Email: Broadspire.Claims-Western@conduent.com**