



WORKERS' COMPENSATION EMPLOYEE ACCIDENT FORM

Account Name/Account Number

SEND THIS SHEET WITH EMPLOYEE TO DOCTOR

- In case of emergency, call 9-1-1
- If non-life threatening, visit a medical provider. Network Medical providers for all states can be accessed via [CNA Insurance - Find a Provider](https://www.goperspecta.com/VPD/cnainsurance/public/ProviderSearch/Main) (<https://www.goperspecta.com/VPD/cnainsurance/public/ProviderSearch/Main>)
 - *Note: Select "CA MPN" from the "Network" drop down list for this state-specific provider network.*

Workers' Compensation Carrier: **CNA Insurance**

Employer:

California Workers' Compensation Policy Number:

All Other States Workers' Compensation Policy Number:

Note: Please do not use personal insurance

Please mail medical bills and reports to our carrier at the following address:

CNA Insurance
PO Box 8317
Chicago, IL 60690

Workers' Compensation Billing Fax Number: 877-371-5122

Workers' Compensation Customer Service Phone Number: 800-262-2000