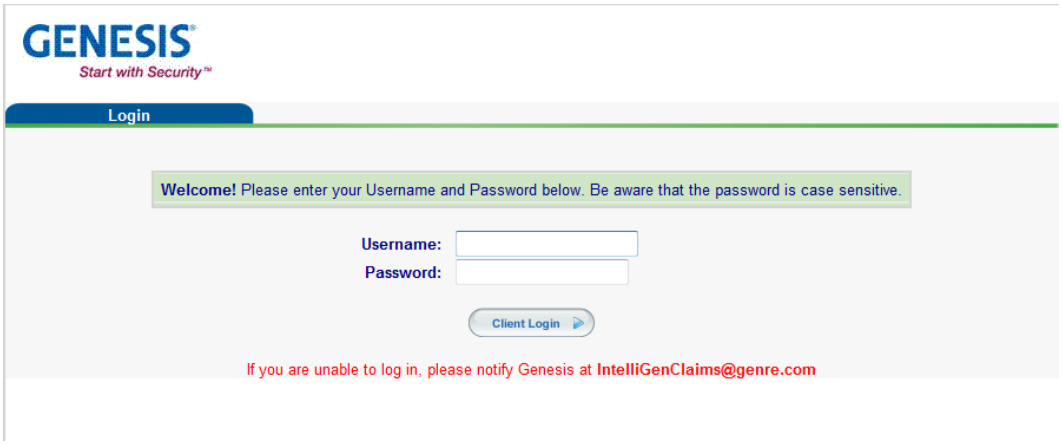
A Guide to Reimbursement Requests
for Self Insurers of Workers' Compensation

Scroll to the bottom of the page, and under **Workers' Compensation Claims**. Select the link "Click here for our online Workers' Comp Claims Reimbursement Request Form"

Logging into the system

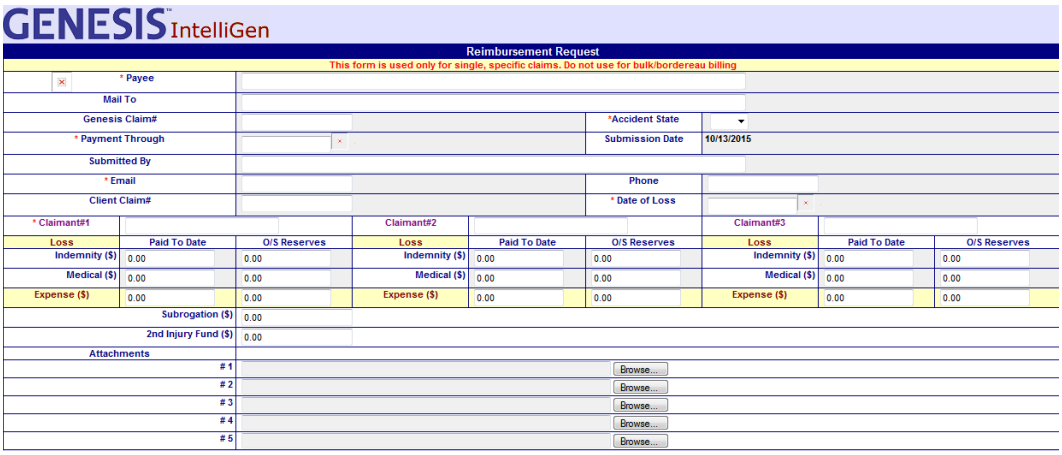
1. A prompt for a login and password input will appear next. If **you are a first time user, please** submit a request to obtain a Username and Password by clicking on the following link: IntelliGenClaims@genre.com.

2. Next, input your **Username** and **Password** in the corresponding fields:



Completing the RR Form

Once logged in, the following form will appear. Please complete all fields.
Note: The submission must include **"Mail To"** information. Without it, the request will be considered incomplete and will not be processed.



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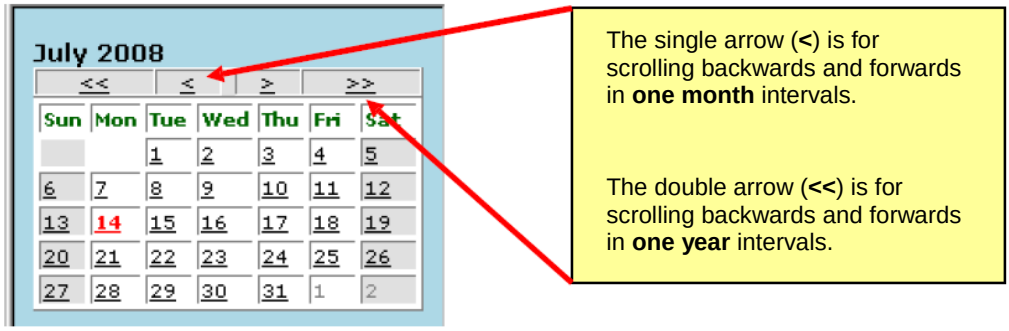
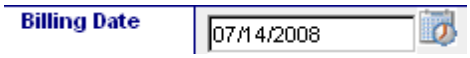
Entering Dates

For "**Payments Through**", and "**Billing Date**", please use the calendar icon to the right of the cell in order to select the correct date – this field will not accept freeform text input.

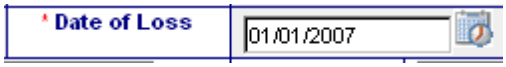


1. The **Payment Through** date should equal the last medical service or disability date of the most recently issued payment.

