



State of Nevada Division of Industrial Relations

Workers'
Compensation Section

C-4 Training:

Health Care Provider Responsibilities
&
Coverage Verification

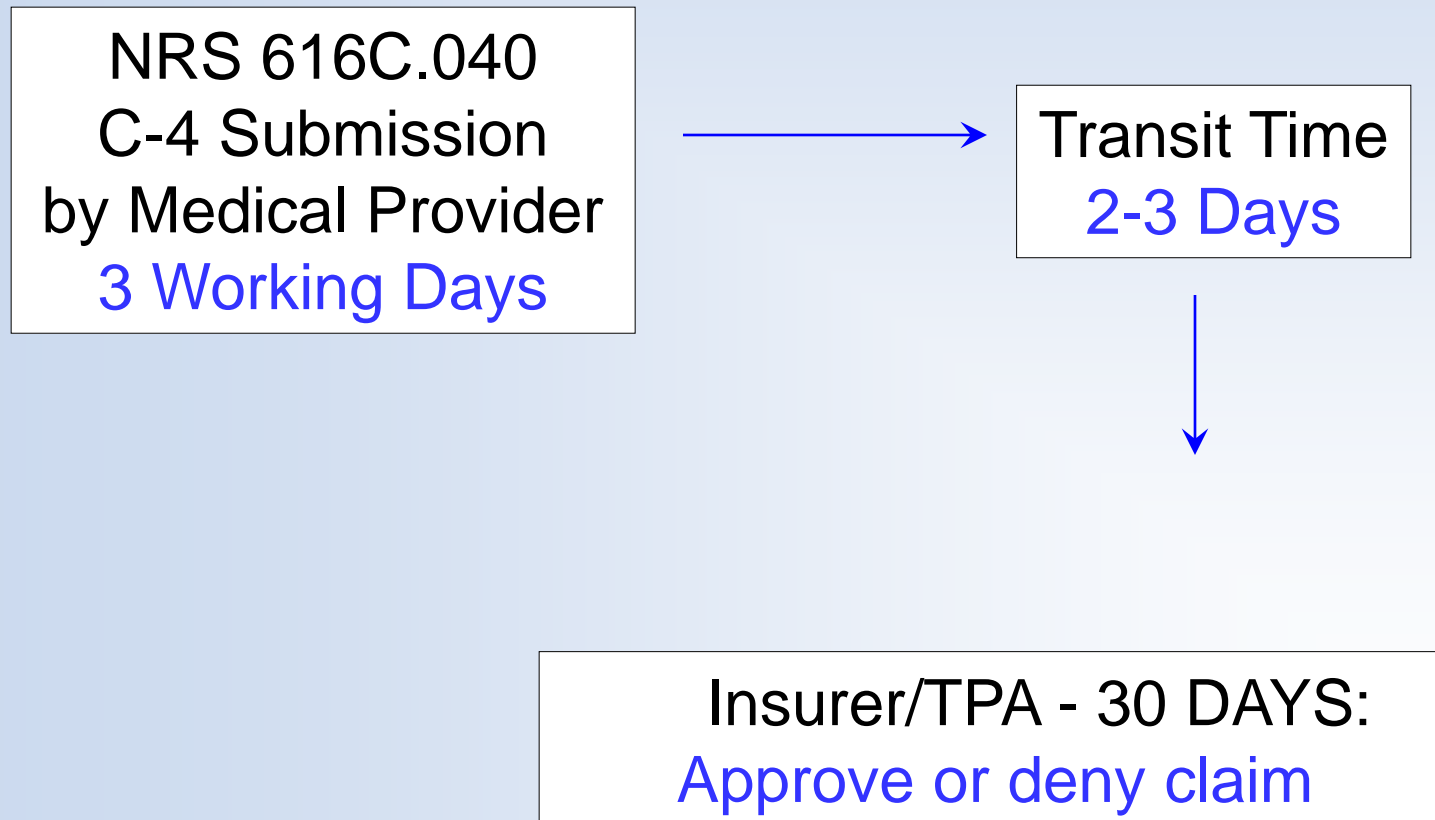
FORM C-4

Employee's Claim for Compensation/ Report of Initial Treatment

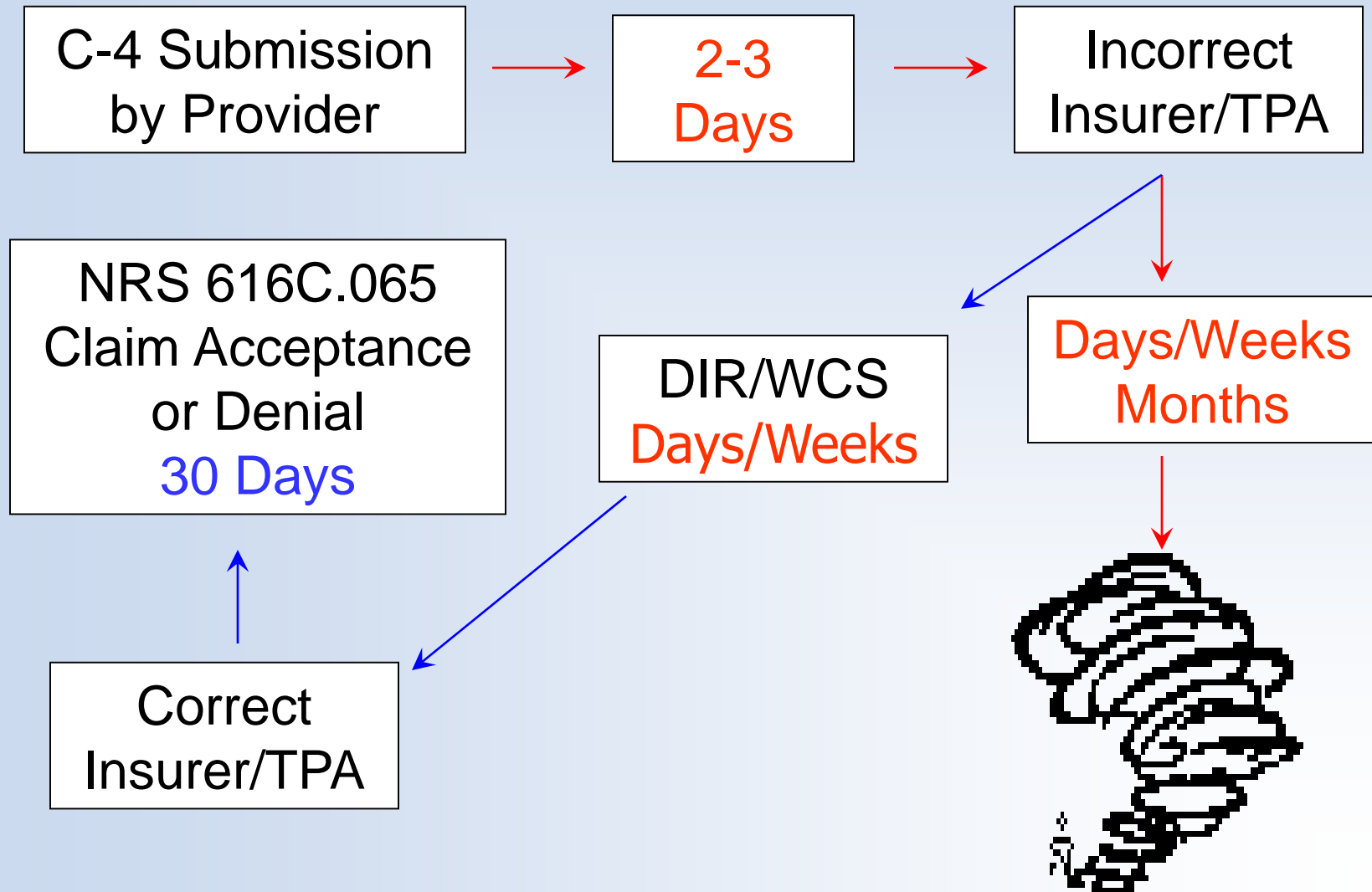
| EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT FORM C-4 PLEASE TYPE OR PRINT EMPLOYEE'S CLAIM - PROVIDE ALL INFORMATION REQUESTED | | | | | | | | | | |
|--|--|---|--|---------------------------|--|--|--|--|---|-----------------------------------|
| First Name | | M.I. | | Last Name | | Birthdate | | Sex <input type="checkbox"/> M <input type="checkbox"/> F | | Claim Number (Insurer's Use Only) |
| Home Address | | | | Age | | Height | | Weight | | Social Security Number |
| City | | State | | Zip | | Telephone | | | | |
| Mailing Address | | | | City | | State | | Zip | | Primary Language Spoken |
| INSURER | | | | THIRD-PARTY ADMINISTRATOR | | | | Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred | | |
| Employer's Name/Company Name | | | | | | | | | Telephone | |
| Office Mail Address (Number and Street) | | | | | | | | | | |
| Date of Injury (if applicable) | | Hours Injury (if applicable) am pm | | Date Employer Notified | | Last Day of Work After Injury or Occupational Disease | | Supervisor to Whom Injury Reported | | |
| Address or Location of Accident (if applicable) | | | | | | | | | | |
| What were you doing at the time of the accident? (if applicable) | | | | | | | | | | |
| How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) | | | | | | | | | | |
| If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? | | | | | | | | | Witnesses to the Accident (if applicable) | |
| Nature of Injury or Occupational Disease | | | | | | Part(s) of Body Injured or Affected | | | | |
| <small>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 61ED, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</small> | | | | | | | | | | |
| Date | | Place | | Employee's Signature | | | | | | |
| THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT | | | | | | | | | | |
| Place Name of Facility | | | | | | | | | | |
| Date | | Diagnosis and Description of Injury or Occupational Disease | | | | | | Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | | |
| Hour | | | | | | | | | | |
| Treatment: | | Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____ | | | | | | | | |
| X-Ray Findings: | | | | | | | | | | |
| From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes) | | | | | | | | | | |
| Date | | Print Doctor's Name | | | | I certify that the employer's copy of this form was mailed to the employer on: | | | | |
| Address | | | | | | | | | | |
| City | | State | | Zip | | Provider's Tax I.D. Number | | Telephone | | INSURER'S USE ONLY |
| Doctor's Signature | | | | | | Degree | | | | |

ORIGINAL - TREATING PHYSICIAN OR CHIROPRACTOR PAGE 2 - INSURER/TPA PAGE 3 - EMPLOYER PAGE 4 - EMPLOYEE Form C-4 (rev.10/97)

Claim Compensability Decision With Correct Insurer



C-4 to Incorrect Insurer/TPA



Provider Payment With Correct Insurer

(Per Med Fee)
Billing Submission
By Medical Provider
90 Days



Transit Time
2-3 Days



Insurer/TPA - 45 Days:
Pay or deny medical bill

Form C-4

Employee's Section

EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT

FORM C-4

PLEASE TYPE OR PRINT

| EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED | | | | | | |
|--|---------------------------------------|---------------------------|-------------------------------------|--|---|-------------------------|
| First Name | M.I. | Last Name | Birthdate | Sex <input type="checkbox"/> M <input type="checkbox"/> F | Claim Number (Insurer's Use Only) | |
| Home Address | | | Age | Height | Weight | Social Security Number |
| City | State | | Zip | | Telephone | |
| Mailing Address | City | | State | | Zip | Primary Language Spoken |
| INSURER | | THIRD-PARTY ADMINISTRATOR | | Employee's Occupation (Job Title) When Injury or Occupational Disease Occurred | | |
| Employer's Name/Company Name | | | | | Telephone | |
| Office Mail Address (Number and Street) | | | | | | |
| Date of Injury (if applicable) | Hours Injury (if applicable) am pm | | Date Employer Notified | Last Day of Work After Injury or Occupational Disease | Supervisor to Whom Injury Reported | |
| Address or Location of Accident (if applicable) | | | | | | |
| What were you doing at the time of the accident? (if applicable) | | | | | | |
| How did this injury or occupational disease occur? (Be specific and answer in detail. Use additional sheet if necessary) | | | | | | |
| If you believe that you have an occupational disease, when did you first have knowledge of the disability and its relationship to your employment? | | | | | Witnesses to the Accident (if applicable) | |
| Nature of Injury or Occupational Disease | | | Part(s) of Body Injured or Affected | | | |
| <p>I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THIS INFORMATION IN ORDER TO OBTAIN THE BENEFITS OF NEVADA'S INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACTS (NRS 616A TO 616D, INCLUSIVE OR CHAPTER 617 OF NRS). I HEREBY AUTHORIZE ANY PHYSICIAN, CHIROPRACTOR, SURGEON, PRACTITIONER, OR OTHER PERSON, ANY HOSPITAL, INCLUDING VETERANS ADMINISTRATION OR GOVERNMENTAL HOSPITAL, ANY MEDICAL SERVICE ORGANIZATION, ANY INSURANCE COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFORMATION, INCLUDING BENEFITS PAID OR PAYABLE, PERTINENT TO THIS INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, PSYCHOLOGICAL CONDITIONS, ALCOHOL OR CONTROLLED SUBSTANCES, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.</p> | | | | | | |
| Date | Place | | Employee's Signature | | | |

Form C-4

Employee's Section

- General Section
 - full name
 - **Correct** address
 - **Correct** telephone number
- Employer Section
 - same as above
 - **Correct** corporate name
 - **Correct** "Doing Business As" (DBAs)
- Accident or Disease
 - date and time
 - address or location of accident

Emergency Situations

- Healthcare provider fill out Form C-4
- Make notation regarding circumstances and note the person who filled out the Form C-4
- Get injured employee's original signature as soon as possible.

Form D-2

Brief Description of Rights and Benefits

Must be provided to injured employee at time of treatment

NRS 616C.095

BRIEF DESCRIPTION OF RIGHTS AND BENEFITS (Pursuant to NRS 616C.050)

Notice of Injury or Occupational Disease (Incident Report Form C-1): If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the required forms.

