

# Coverage Verification *for* Health Care Providers



Division of Industrial Relations  
WCS – Medical Unit



# Why verify WC coverage?



DIR - WCS

**NRS 616C.040 requires health care providers (HCPs), within 3 days of initially evaluating the injured worker, complete and file Employee's Claim for Compensation/Report of Initial Treatment (C-4 Form) and send it to the correct insurer or TPA.**

**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 Last Name Birth Date (MM/DD/YY) Social Security Number (Last 4 Digits)  
Home Address City State Zip Telephone  
Mailing Address City State Zip Primary Language Spoken

**INSURER** Third-Party Administrator Employer'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 (mm/dd/yyyy) Hours Injury (if applicable) Date Employee 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? Witness to the Accident (if applicable)  
Nature of Injury or Occupational Disease Part(s) of Body Injured or Affected

Signature of Employee or Representative of Employee (Typed Name and Title)  
Date Place Employee's Original or Electronic Signature

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

Name of Employer  
Date Diagnosis and Description of Injury or Occupational Disease  
Hour  
Treatment  
X-Ray Findings  
From information given by the employee, together with medical evidence, can you directly connect this injury or occupational disease to job incurred?  
Is additional medical care by a physician indicated?  
Do you know of any previous injury or disease contributing to the condition or occupational disease?  
Date Print Health Care Provider's Name I certify that the employer's copy of this form was delivered to the employer on:  
Address City State Zip Provider's Tax ID Number Telephone  
Health Care Provider's Original or Electronic Signature Degrees MD, DO, DC, PA-C, APRN, MD  
INSURER'S USE ONLY

Copyright © 2010 Nevada Department of Industrial Relations. All rights reserved. Form C-4 (Rev. 10/2010)

This training will assist health care providers identify the correct TPA and Insurer so they can send the C-4 in a timely manner.

*Note: Information on the C-4 Form is covered under a separate training video.*

# What is Coverage Verification?



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**Coverage Verification** refers to the process of verifying a specific employer's Workers' Compensation (WC) insurer and/or third-party administrator (TPA) on the injured employee's date of injury/exposure.





# What is CVS?



DIR - WCS

## CVS stands for Coverage Verification Service.

WCS provides a portal to the National Council on Compensation Insurance (NCCI) on the WCS website.

This portal is used to identify an employer's private worker's compensation insurer on a given date.

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

Important Changes  
Join our Mailing List  
Division of Insurance WC FAQs  
Forms and Worksheets  
WCS Contacts  
Questions? - Please Use WCSHelp  
WCS Training  
Public Records Policy &  
Public Records Request Form &

MEDICAL PROVIDERS	INJURED WORKERS	INSURERS / TPAs	EMPLOYERS
<a href="#">Medical Providers Info Page</a> <a href="#">WCS Treating Panel of Physicians and Chiropractors</a> <a href="#">WCS Rating Panel Physicians and Chiropractors</a> <a href="#">2022 Medical Fee Schedule Revised - eff 3/1/22</a> <a href="#">2022 Medical Fee Schedule - eff 2/1 - 2/28/22</a> <a href="#">D-35 Instructions</a> <a href="#">D-35 Form</a> <a href="#">Insurers' Treating Provider Lists</a>	<a href="#">Injured Worker Info Page</a> <a href="#">Northern Complaint Form</a> <a href="#">Southern Complaint Form</a> <a href="#">Appeal Rights</a> <a href="#">Claim Reopening</a> <a href="#">Nevada Attorney for Injured Workers</a>	<a href="#">Insurers Info Page</a> <a href="#">COLA Info - PTD and Survivors Benefits (Death) Claims Time Frames</a> <a href="#">Standard Audit Requirements</a> <a href="#">Subsequent Injury Accounts</a> <a href="#">CARDS Brochure</a> <a href="#">Claims Indexing (D-39) Brochure</a>	<a href="#">Employers Info Page</a> <a href="#">Professional Employer Organizations (PEOs)</a> <a href="#">Posting Requirements</a> <a href="#">SilverFlume</a> <a href="#">Uninsured Employers</a>

# Who Has Access to CVS?



DIR - WCS

- Injured employees
- HCPs
- Insurers/TPAs
- Attorneys
- General contractors
- Public

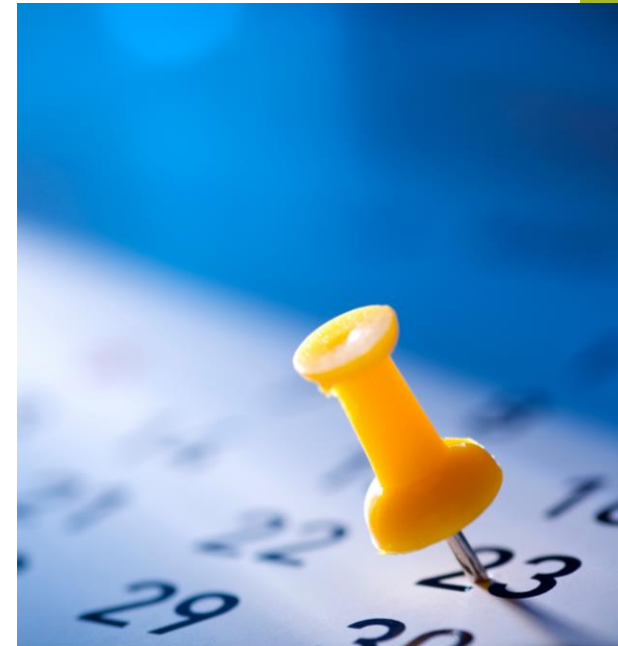


# CVS Limitations



DIR - WCS

- Includes only employers with private insurers
- Self-insured, employers part of an association or uninsured employers will not be listed
- On Coverage Date, enter **date of injury**, not date of search
- Accuracy of information dependent on accurate information provided by insurers



