



LETTER OF INSURANCE

Provide this "Letter of Insurance" to the employee and medical provider in case of an accident or injury. It contains the insurance information that the medical provider will require to proceed with care.

During business hours the medical provider can contact Allstaff Payroll for additional information or approval if necessary.

EMPLOYEES INJURED ON THE JOB ARE REQUIRED TO HAVE A 5-PANEL DRUG SCREENING WITHIN 48 HOURS

Workers Comp Carrier:	Service America Indemnity Company
Policy Number:	RT21MWC6590052002
Third Party Administrator:	Broadspire, A Crawford Company
Email Contact:	risktransfer@choosebroadspire.com
Billing:	P.O. Box 14645 Lexington, KY 40512-4345
Telephone:	(888)-599-8726
Fax:	(678)-937-8210

After treatment, please send the First Report of Injury, injured worker's statement, any witness statements, and hospital paperwork to AllStaff Payroll by fax 850-378-5232 or email info@allstaffpayroll.com.