Claim for Compensation (Form C-4): If medical treatment is sought, the form C-4 is available at the place of initial treatment. A completed "Claim for Compensation" (Form C-4) must be filed within 90 days after an accident or OD. The treating physician or chiropractor must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractor from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered into a contract with an MCO or PPO, you may select a physician or chiropractor from the Panel of Physicians and Chiropractors. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractor to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation and your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractor as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeal Officer's decision. You may be represented by an attorney at your own expense or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a hearing officer decision, you may request that NAIW represent you without charge at an Appeals Officer Hearing. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact the Workers' Compensation Section, 400 West King Street, Suite 400, Carson City, Nevada 89703, telephone (775) 684-7270, or 1301 North Green Valley Parkway, Suite 200, Henderson, Nevada 89074, telephone (702) 486-9080.

For assistance with Workers' Compensation Issues: you may contact the Office of the Governor Consumer Health Assistance, 555 E. Washington Avenue, Suite 4800, Las Vegas, Nevada 89101, Toll Free 1-888-333-1597, Web site: <http://govcha.state.nv.us>, E-mail cha@govcha.state.nv.us

Form C-4

Medical Provider's Section

THIS REPORT MUST BE COMPLETED AND MAILED WITHIN 3 WORKING DAYS OF TREATMENT

| | | | | | | |
|--|---|---|--|--------|----------------------------|-----------|
| Place | | Name of Facility | | | | |
| Date | Diagnosis and Description of Injury or Occupational Disease | Is there evidence that the injured employee was under the influence of alcohol and/or another controlled substance at the time of the accident? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain) | | | | |
| Hour | | | | | | |
| Treatment: | | Have you advised the patient to remain off work five days or more? <input type="checkbox"/> Yes Indicate dates: from _____ to _____ <input type="checkbox"/> No If no, is the injured employee capable of: <input type="checkbox"/> full duty <input type="checkbox"/> modified duty If modified duty, specify any limitations/restrictions: _____ _____ _____ | | | | |
| X-Ray Findings: | | | | | | |
| From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease as job incurred? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Is additional medical care by a physician indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| Do you know of any previous injury or disease contributing to this condition or occupational disease? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain if yes) | | | | | | |
| Date | Print Doctor's Name | I certify that the employer's copy of this form was mailed to the employer on: | | | | |
| Address | | INSURER'S USE ONLY | | | | |
| City | State | | | Zip | Provider's Tax I.D. Number | Telephone |
| Doctor's Signature | | | | Degree | | |

ORIGINAL – TREATING PHYSICIAN OR CHIROPRACTOR

PAGE 2 – INSURER/TPA

PAGE 3 – EMPLOYER

PAGE 4 – EMPLOYEE

Form C-4 (rev.10/07)

Doctors Responsibilities: Form C-4 Submission

- Within 3 working days, complete and file Form C-4 with employer and **CORRECT** insurer
- Must be on form prescribed by Division of Industrial Relations (DIR)
 - C-4s are available on the WCS website:
dir.nv.gov/WCS/Home/
- Maintain sufficient supply of appropriate forms
- Fines for untimely or incomplete form submission (exceptions for out of state injuries)

Employers' Workers' Compensation Coverage Verification Service (CVS)

<http://dir.nv.gov/WCS/Home/>

System users include:

- injured employees
- healthcare providers
- insurers/Third-Party Administrators (TPAs)
- attorneys
- general contractors
- public

Limitations

- Includes only employers with private insurance carriers
- Does NOT include employers that are self-insured, part of an association or uninsured
- **Use Date of Injury**
- Quality of information directly affected by the information provided by the carriers

A search resulting in **NO MATCHES** on CVS does not necessarily indicate that coverage does not exist

Steps For Obtaining Insurance Information

Step 1 Ask injured employee, if possible. **Verify employer name, address and phone number.**

Step 2 Use the Coverage Verification Service (CVS) on the WCS website: <http://dir.nv.gov/WCS/Home/>



Coverage Verification Service (CVS)

dir.nv.gov/WCS/Home/

The screenshot shows the homepage of the Industrial Relations (DIR) website. At the top, there is a navigation bar with links for Agencies, Jobs, and About Nevada. Below this is a search bar and the ADA (Americans with Disabilities Act) logo. The main navigation menu includes links for HOME, LABOR STATS, MECHANICAL, MINES, OSHA, SCATS, WORKERS' COMP, and CONTACT. A large banner for the "SAVE THE DATE" event in Las Vegas, Nevada, from August 18-19, 2016, is prominently displayed. To the right of the banner, a "What's Hot!" section lists various resources like Notice of Meeting, Hearings / Workshops, Current Newsletter, Training, Important Changes, Join our Mailing List, Past Newsletters, Forms and Worksheets, WCS Contacts, and Questions? - Please Use WCSHelp. Below the banner, a row of six tiles provides quick access to key services: VERIFY EMPLOYERS WORKERS' COMPENSATION COVERAGE, STEPS FOR FILING A C-4 (highlighted with a red arrow), EMPLOYER COMPLIANCE, NEVADA WORKERS' COMPENSATION LAW, INSURER and TPA REPORTING, and RELATED AGENCY LINKS. At the bottom, four columns of links are organized under the headings MEDICAL UNIT, INJURED WORKERS, INSURERS / TPAS, and EMPLOYERS.

State of Nevada Department of Business & Industry
Industrial Relations (DIR)

NV.gov Agencies Jobs About Nevada

ADA Americans with Disabilities Act

HOME LABOR STATS MECHANICAL MINES OSHA SCATS WORKERS' COMP CONTACT

WELCOME TO WORKERS' COMPENSATION

SAVE THE DATE

Las Vegas, Nevada
August 18-19, 2016

6th Annual
Workers' Compensation Educational Conference

Sponsorship and Exhibitor Opportunities
Email: iwcf@bellsouth.net

What's Hot!

- > Notice of Meeting
- > Hearings / Workshops
- > Current Newsletter
- > Training
- > Important Changes
- > Join our Mailing List
- > Past Newsletters
- > Forms and Worksheets
- > WCS Contacts
- > Questions? - Please Use WCSHelp

VERIFY EMPLOYERS WORKERS' COMPENSATION COVERAGE

STEPS FOR FILING A C-4
COMPENSATION CLAIM

EMPLOYER COMPLIANCE

NEVADA WORKERS' COMPENSATION LAW

INSURER and TPA REPORTING

RELATED AGENCY LINKS

MEDICAL UNIT

- > Rating Panel
- > Treating Panel
- > 2016 Medical Fee Schedule
- > D-35 Form
- > The Pulse Medical Unit Newsletters

INJURED WORKERS

- > Northern Complaint Form
- > Southern Complaint Form
- > Appeal Rights
- > Claim Reopening
- > Nevada Attorney for Injured Workers

INSURERS / TPAS

- > Time Frames
- > Standard Audit Requirements
- > Subsequent Injury Fund
- > Uninsured Employers

EMPLOYERS

- > Employee Leasing Company (PEO)
- > Posting Requirements
- > SilverFlume

CVS Notice & Disclaimer Page

The screenshot shows a web browser window with the URL <https://www.ewccv.com/cvs/?ref=http%3A%2F%2Fdir.nv.gov%2FWCS%2FHome>. The page title is "Nevada Division of Industrial Relations". Below the title is a blue banner with the text "Workers Compensation Coverage Verification". The main heading is "Notice and Disclaimer".