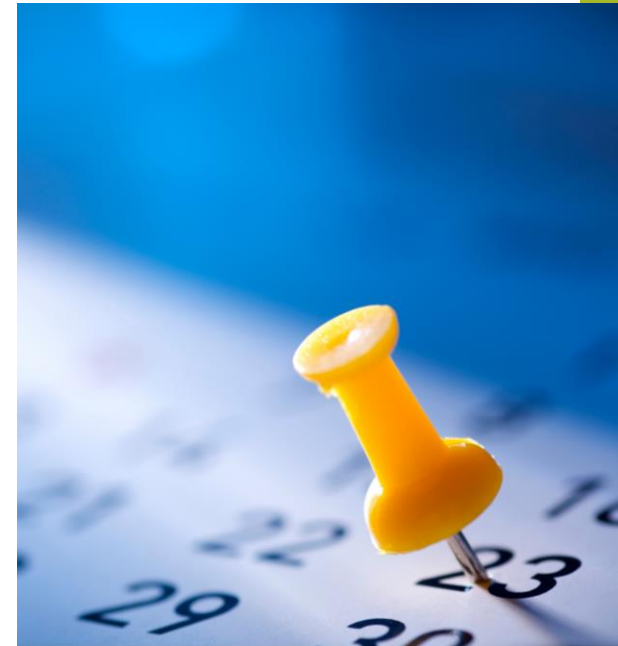
# CVS Limitations



DIR - WCS

**\*\* Searches resulting in  
NO MATCHES do not  
necessarily indicate  
coverage does not exist**

**Search "Other Helpful  
Links" on CVS webpage**



# Steps For Obtaining Insurance Information



DIR - WCS

**Step 1** Ask injured employee to verify employer name, address and phone number

**Step 2** Use CVS on the WCS website

**<http://dir.nv.gov/WCS/home/>**





# Where do we begin our search?

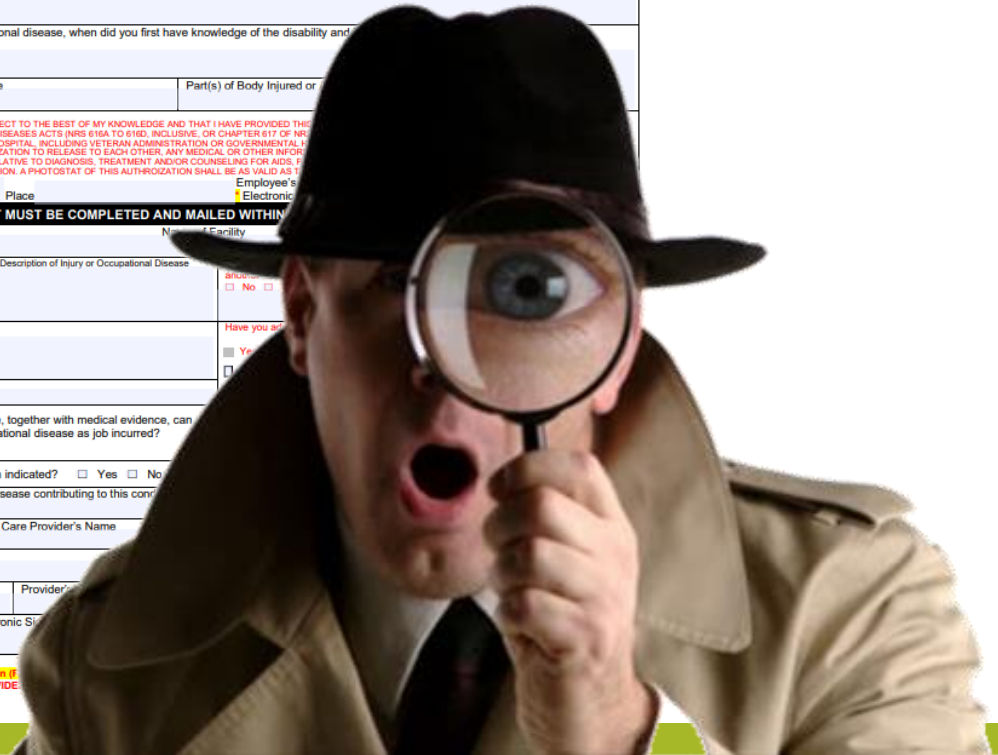
Start  
with the  
C4-Form

Check if the  
injured worker  
identified their WC  
insurer. Then call  
them to verify.

**EMPLOYEE'S CLAIM FOR COMPENSATION/REPORT OF INITIAL TREATMENT**  
**FORM C-4**  
PLEASE TYPE OR PRINT

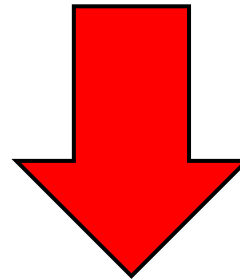
EMPLOYEE'S CLAIM – PROVIDE ALL INFORMATION REQUESTED					
First Name	M.I.	Last Name	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Claim Number (Insurer's Use Only)
Home Address		Age	Height	Weight	Social Security Number
City	State	Zip	Telephone		
Mailing Address		City	State	Zip	Primary Language Spoken
<b>INSURER</b>		<b>THIRD-PARTY ADMINISTRATOR</b>		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 relationship to your employment?					
Nature of Injury or Occupational Disease			Part(s) of Body Injured or		
I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE PROVIDED THE INDUSTRIAL INSURANCE AND OCCUPATIONAL DISEASES ACT'S INFO #96A TO #102, INCLUSIVE, OR CHAPTER 817 OF THE PRACTITIONER OR ANY OTHER PERSON, ANY HOSPITAL, INCLUDING VETERAN ADMINISTRATION OR GOVERNMENTAL, COMPANY, OR OTHER INSTITUTION OR ORGANIZATION TO RELEASE TO EACH OTHER, ANY MEDICAL OR OTHER INFO, INJURY OR DISEASE, EXCEPT INFORMATION RELATIVE TO DIAGNOSIS, TREATMENT AND/OR COUNSELING FOR AIDS, FOR WHICH I MUST GIVE SPECIFIC AUTHORIZATION. A PHOTOSTAT OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL. Employee's Signature					
Date	Place	Electronic Signature			
<b>THIS REPORT MUST BE COMPLETED AND MAILED WITHIN</b>					
Place	Name of Facility				
Date	Diagnosis and Description of Injury or Occupational Disease				
Hour	Sick Leave <input type="checkbox"/> Yes <input type="checkbox"/> No				
Treatment:	Have you had <input type="checkbox"/> Yes <input type="checkbox"/> No				
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?					
Date	Print Health Care Provider's Name				
Address					
City	State	Zip	Provider's Signature		
Health Care Provider's Original or Electronic Signature					

