

Workers' compensation insurance identification card

An employee with a work-related injury or illness should present an SFM workers' compensation insurance identification card to the healthcare provider when seeking treatment. Fill out the employee's name, date of injury, employer's name and employer representative and phone number on a card and give it to the employee at the time of injury. Make sure the date of injury on the card is the same as on the First Report of Injury.

The card identifies SFM as the insurer for the work injury. It also instructs the healthcare provider where to direct treatment authorization and medical bills.

Download or order more cards through SFM's online "Resource catalog" at www.sfmic.com, or call (800) 937-1181.



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____



Present to healthcare provider
For work injuries or illnesses only

Workers' compensation insurance identification card

Employee _____

Date of birth _____ Date of injury _____

Employer _____

Policyholder number _____ Employer contact _____

Phone _____

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com

Payment will be provided according to the state's workers' compensation treatment parameters and payment rules for accepted workers' compensation claims. Call SFM for authorization on all surgeries, medical imaging, durable medical equipment and any treatment that departs from the state's treatment guidelines.

Send medical bills and records:

Electronically through Jopari Solutions using payer ID J1553
(Visit jopari.com or call (866) 269-0554 to sign up or learn more)

By mail to SFM Companies, P.O. Box 9416, Minneapolis, MN 55440
(952) 838-4200 or (800) 937-1181 ■ sfmic.com