Purpose – No Scripting or Automatic Retrieval

The purpose of this website and Workers Compensation Coverage Verification is to assist you in determining whether an employer has workers compensation insurance in the state. Workers Compensation Coverage Verification will provide the name of the insurer that wrote a workers compensation policy for a specific employer on a specific date. Please note that Workers Compensation Coverage Verification is being provided to you for your personal, non-commercial use only, solely to verify an employer's workers compensation insurance coverage. Workers Compensation Coverage Verification may not be used in any other manner or for any other purpose, except as identified herein. Scripted queries and automatic retrieval(s) is/are expressly prohibited.

Limitation of Available Information



If an employer query does not produce any result(s) this may not mean that the employer does not have insurance or is operating in violation of state law. Coverage information may not be available or complete for all employers due to limitations with the policy information. Employer queries should be specific. Open ended queries may not return any results. In the event of excessive queries, you may be prohibited from accessing the information provided under Workers Compensation Coverage Verification. You may not disable or otherwise work around any restrictions and limitations that may be a part of Workers Compensation Coverage Verification, such as reCAPTCHA. Any attempt to do so is prohibited and will result in you being unable to access Workers Compensation Coverage Verification. Scripted queries and automatic retrieval(s) is/are expressly prohibited. By clicking "Accept", below, you affirm that you have read and understand the notices and disclaimers on this page.

[Privacy Policy](#)

☐ I'm not a robot 
[Privacy - Terms](#)

[Accept](#)

Download the free Workers Compensation Coverage Verification (WCCV) Mobile Application

CVS Captcha Page

Workers Compensation | X

https://www.ewccv.com/cvs/?ref=http%3A%2F%2Fdir.nv.gov%2FWCS%2Fhome

Apps NV dir.nv.gov NV Medical Examiners Board Nevada State - Board Licensee Search

Nevada Division of Industrial Relations

Workers Compensation Coverage Verification

Notice and Disclaimer

Purpose – No Scripting or Automatic Retrieval

The purpose of this website and Workers Compensation Coverage Verification is to assist you in determining whether an employer has workers compensation insurance in the state. Workers Compensation Coverage Verification will provide the name of the insurer that wrote a workers compensation policy for a specific employer on a specific date. Please note that Workers Compensation Coverage Verification is being provided to you for your personal, non-commercial use only, solely to verify an employer's workers compensation insurance coverage. Workers Compensation Coverage Verification may not be used in any other manner expressly prohibited.

Limitation of Available Information

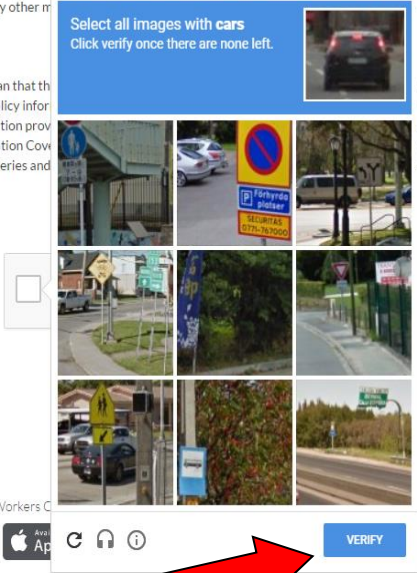
If an employer query does not produce any result(s) this may not mean that the information is not available or complete for all employers due to limitations with the policy information. If you make excessive queries, you may be prohibited from accessing the information provided. Restrictions and limitations that may be a part of Workers Compensation Coverage Verification. Scripted queries and automatic retrieval(s) is/are expressly prohibited.

Privacy Policy

Select all images with cars
Click verify once there are none left.

Download the free Workers Compensation Coverage Verification app

VERIFY



Date of Injury/Employer Information

Workers Compensation Coverage Verification

Coverage Date

Employer FEIN

Employer Contains

Search Clear Search

Limitation of Information

The information provided on this web page is a segment of policy information reported to the Nevada Division of Industrial Relations, Workers' Compensation Section by private workers' compensation insurance carriers. Reporting delays, inaccuracies and omissions may affect the reliability of the coverage information provided. Self-insured employers and associations of self-insured employers are not included in the data.

Other Helpful Links

- [Nevada Division of Industrial Relations, Workers' Compensation Section](#)
- [Nevada Division of Insurance - Self-Insured](#)
- [Doing Business as ... "My Nevada" State Portal Business Licenses.](#)

Download the free Workers Compensation Coverage Verification (WCCV) Mobile Application

Available on the App Store

GET IT ON Google play

Policy Information

BreEZe - State of California | Workers Compensation | Nevada Coverage Provider | Kristine

← → ↻ <https://www.ewccv.com/cvs/search?ref=http%3A%2F%2Fdir.nv.gov%2FWCS%2FHome> ☆

Apps NV dir.nv.gov Nevada Division of Industrial Relations POC Home Page - CARDS National Council on NV Medical Examiners Board Nevada State - Board Licensee Search Clark Records Search BL Search Home Page » Other bookmarks

Nevada Division of Industrial Relations

Workers Compensation Coverage Verification

08/29/2017

Employer FEIN

sahara Contains ▾

Search Clear Search

Policy level results do not imply coverage for this Employer in this state. Make a selection to verify coverage.

Search Results

| | |
|--|---|
| SAHARA RESTAURANTS LLC Pol Nbr M1173903 | ⊕ |
| STERLING SAHARA APARTMENTS Pol Nbr WSD502852802 | ⊕ |
| SAHARA WELLNESS DBA Pol Nbr NVARP302196 | ⊕ |
| SAHARA HOME HEALTH INC Pol Nbr NVARP300546 | ⊕ |
| SAHARA LLC Pol Nbr 1000002212 | ⊕ |
| SAHARA 1613 INC Pol Nbr WCNE0560113274 | ⊕ |

Limitation of Information

The information provided on this web page is a summary of policy information reported to the Nevada Division of Industrial Relations, Workers Compensation System by providers.

Policy/TPA Information

BreEze - State of California X Workers Compensation C X Nevada Coverage Provid X

NCCI Holdings Inc. [US] | https://www.ewccv.com/cvs/details?ref=http%3A%2F%2Fdir.nv.gov%2FWCS%2FHome

Apps NV dir.nv.gov Nevada Division of Industrial Relations POC Home Page - CARDS National Council on NV Medical Examiners Board Nevada State - Board Licensee Search Clark Records Search BL Search Home Page Other bookmarks

Nevada Division of Industrial Relations

Workers Compensation Coverage Verification

[Back To Results](#)

| Insurance Coverage Provider | Policy Number | Coverage Date |
|----------------------------------|---------------|---------------|
| STARR INDEMNITY AND LIABILITY CO | 1000002212 | 8/29/17 |

[Click here for claim processing information.](#)