\* Complete and attach Release of Information (if ORIGINAL – TREATING HEALTHCARE PROVIDER)



# Coverage Verification Service

[dir.nv.gov/WCS/home/](http://dir.nv.gov/WCS/home/)



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[WCS Training](#)

[Public Records Policy](#)

[Public Records Request Form](#)

**COLA INFO  
PTD &  
SURVIVORS'  
BENEFITS CLAIMS**



**CLAIMS AND  
REGULATORY  
DATA SYSTEM**

**CARDS**  
Claims and Regulatory Data System

**WORKERS'  
COMPENSATION  
NEVADA LAW**



**COVERAGE  
VERIFICATION  
SERVICE**



**INJURED  
WORKERS**



**INSURERS'  
TREATING  
PROVIDER LISTS**



**MEDICAL PROVIDERS**

[Medical Providers Info Page](#)  
[WCS Treating Panel of](#)

**INJURED WORKERS**

[Injured Worker Info Page](#)  
[Northern Complaint Form](#)

**INSURERS / TPAs**

[Insurers Info Page](#)  
[COLA Info - PTD and Survivors](#)

**EMPLOYERS**

[Employers Info Page](#)  
[Professional Employer](#)

# CVS Notice and Disclaimer Page



Nevada Division Of Industrial Relations

## Accept the terms of use to begin your search

### 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.

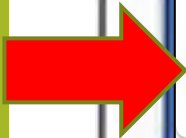
This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

[PRIVACY POLICY](#)

✓ ACCEPT



# CVS



# Date of Injury Employer Information

**Employer** FEIN Address

State: Nevada

Coverage Date: 03/03/2021

Employer Name \*

SEARCH CLEAR

**LESS IS MORE**

☒ Contains ☐ Starts With

**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. See "Self-Insured Search Tools" below.

**Self-Insured Search Tools**

[Search individual Self-Insured Employers using the Self-Insured Employer look-up tool](#)

[Nevada Division of Insurance Self-Insured Employer List](#)

[Search individual employers/members of a Self-Insured Association using the Association Member look-up tool](#)

[Nevada Division of Insurance Associations of Self-Insured Employers List](#)

**Other Useful Links**

[Nevada Division of Industrial Relations, Workers' Compensation Section](#)

[Nevada Business Search - Silverflume](#)

[Nevada State Contractors Board License Search](#)

**Self-insured Search Tools**

**Other helpful links**



# Policy Information

**Employer** FEIN Address

State \*  
Nevada

Employer Name \*  
West Sahara

Coverage Date \*  
03/03/2021

☒ Contains ☐ Starts With

**SEARCH** **CLEAR**

Filter by name or address

**AUTONATION BUICK GMC WEST SAHARA**  
6400 W SAHARA AVE, LAS VEGAS, NV, 89146-3033  
Policy Number: C67805811

**WEST SAHARA LLC**  
8175 W SAHARA AVE, LAS VEGAS, NV, 89117-1936  
Policy Number: QWC1132319

**FLETCHER JONES LAS VEGAS INC. FLETCHER JONES WEST SAHARA LTD LLC DBA FLETCHER JONES**  
7300 W SAHARA AVE, LAS VEGAS, NV, 89117-2756  
Policy Number: 90210010500201

**SAHARA WEST URGENT CARE & WELLNESS LLC**  
6125 W SAHARA AVE STE 1B, LAS VEGAS, NV, 89146-3037  
Policy Number: UB8L5812742042G

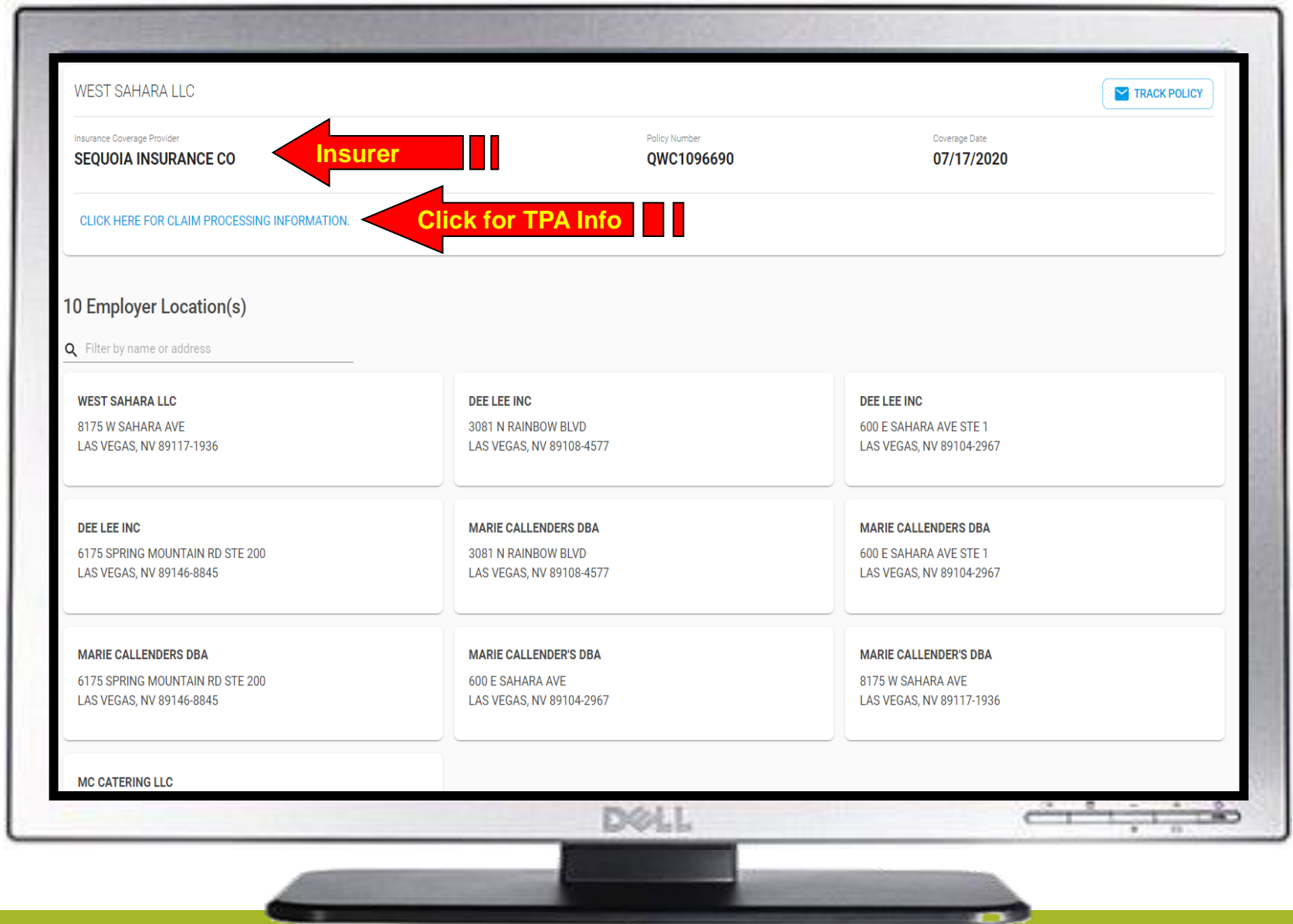
**4545 WEST SAHARA AVE LLC**  
4545 W SAHARA AVE, LAS VEGAS, NV, 89102-3761  
Policy Number: 53WECAA2H2Y

