



### Claim Reporting Methods

**Telephonically:** 1-800-633-1197

**Fax:** 412-454-0999

**Email:** [CommercialWCClaims@UPMC.edu](mailto:CommercialWCClaims@UPMC.edu)

**Online:** <https://wc.workpartners.com/upmc/>

### Address

WorkPartners  
PO Box 2971  
Pittsburgh, PA 15230

### **Phone Number:**

800-633-1197

### **Fax:**

412-454-8717

### Forms utilized at time of injury

- **Report of Injury** – This form captures the data needed when reporting a claim. If not reporting a claim online, the form can be sent via email or fax. This should be completed by the supervisor or manager.
- **Panel with Employee's Rights and Duties** – The Panel and Employee's Rights and Duties are to be given together to an employee anytime a change is made to the Panel, at time of hire and also at the time of an injury. By signing the Employee's Rights and Duties, the employee acknowledges he or she has been made aware of the Panel and must treat with a provider on the Panel for the first 90 days.
- **Medical Authorization** – This is to be given to the injured employee at the time of the injury.
- **First Fill Form** – This is to be given to the injured employee at the time of injury. They can present it to the pharmacy at the time they are having their first prescription filled. The pharmacy will then direct bill us for the prescription. The injured employee will then receive a prescription card in the mail to use for future prescriptions.