Employer Locations

Filter

Showing 28 Employer(s)

| | | |
|---|--|---|
| Big Lots Inc 1221 W. Warm Springs Rd Warm Springs Promenade Henderson, NV 89014-8740 Map | Big Lots Inc 200 Lemmon Road The North Valleys Shopping Center Reno, NV 89506-8701 Map | Big Lots Inc 330 E Warm Springs Rd Las Vegas, NV 89119-4225 Map |
| Big Lots Inc 390 W. Lake Mead Parkway Lake Mead Xing Shopping Center Henderson, NV 89015-7379 Map | Big Lots Inc 3940 Blue Diamond Blue Diamond Crossings Las Vegas, NV 89139-7721 Map | Big Lots Inc 4215 South Carson Southgate Shopping Center Carson City, NV 89701-5562 Map |
| Big Lots Inc 4731 Spring Mountain Rd Las Vegas, NV 89102-8700 Map | Big Lots Inc 4790 E. Flamingo Rd Central Valley Shopping Center Las Vegas, NV 89121-4709 Map | Big Lots Inc 5017 S Mccarran Blvd Reno, NV 89502-6545 Map |

TPA Information

dir-wcs.nv.gov/wcs/nevadacovprvdr.asp?C=11193

Apps NV dir.nv.gov Nevada Division of Industrial Relations POC Home Page - CARDS National Council on NV Medical Examiners Board Nevada State - Board Licensee Search Clark Records Search BL Search Home Page Other bookmarks

NEVADA DEPARTMENT OF BUSINESS AND INDUSTRY
Nevada Division of Industrial Relations

Coverage Provider Details
Name: BROADSPIRE SERVICES INC
Address: 7997 W SAHARA AVE, #101
City: LAS VEGAS
State: NV
Zip: 89117
Phone: 7022334020
Extension:
Fax: 8595502731

Coverage Provider Details
Name: ESIS INC
Address: 6935 ALIANTE PARKWAY, STE #104-411
City: LAS VEGAS
State: NV
Zip: 89084
Phone: 7023992289
Extension:
Fax: 8003508748

Coverage Provider Details
Name: GALLAGHER BASSETT
Address: PO BOX 400970
City: LAS VEGAS
State: NV
Zip: 89140
Phone: 7027894500
Extension: 221
Fax: 8668234130

Always scroll down for additional TPA information

Must contact each TPA listed to identify correct TPA²²

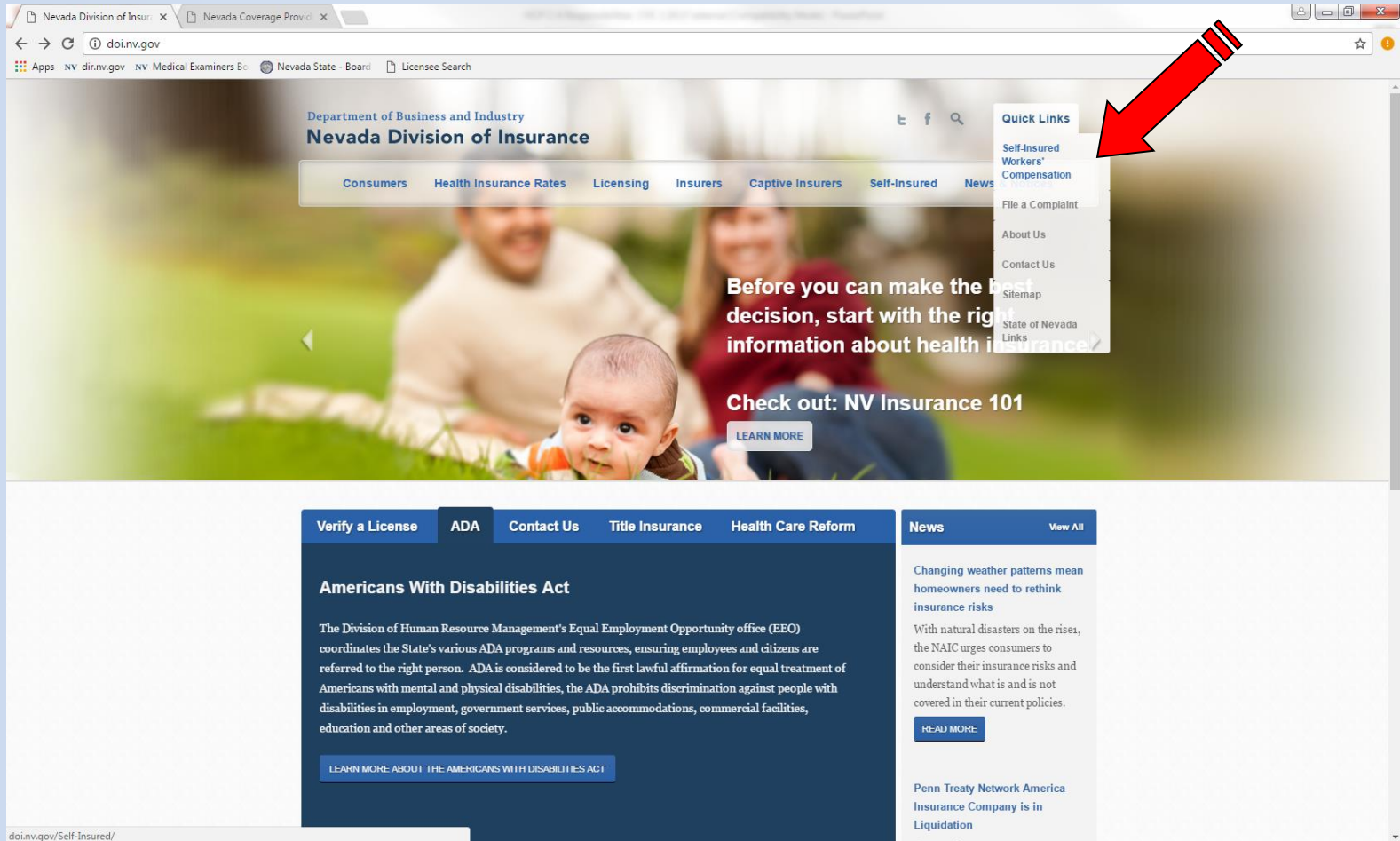
Steps For Obtaining Insurance Information (Cont.)

Only needed if unable to locate insurer/TPA on CVS – otherwise, skip to Step 4.

Step 3 Go to the Division of Insurance (DOI) website at <http://doi.nv.gov/>. Select “Help Me Find...” tab to locate “Self-insured Workers’ Compensation.” Select either “Self-Insured Company” or “Association List” tab.

Division Of Insurance - Self Insured/Association Lists

<http://doi.nv.gov/>



The screenshot shows the Nevada Division of Insurance website. The browser address bar displays doi.nv.gov. The website header includes the Department of Business and Industry logo and a navigation menu with links: Consumers, Health Insurance Rates, Licensing, Insurers, Captive Insurers, Self-Insured, and News. A 'Quick Links' dropdown menu is open, showing options: Self-Insured Workers' Compensation, File a Complaint, About Us, Contact Us, Sitemap, and State of Nevada Links. A red arrow points to the 'Self-Insured Workers' Compensation' link. The main content area features a large image of a family with the text: 'Before you can make the best decision, start with the right information about health insurance. Check out: NV Insurance 101' and a 'LEARN MORE' button. Below this, there are sections for 'Verify a License', 'ADA', 'Contact Us', 'Title Insurance', 'Health Care Reform', and 'News'. The 'ADA' section is highlighted, showing the title 'Americans With Disabilities Act' and a brief description of the ADA's purpose. The 'News' section shows a headline about changing weather patterns and insurance risks, with a 'READ MORE' button.