When entering addresses, use one letter directional indication (i.e. N,S,E,W)

Helpful Tips

Click on correct employer

# Policy/TPA Information



# TPA Information: CARDS

**CARDS**

Claims and Regulatory Data System

Nevada Workers' Compensation Section

## Claims Office / Third Party Administrators

Do Not Mail C-4 Forms to a PO Box Address

### SEQUOIA INSURANCE COMPANY

**Address:**

4730 S Fort Apache Road #250  
Las Vegas, Nevada 89147

**Phone Number:**

(702) 688-5020

**C-4 Claims Fax Number:**

(702) 405-8080

### AMTRUST NORTH AMERICA

**Address:**

4730 S Fort Apache Road #250  
Las Vegas, Nevada 89147

**Phone Number:**

(702) 688-5019

**C-4 Claims Fax Number:**

(702) 405-8080

### AMTRUST NORTH AMERICA

**Address:**

PO Box 89404  
Cleveland, Ohio 44101

**Phone Number:**

(702) 688-5020

**C-4 Claims Fax Number:**

(702) 405-8080

Always scroll down for additional TPA information.  
Must contact each TPA listed to identify correct TPA!

# Steps For Obtaining Insurance Information



DIR - WCS

**\*If unable to locate insurer/TPA on CVS: follow Step 3.  
If insurer/TPA found on CVS: skip to Step 4.**

**Step 3** Go to the Division of Insurance (DOI) website at <http://doi.nv.gov/>. Select "Quick Links" tab to locate "Self-insured Workers' Compensation." Select either "Self-Insured Employer List" or "Association List" link.





# Self-insured Employer Lookup: Nevada Division of Insurance

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

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](#)

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[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](#)

[COVID-19](#)

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[ADA](#)

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## COVID-19 Update: Offices Now Open

The Division of Insurance offices in Carson City and Las Vegas are now open to the public by appointment only. If you need to meet with Division's staff in person you must first make an appointment before visiting the office.

### Carson City –

To request an appointment to see a staff member in Carson City please call (775) 687-0700 and select option 4 when prompted.

### Las Vegas – Nevada State Business Center

To request an appointment to see a staff member in Las Vegas please call (702) 486-4009.

Please note visitors are currently no longer required to wear a mask when entering the Nevada State

OCTOBER 3, 2022 - Nevada Consumers Encouraged to View and Compare Health Insurance Plans and Rates for Plan Year 2023