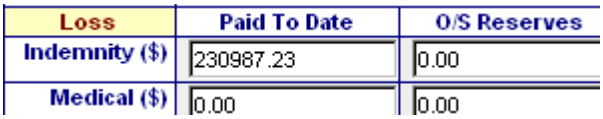
2. The **Billing Date** is auto-populated with the date of entry.



3. For the **Date of Loss** field, please either type the date of loss, or use the calendar icon. To manually type the date in, please use the MM/DD/YYYY format.



4. When entering the **Paid To Date** figures, the dollars must be completely numeric (no commas, dollar or minus signs). Please also note that the Paid To Date amounts must be the "Gross" paid to date figures.



5. Use the Subrogation and 2nd injury Fund section to provide any recoveries made on the file.

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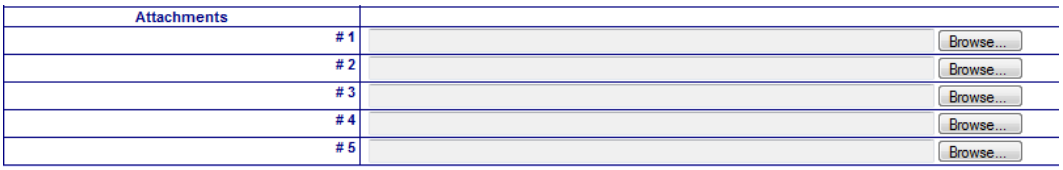
Supporting Documentation

Once the information is entered, attach all supporting documents including, but not limited to:

- **Historical Payment listing** (inception to present) in an editable format (e.g.Excel)
- **Claim Status Report**
- **All medical reports** to substantiate the reimbursement request period, including **Medicare Set Aside**, if applicable
- **Medication drug run** for the past 6 months if applicable
- **Investigation and Legal documents** including motions, pleadings, awards, suit papers and defense attorney analysis
- **Second Injury Fund** and **Subrogation** document, if applicable
- Genesis, on behalf of GRC, also reserves the right to make requests for additional information at any time



Please note:

- Failure to supply appropriate documentation will result in an incomplete submission notification. The incomplete reimbursement request will not be considered for further evaluation until we receive the required information.
- If Payment Codes are used to abbreviate details in the Payment Listing, please also attach a "Payment Key".

Once the appropriate attachments have been created, **please print a copy of the submission for your records**.

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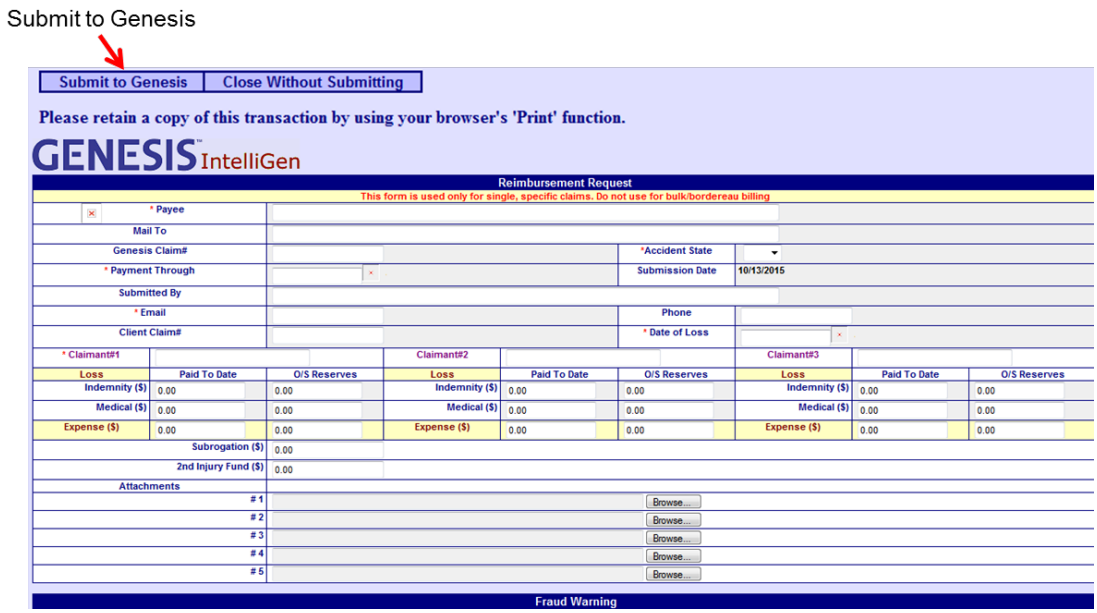
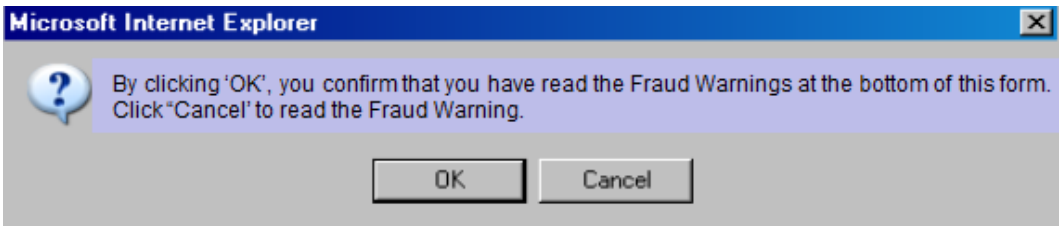
Submitting Your Request

To submit the request, please click on "Submit to Genesis" in the upper left corner.



Once submitted, the following message appears confirming that you have read the Fraud Warnings at the bottom of the form. Click "**OK**", and the reimbursement request will be submitted.



If you have additional questions about submitting a reimbursement request, please email IntelliGenClaims@genre.com

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