Department of Business and Industry
Nevada Division of Insurance

Consumers Health Insurance Rates Licensing Insurers Captive Insurers Self-Insured News

Quick Links

- Self-Insured Workers' Compensation
- File a Complaint
- About Us
- Contact Us
- Sitemap
- State of Nevada Links

Before you can make the best decision, start with the right information about health insurance.

Check out: NV Insurance 101

LEARN MORE

Verify a License ADA Contact Us Title Insurance Health Care Reform News View All

Americans With Disabilities Act

The Division of Human Resource Management's Equal Employment Opportunity office (EEO) coordinates the State's various ADA programs and resources, ensuring employees and citizens are referred to the right person. ADA is considered to be the first lawful affirmation for equal treatment of Americans with mental and physical disabilities, the ADA prohibits discrimination against people with disabilities in employment, government services, public accommodations, commercial facilities, education and other areas of society.

LEARN MORE ABOUT THE AMERICANS WITH DISABILITIES ACT

Changing weather patterns mean homeowners need to rethink insurance risks

With natural disasters on the rise, the NAIC urges consumers to consider their insurance risks and understand what is and is not covered in their current policies.

READ MORE

Penn Treaty Network America Insurance Company is in Liquidation

Self-insured Employer List

The screenshot shows the Nevada Division of Insurance website. The header includes the department name and navigation links. The main content area is titled 'Self-Insured Workers' Compensation' and contains a paragraph about the section's responsibilities. Below this, there are three sub-sections: 'Self-Insured Employers', 'Self-Insured Groups', and 'Self-Insured Workers' Compensation'. A red arrow points to the link 'Self-Insured Employer List' in the 'Self-Insured Employers' section.

Self-Insured

Forms

Applications - Self-Insured Employers

Mandatory Reporting

Frequently Asked Questions (FAQs)

Contact Information

Captive Insurance

LEARN MORE

File a Complaint

LEARN MORE

Verify a License

LEARN MORE

Self-Insured Workers' Compensation

The Self-Insured Workers' Compensation Section is responsible for the certification and regulation of self-insured employers and associations of self-insured employers pursuant to Chapters 616B.300 through 616B.446 of the Nevada Revised Statutes. The Division of Insurance regulates these entities to ensure financial solvency and viability. There are two types of programs for self-insured workers' compensation, as follows:

Self-Insured Employers

Employers must meet a tangible net worth requirement of \$2.5 million in order to qualify and remain qualified as a self-insured employer in Nevada. See the links on the left for information regarding application and statutory requirements for certification as a self-insured employer. To verify coverage, see the [Self-Insured Employer List](#)

Self-Insured Groups

There are currently nine self-insured groups in Nevada representing a variety of occupational groups. Employers may choose to become a member of one of these groups to comply with their statutory obligation to maintain workers' compensation coverage. See the [Association List](#) for a list of self-insured groups and their administrators. For information regarding the formation of a new group, please contact Terri Chambers at tchambers@doi.nv.gov or (775) 687-0777.

Self-insured Contact Information

5 / 39 75%

Find
cedar enter
Previous Next

Department of Business and Industry
Nevada Division of Insurance
Self-Insured Employer List

TPA Information

| Association | Name | Date |
|---------------------------|----------------------------------|-----------|
| Third Party Administrator | NEVADA ALTERNATIVE SOLUTIONS INC | 11-SEP-13 |

C of A 199
Employer
CEDAR ENTERPRISES INC
Kia Summers
Human Resources Representative
1328 Dublin Road Suite 300
Columbus OH 43215
614-737-7808

| Association | Name | Date |
|---------------------------|----------------------------------|-----------|
| Third Party Administrator | SIERRA NEVADA ADMINISTRATORS INC | 11-SEP-13 |
| Subsidiary | WENDY'S OF LAS VEGAS, INC. | 01-JAN-04 |

C of A 130131
Employer
CHURCHILL COUNTY SCHOOL DISTRICT
Phyllis Dowd
Director of Business Services
690 S MAINE ST
FALLON NV 89406-3807
775-428-7220

| Association | Name | Date |
|---------------------------|-----------------------------------|-----------|
| Third Party Administrator | NELSON DAVISON ADMINISTRATORS INC | 01-JUL-15 |

C of A 169
Employer
CITY OF HENDERSON
Mary Sexton
Workers' Compensation Analyst
240 Water Street PO Box 95050, MSC137
Henderson NV 89009-5050
702-267-1022

Ctrl F Key Dialog box will appear type in employer name

Association Employer List

The screenshot shows the Nevada Division of Insurance website. The browser tabs include 'Self Insured | Nevada Div...', 'EmployerList.pdf', and 'Nevada Coverage Provid...'. The address bar shows 'doi.nv.gov/Self-Insured/'. The website header includes the Department of Business and Industry, Nevada Division of Insurance, and navigation links for Consumers, Health Insurance Rates, Licensing, Insurers, Captive Insurers, Self-Insured, and News & Notices. The main content area is titled 'Self-Insured Workers' Compensation' and contains a paragraph about the certification and regulation of self-insured employers. Below this, there are sections for 'Self-Insured Employers' and 'Self-Insured Groups'. A red arrow points to the 'Association List' link in the 'Self-Insured Groups' section.

Self-Insured

- Forms
- Applications - Self-Insured Employers
- Mandatory Reporting
- Frequently Asked Questions (FAQs)
- Contact Information