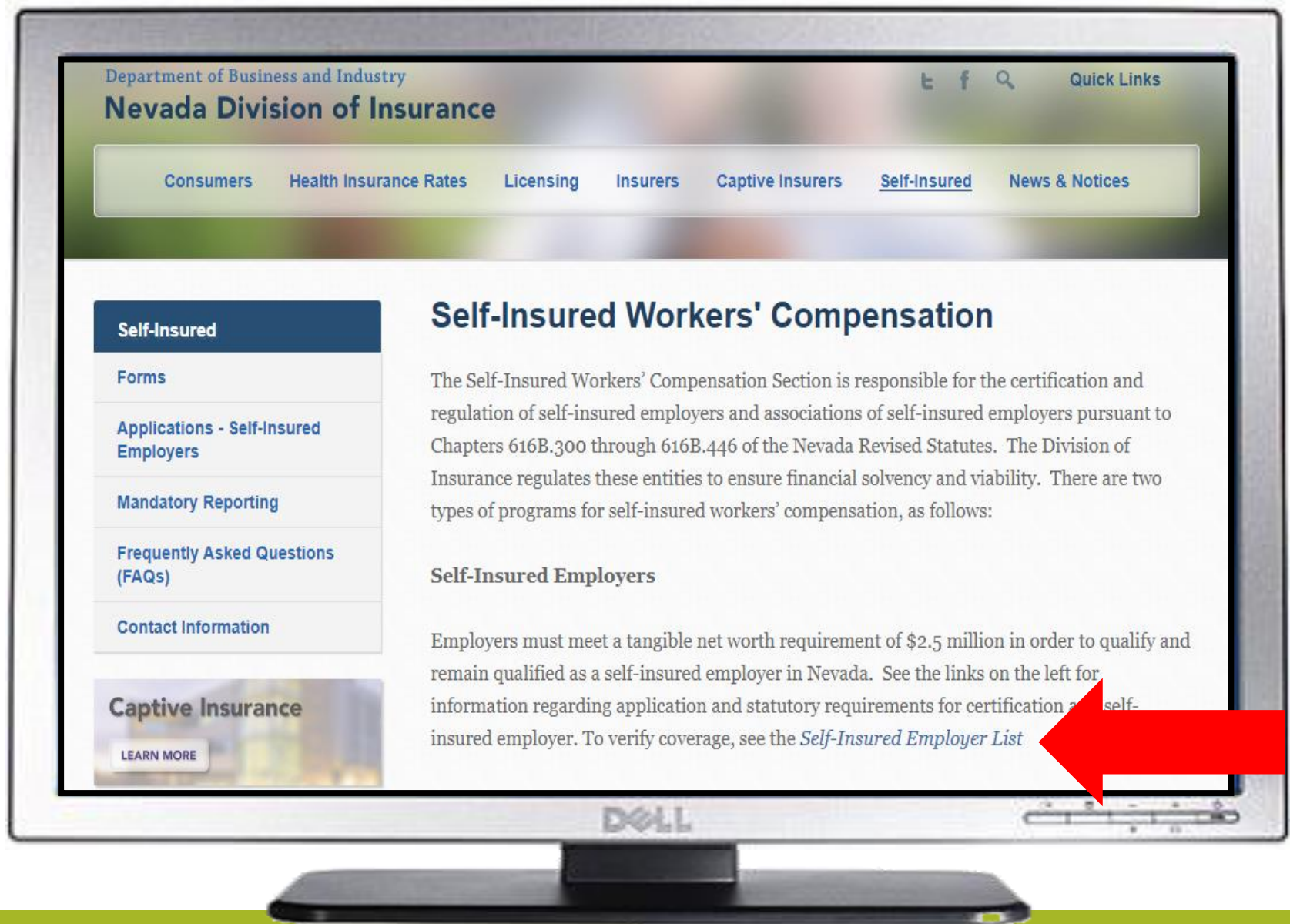
[READ MORE](#)

MARCH 3, 2022 - Special Open Enrollment Period for Nevada Salvasen Health and Triada Consumers

[READ MORE](#)

[v.gov/Self-Insured/](#)

# Self-insured Employer Lookup: Nevada Division of Insurance



# Self-insured Employer Lookup: Nevada Division of Insurance

Q MGM Grand Las Vegas

Department of Business and Industry

## Nevada Division of Insurance

### Self-Insured Employer List

**C of A**  
**142274**

**Employer**  
**AFFINITY INTERACTIVE**  
Elizabeth Guth  
VP - Insurance & Benefits  
3755 Breakthrough Way, Suite 300  
Las Vegas NV 89135  
702-341-2419

Doing Business As      Affinity Gaming

Effective Date: 01-JUL-21

Association	Name	DBA	Date
Subsidiary	Flamingo Paradise Gaming, LLC	Silver Sevens Hotel and Casino	31-JAN-17
Subsidiary	Plantation Investments, LLC	Rail City Casino	31-JAN-17
Subsidiary	Primadonna Company, LLC (The)	Whiskey Pete's Hotel and Casino	31-JAN-17
Subsidiary	Primadonna Company, LLC (The)	Primm Valley Resort and Casino	31-JAN-17
Subsidiary	Primadonna Company, LLC (The)	Buffalo Bill's Resort and Casino	31-JAN-17
Third Party Administrator	Sierra Nevada Administrators		31-JAN-17

