

EMC OnCall Nurse: Enrollment Details

PLEASE NOTE: Enrollment in the EMC OnCall Nurse Program is required prior to using the triage service. To start the enrollment process, please email the completed form to Claims.OnCallNurse@emcins.com or click Submit Form at the bottom of the page after completing the details. Enrollment will be confirmed by an EMC Workers' Compensation Programs team member.

Workers' Compensation Contact Information

This individual will receive the EMC OnCall Nurse/Medcor incident report and first report of injury:

W/C Contact Name: _____

Email: _____

Phone: _____

Company Information

Company Name: _____

DBA (if applicable): _____

Mailing Address: _____

List all physical company addresses and location names:

Estimated number of employees (covered on W/C policy): _____

Do you have an off-site/mobile workforce? Yes No

Work Injury/Clinic Information

Preferred medical clinics for work injuries:

We would like assistance in finding preferred clinics in the area

We would like to use the directory (Note: when electing to use the directory, the nurse will find a clinic nearby the injured worker at the time of the call)

We would like to use our preferred clinics (please list clinic info below, exclude hospitals)

Program Implementation Date

If not ASAP, please provide date: _____

CLEAR FORM

SUBMIT FORM*

*The "SUBMIT FORM" function is only compatible with Chrome, Firefox, Safari and Edge.
Completed enrollment forms can also be saved and returned via email to: claims.oncallnurse@emcins.com

Thanks for your interest in the EMC OnCall Nurse Program!