Captive Insurance
LEARN MORE

File a Complaint
LEARN MORE

Verify a License
LEARN MORE

Self-Insured Workers' Compensation

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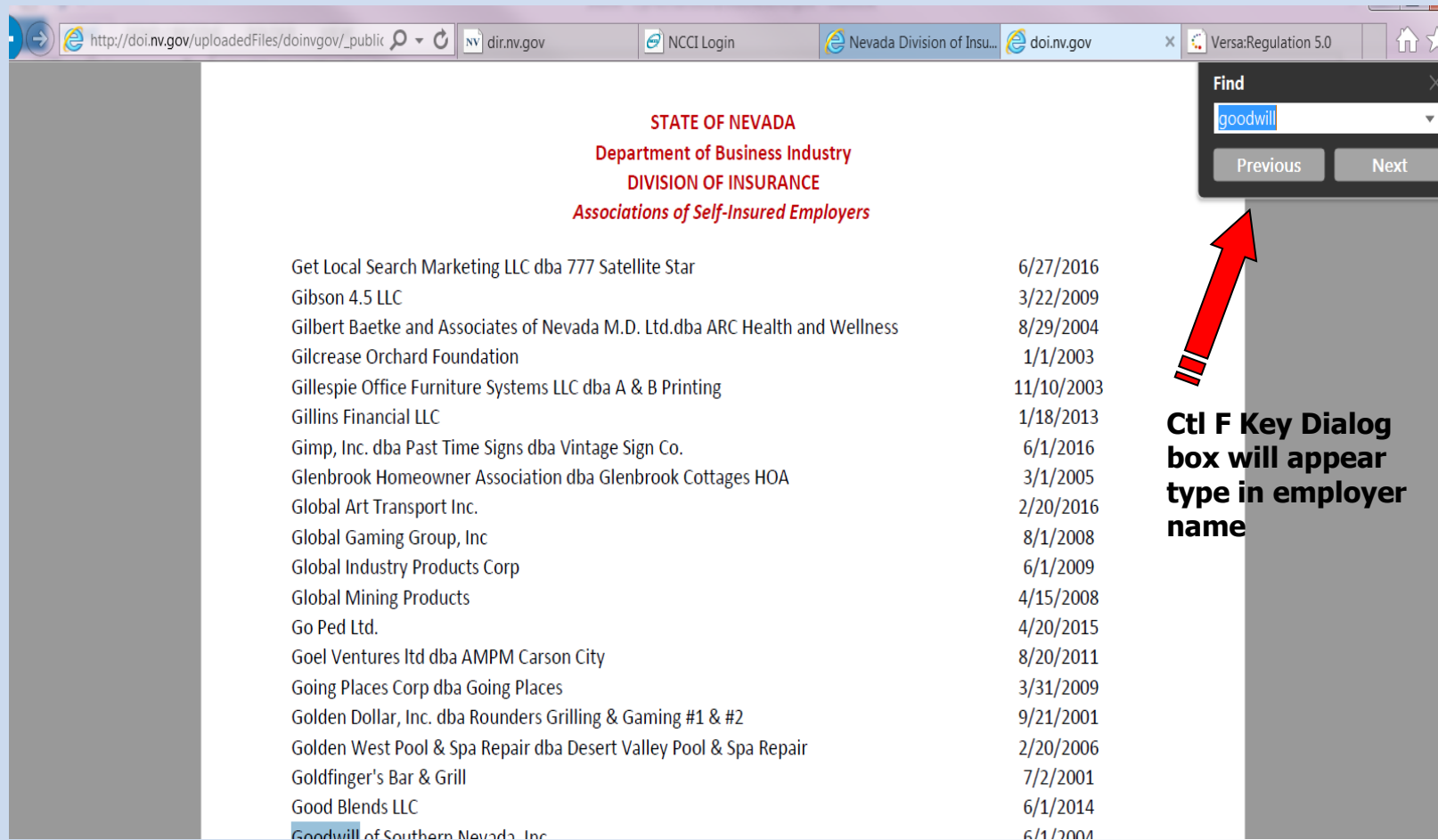
Self-Insured Employers

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Association List



STATE OF NEVADA
Department of Business Industry
DIVISION OF INSURANCE
Associations of Self-Insured Employers

| | |
|--|------------|
| Get Local Search Marketing LLC dba 777 Satellite Star | 6/27/2016 |
| Gibson 4.5 LLC | 3/22/2009 |
| Gilbert Baetke and Associates of Nevada M.D. Ltd.dba ARC Health and Wellness | 8/29/2004 |
| Gilcrease Orchard Foundation | 1/1/2003 |
| Gillespie Office Furniture Systems LLC dba A & B Printing | 11/10/2003 |
| Gillins Financial LLC | 1/18/2013 |
| Gimp, Inc. dba Past Time Signs dba Vintage Sign Co. | 6/1/2016 |
| Glenbrook Homeowner Association dba Glenbrook Cottages HOA | 3/1/2005 |
| Global Art Transport Inc. | 2/20/2016 |
| Global Gaming Group, Inc | 8/1/2008 |
| Global Industry Products Corp | 6/1/2009 |
| Global Mining Products | 4/15/2008 |
| Go Ped Ltd. | 4/20/2015 |
| Goel Ventures Ltd dba AMPM Carson City | 8/20/2011 |
| Going Places Corp dba Going Places | 3/31/2009 |
| Golden Dollar, Inc. dba Rounders Grilling & Gaming #1 & #2 | 9/21/2001 |
| Golden West Pool & Spa Repair dba Desert Valley Pool & Spa Repair | 2/20/2006 |
| Goldfinger's Bar & Grill | 7/2/2001 |
| Good Blends LLC | 6/1/2014 |
| Goodwill of Southern Nevada, Inc | 6/1/2004 |

Find
goodwill
Previous Next

Ctrl F Key Dialog box will appear type in employer name

Scroll Up for TPA Information

http://doi.nv.gov/uploadedFiles/doingov/_public dir.nv.gov NCCI Login Nevada Division of Insu... doi.nv.gov Versa:Regulation 5.0


Find
goodwill
Previous Next

STATE OF NEVADA
Department of Business Industry
DIVISION OF INSURANCE
Associations of Self-Insured Employers

NEVADA RETAIL NETWORK SELF-INSURED GROUP
Certification Date: 12/8/1995

Association Administrator:
Progroup Management, Inc.
575 South Saliman Rd. - Carson City NV 89701
(775) 887-2480

Third-Party Administrator:
Associated Risk Management
PO Box 49301 - Carson City NV 89702
(775) 883-4440

 **TPA Information**

| | <i>Effective Date</i> |
|---|-----------------------|
| 24-7 Home Health Care, Inc. dba Avalon Private Duty Home Care | 6/11/2012 |
| 360 Exteriors LLC | 6/3/2010 |
| 4 Seasons Total Home Care dba 4 Seasons Carpet Care | 2/1/2015 |
| 4 Z's Enterprises LLC dba JJ's BBQ Burger & Brew | 1/1/2011 |
| 4A Enterprises Inc. dba Azteca Grill & Bakery | 11/1/2008 |
| 53X LLC | 3/1/2016 |

Steps For Obtaining Insurance Information (Continued)

Step 4 **ALWAYS** verify coverage with correct TPA/insurer before sending C-4.