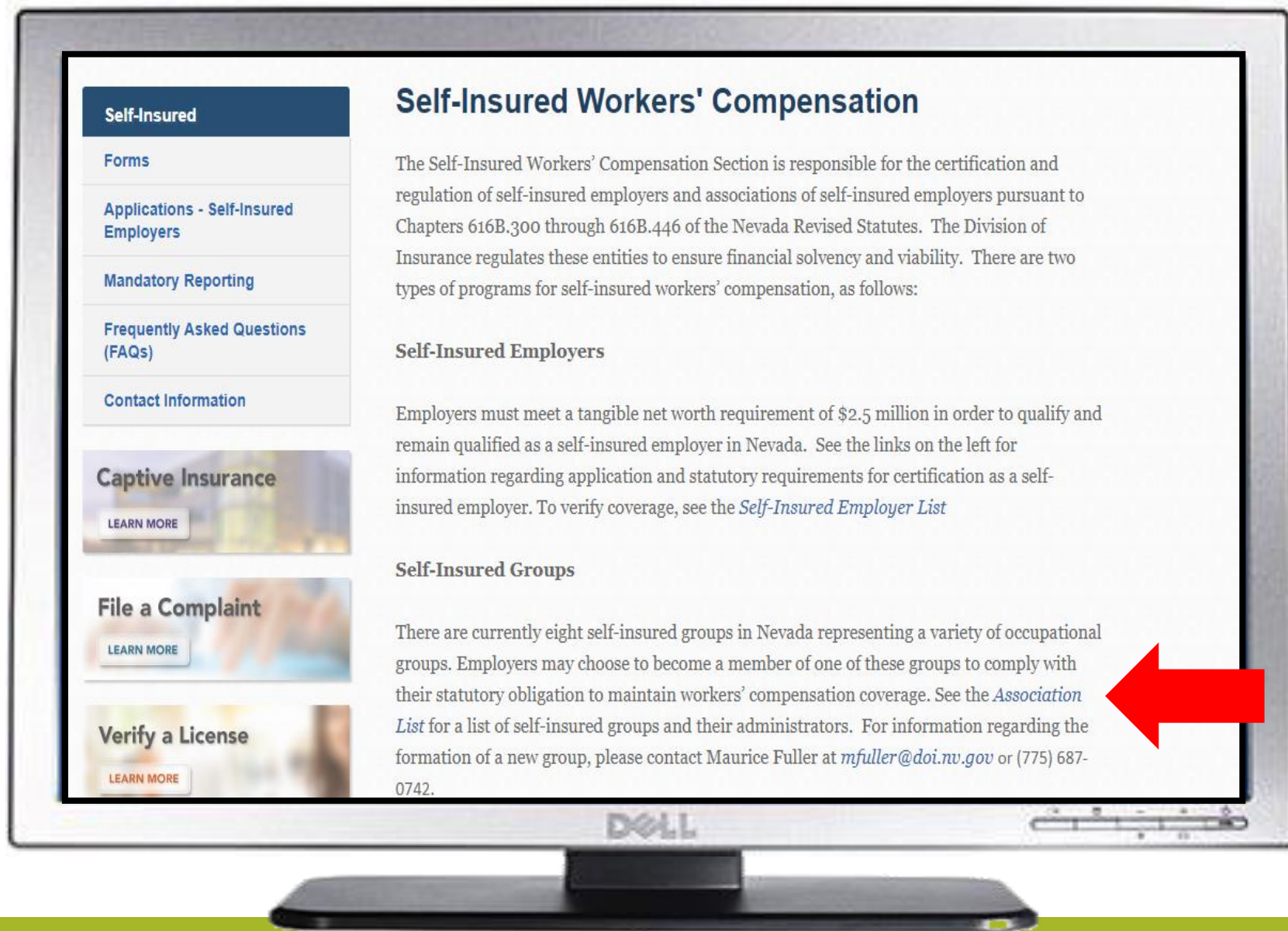
**C of A**  
**122997**

**Employer**  
**ARCBEST CORPORATION (FKA ARKANSAS BEST CORPORATION)**  
Lynette Woodie  
Manager, Loss Prevention & Administration  
P.O. Box 10048  
Fort Smith AR 72917-0048

Use Ctrl F  
to find  
employer

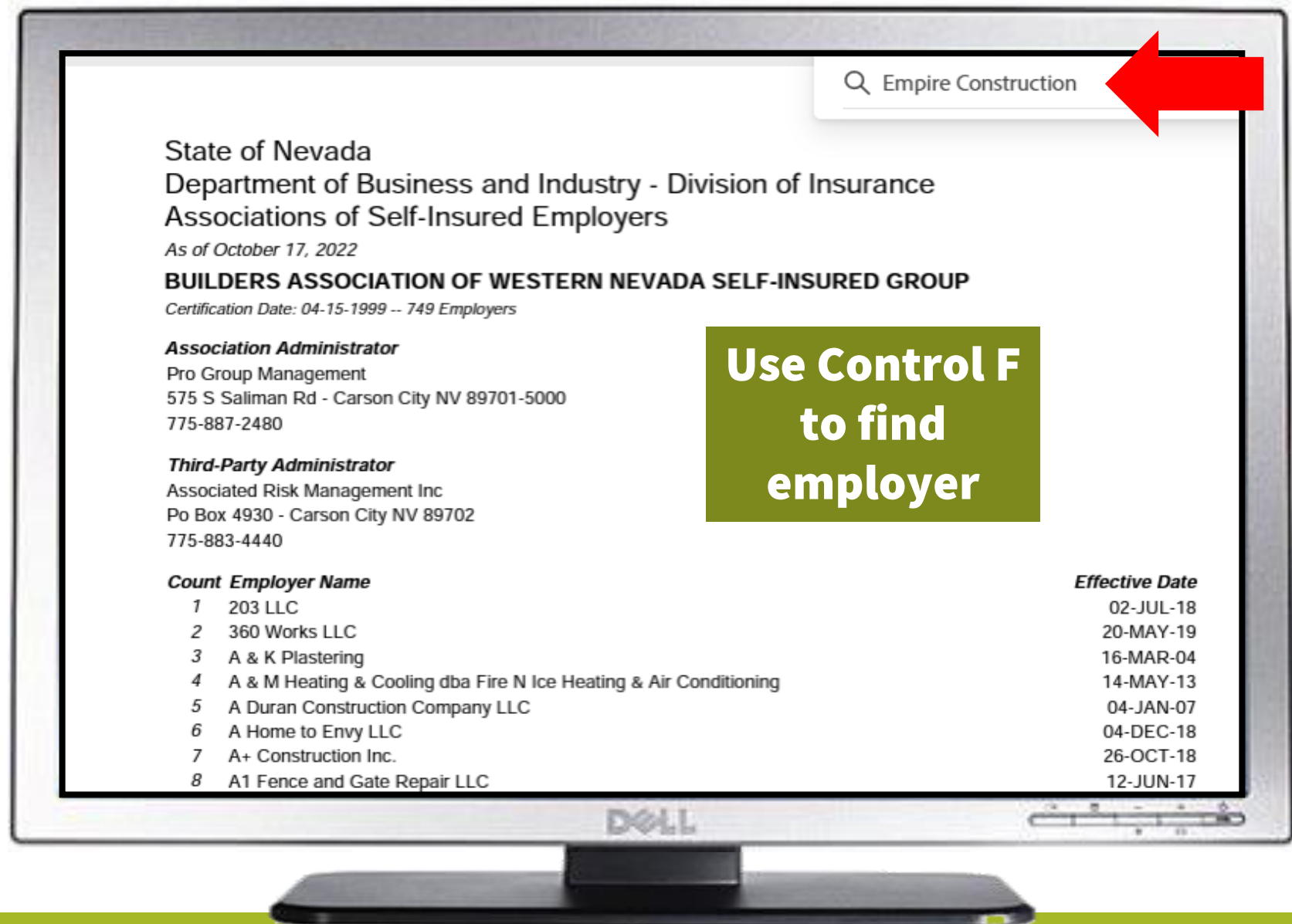


# Self-insured Association Member Lookup: Nevada Division of Insurance





# Self-insured Association Member Lookup: Nevada Division of Insurance



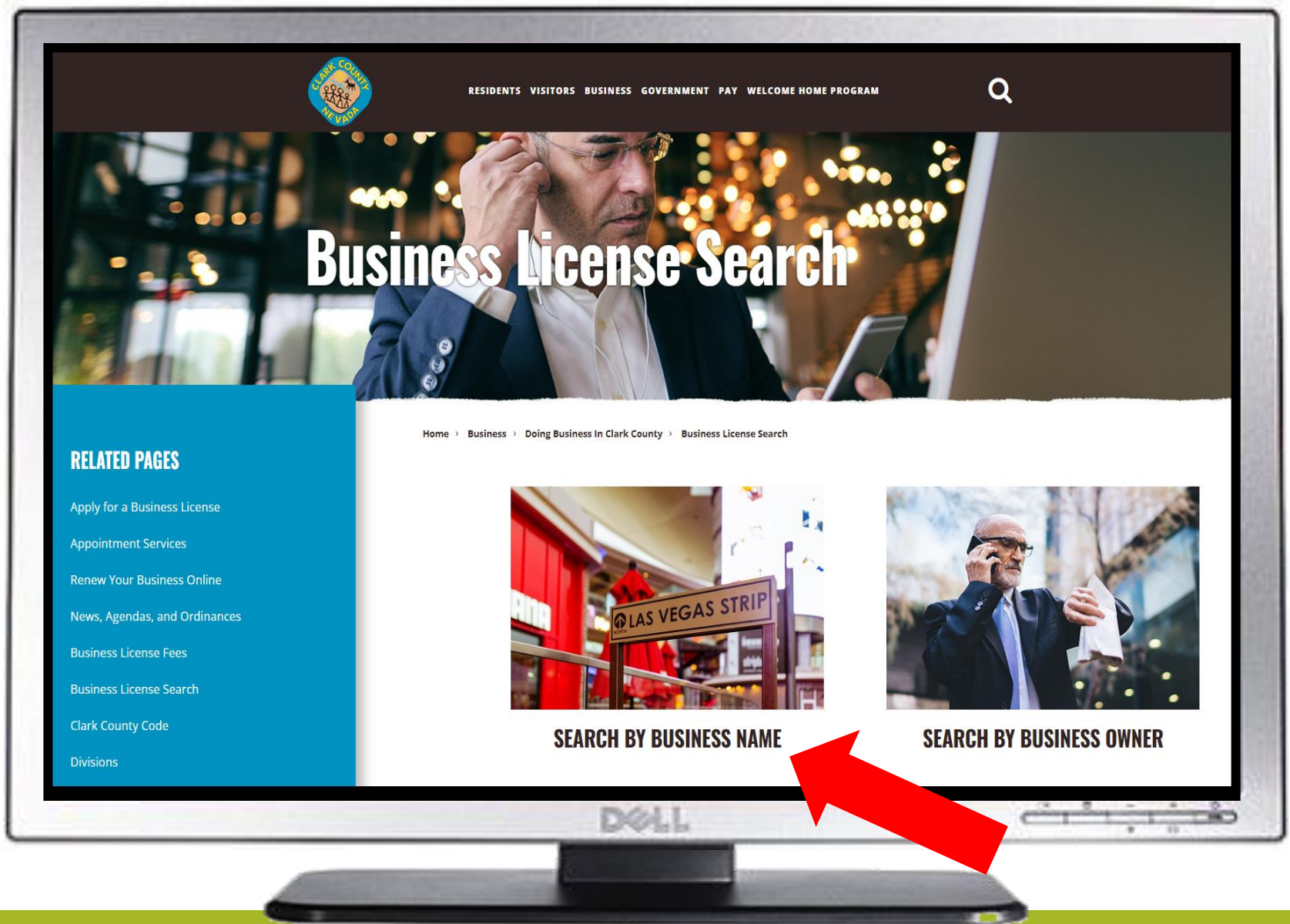
# But what if I can't find it in CVS?

A woman with reddish-brown hair, wearing a dark blue blazer over a blue top and black pants, stands with her arms outstretched in a shrug. A speech bubble points to her from the left.

**What if I'm  
stuck?**

You will find  
other online  
resources in the  
next few slides

# Business Name Lookup: Clark County Business License Search



# Business Name Lookup: City of Las Vegas Business License Search

**LASVEGASNEVADA.GOV** Residents Visitors Business Government Pay News Contact

**Check Status of Business License**

**Search License Data**

The information presented on this website is prepared as an informational service only and should not be relied upon as an official record of action on a business license. For official records and action taken upon applications, please contact the city of Las Vegas Business License Division at (702) 229-6281.

[Search Tips and Examples](#) [Business Category Codes](#)

☐ Basic Search  
☒ **Advanced Search**  
☐ Download Business License Data

**You may select any combination from this section**

☒ **Business Name**  
\* Partial match - see search tips:

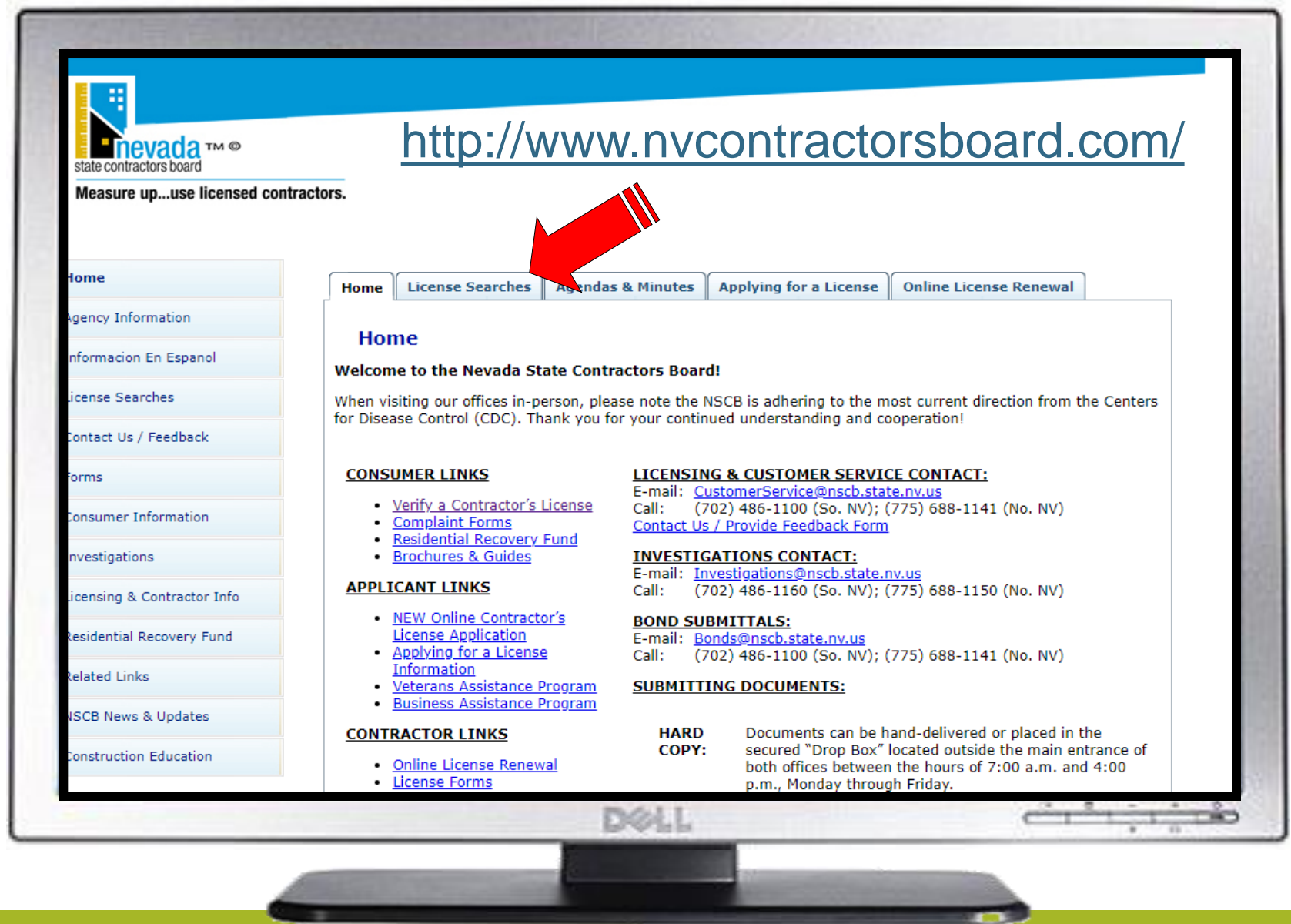
☐ Address  
☐ License/Permit Category

**Plus you may include any combination from this section**

☐ Search licenses/permits by date  
☐ License/Permit Status



# Business Name Lookup: NV Contractors Board



# Business Entity Search: Silverflume



# Employer phone number Search: 411.com



# Steps For Obtaining Insurance Information



DIR - WCS

**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 (DOI), contact employer. Document employer response

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





# Federal Government Claims



DIR - WCS

**Federal** government workers' comp claims:

## **U.S. Department of Labor (DOL)**

Office of Workers' Compensation Programs (OWCP)

P O Box 8311

London, KY 40742-8300

(415) 241-3300



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



# Medical Unit Contacts



DIR - WCS



## Las Vegas Office Only

\*Proof of Coverage (POC)  
Call (702) 486-9080

**ONLY if directed** by WCS staff,  
email C-4 Forms to  
[medunit@dir.nv.gov](mailto:medunit@dir.nv.gov)

Thank you for visiting  
our website.  
Please check out our  
website for upcoming  
**Workers'**  
Compensation-  
related videos.

Welcome to Workers' Compensation



Department of Business and Industry

**Nevada Division of Insurance**

Barbara D. Richardson

**Guidance for Workers' Compensation Insurers  
Regarding COVID-19 Emergency**

Division of Insurance Guidance to WC Insurers

**What's Hot!**

**\*\*NOTICE\*\*** Emergency  
Regulation Approved  
Regarding Lump Sum  
Payments of Permanent Partial  
Disability Awards - effective  
12/5/2022 [▲](#)

**\*\*NEW\*\*** FY20 & FY21 Claims  
Activity Reports [▲](#)

FY23 Maximum Compensation  
Guidelines - Effective  
7/1/2022 [▲](#)

2022 Mileage Reimbursement  
Rate Change - Effective  
7/1/2022 [▲](#)

Actuarial Annuity Table  
Adopted - Effective 7/1/2022 [▲](#)

Hearings / Workshops /  
Meetings

Current Newsletter [▲](#)

Important Changes

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FAQs

Forms and Worksheets

WCS Contacts

Questions? - Please Use  
WCSHelp

WCS Training

Public Records Policy [▲](#)

Public Records Request Form [▲](#)



**MEDICAL PROVIDERS**

[Medical Providers Info Page](#)  
[WCS Treating Panel of  
Physicians and Chiropractors](#)  
[WCS Rating Panel Physicians  
and Chiropractors](#)  
[2022 Medical Fee Schedule](#)  
[Revised - eff 3/1/22](#)  
[2022 Medical Fee Schedule -  
eff 2/1 - 2/28/22](#)  
[D-35 Instructions](#)  
[D-35 Forms](#)  
[Insurers' Treating Provider  
Lists](#)

**INJURED WORKERS**

[Injured Worker Info Page](#)  
[Northern Complaint Form](#)  
[Southern Complaint Form](#)  
[Appeal Rights](#)  
[Claim Reopening](#)  
[Nevada Attorney for Injured  
Workers](#)

**INSURERS / TPAs**

[Insurers Info Page](#)  
[COLA Info - PTD and Survivors  
Benefits \(Death\) Claims](#)  
[Time Frames](#)  
[Standard Audit Requirements](#)  
[Subsequent Injury Accounts](#)  
[CARDS Brochure](#)  
[Claims Indexing \(D-38\)](#)  
[Brochure](#)

**EMPLOYERS**

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[Posting Requirements](#)  
[SilverFlume](#)  
[Uninsured Employers](#)  
[RB/Jan2023](#)