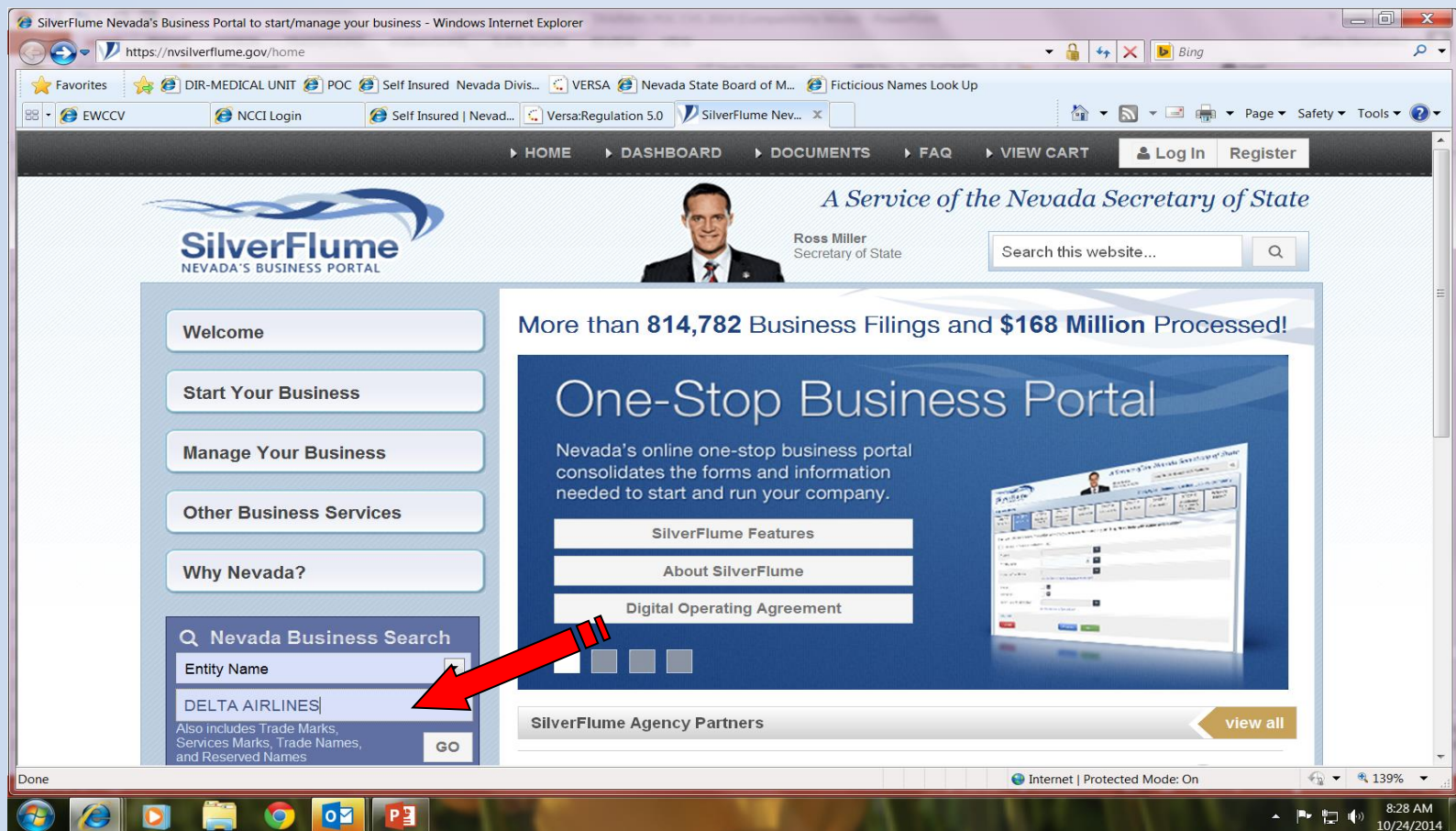
Step 5 If unable to locate TPA thru CVS or self-insured systems, contact employer. Document employer responses.

Step 6 If unable to locate coverage information after following above steps, call **WCS** Henderson at (702) 486-9080. If **WCS** unable to locate coverage over the telephone, you will be directed to forward copy of Form C-4 and verification documentation to Henderson office for further investigation.

Other helpful links for additional employer information if needed

- Nevada Silverflume

<https://www.nvsilverflume.gov/home>



SilverFlume Nevada's Business Portal to start/manage your business - Windows Internet Explorer

https://nvsilverflume.gov/businessSearch?currentPage=1&sortOrder=ASCENDING&phoneticMatch=false&sortColumn=MatchRank&businessSearchTerm=DELTA

Search this website...

SilverFlume NEVADA'S BUSINESS PORTAL

Ross Miller
Secretary of State

Nevada Business Search

* Includes Trademarks, Trade Names, Service Marks, Reserved Names & Business Licenses

* Search by: Entity Name DELTA AIRLINES

☐ Include Phonetic Matches:

Sort By: Relevance ☒ Descending ☐ Ascending order

Search Tips

Search

Search Results 1 - 1 of 1 search results

Click Manage this Business to file online via SilverFlume. [Disclaimer](#)

| Entity Name | NV Business ID | Status | Type | Action |
|-----------------------|----------------|--------|---------------------|--------------------------------------|
| DELTA AIR LINES, INC. | NV19771003708 | Active | Foreign Corporation | Manage this Business |

Disclaimer

Done Internet | Protected Mode: On 139% 8:28 AM 10/24/2014

SilverFlume Nevada's Business Portal to start/manage your business - Windows Internet Explorer

https://nvsilverflume.gov/businessSearch

Windows Internet Explorer Favorites: DIR-MEDICAL UNIT, POC, Self Insured Nevada Divis..., VERSA, Nevada State Board of M..., Fictitious Names Look Up

Windows Taskbar: EWCCV, NCCI Login, Self Insured | Nevad..., Versa:Regulation 5.0, SilverFlume Nev...

Navigation: HOME, DASHBOARD, DOCUMENTS, FAQ, VIEW CART, Log In, Register

SilverFlume NEVADA'S BUSINESS PORTAL

A Service of the Nevada Secretary of State

Ross Miller, Secretary of State

Search this website...

DELTA AIR LINES, INC.

New Search | Manage this Business | Calculate Fees | Print

Business Entity Information

| | | | |
|-------------------|---------------------|-----------------------|------------|
| Status: | Active | File Date: | 06/07/1977 |
| Type: | Foreign Corporation | Entity Number: | C2468-1977 |
| Qualifying State: | DE | List of Officers Due: | 06/30/2015 |
| Managed By: | | Expiration Date: | |
| Foreign Name: | | On Admin Hold: | No |
| NV Business ID: | NV19771003708 | Business License Exp: | 06/30/2015 |

Additional Information

Central Index Key

Registered Agent Information

| | | | |
|--------------------|------------------------------|--------------------|-----------------------|
| Name: | CSC SERVICES OF NEVADA, INC. | Address 1: | 2215-B RENAISSANCE DR |
| Address 2: | | City: | LAS VEGAS |
| State: | NV | Zip Code: | 89119 |
| Phone: | | Fax: | |
| Mailing Address 1: | | Mailing Address 2: | |
| Mailing City: | | Mailing State: | NV |

Internet | Protected Mode: On

8:31 AM 10/24/2014

- 411.com

<http://www.411.com/>

The screenshot shows a web browser window with the 411.com website. The address bar displays the URL <http://www.411.com/phone/1-702-914-9555>. The page features a teal header with the 411COM logo and navigation tabs for People, Phone, Business, and Address. A search bar contains the number 1-702-914-9555, and a Search button is visible. Below the header, the search results for (702) 914-9555 are displayed, identifying it as MCImetro Access Transmission Services Landline in Las Vegas, NV. Action buttons for Text Me, Print, and Report are provided. An 'Associated with' section lists Target Business. The Address section shows 9725 S Eastern Ave, Las Vegas, NV 89183-6841, with Neighbors and Directions links. A Google Map shows the location on a street grid. At the bottom, area code, carrier, full number, and city/state information are listed.

411COM

People Phone Business Address

1-702-914-9555 Search

(702) 914-9555

MCImetro Access Transmission Services Landline in Las Vegas, NV

Text Me Print Report

Associated with

Target Business

Address

9725 S Eastern Ave
Las Vegas, NV 89183-6841

Neighbors Directions

Google Map

Area Code: 702 Carrier: MCImetro Access Transmission Services Full Number: (702) 914-9555
City/State: Las Vegas, NV

Federal Government Claims

For all **federal** government employee claims, contact:

- U.S. Department of Labor (DoL)

Office of Workers' Compensation Programs (OWCP)

P O Box 8300

London, KY 40742-8300

(415) 241-3300

<http://www.dol.gov/owcp/>

Questions?



Contacting WCS Medical Unit

Henderson Office

(702) 486-9080

Fax (702) 990-0363

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kgodwin@business.nv.gov

Linda Torres

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