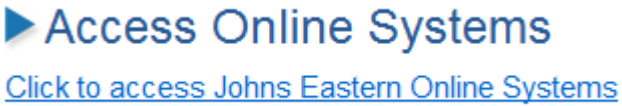

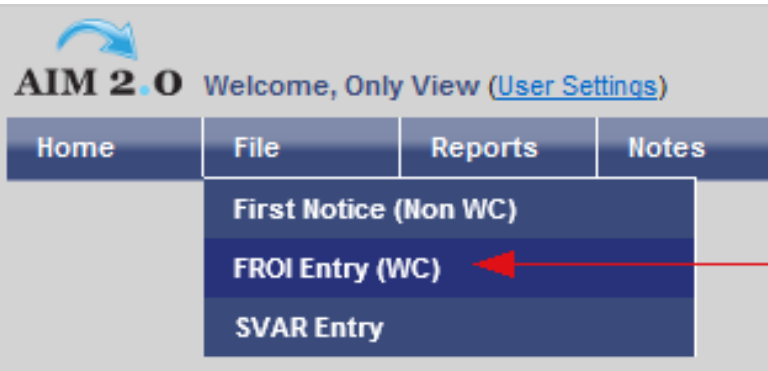


## Johns Eastern FROI (WC)

Johns Eastern Co., Inc. offers online access to clients and employees for adding First Report of Injury for WC claims. This can be done by going to [www.johnseastern.com](http://www.johnseastern.com) The instructions below will explain the process in its entirety.

<p>1. Go to <a href="http://www.johnseastern.com">www.johnseastern.com</a></p>	
<p>2. Click on link "Click to access Johns Eastern Online Systems"</p>	
<p>3. Login with supplied username and password. At first login you will be required to reset your password. If you have not logged into the new system your password for first login will be Jeco1234 (Note the J is capital)</p>	
<p>4. Click on the File Menu and select FROI Entry (WC)</p>	

The following items explain the functionality on the FROI main screen:

1. Current FROI's –by clicking this link at any time you will be taken back to the main screen
2. Exit- by clicking this link you will be take out of the FROI application and return to the main AIM2.0 screen.
3. Help Document- Clicking on this link will give you access to the online help document
4. When entering a claim if you have access to more than one company use this area to select the company you would like to enter the claim for.
5. Click this button to start a new FROI
6. Use this filter to search for FROI entries that fall between two dates
7. Use this filter to search for any key words in a FROI
8. This area shows all FROI's entered in the last two weeks that the current user has permissions to.
9. Click this link to view the accident decription
10. Use this link to delete a FROI that is in incomplete status
11. Use this link to continue a FROI that is in incomplete status
12. This area will show the status of each FROI
13. This area shows two options for technical assistance when entering a FROI

**JOHNS EASTERN COMPANY, INC.**  
First Report of Injury information Entry

1. [\[Current FROIs\]](#) 2. [\[Exit\]](#)  
3. [\[Help Document\]](#)

JOHNS EASTERN ViewOnly

5. [Enter New First Report of Injury](#)

Filter

4. Choose Company: Select- 6. Loss Date From: [ ] 6. Loss Date To: [ ]  
Help on using Search filter

7. Quick Search: [ ] search reset

Check the below list to see whether a particular Notice has been entered.

8. [Refresh Below List](#)  Show Descriptions

Status	Last Name	First Name	SSN	Loss Date	Tracking #	Entered	Author	9	10	11
12	Test	Test	###-##-09900101/2014	000290000000008	05/29/2014	ViewOnly	data	delete	continue	

12. Status  
 \*S\* - Submitted to Johns Eastern, due to be processed into the claims system.  
 \*P\* - Processed and is now a claim, viewable in Johns Eastern's IAM system.  
 \*I\* - In process, Not yet accepted, Required fields not completed. Click 'Continue Link' to complete the NOI.

13. [1-800-748-3044](#) or [\[contact us\]](#)

If you are experiencing any technical difficulty related to this application please call 1-800-748-3044 or [\[contact us\]](#)

To enter a new FROI:  
1. Select company from the drop down  
2. Click on "Enter New First Report of Injury" (2)

DEMO

Enter New First Report of Injury

Filter

Choose Company  
DEMO

Loss Date From

Loss Date

1. Enter a SSN or Employee ID  
2. Click Search, the system will then check to see if a match is found.

Employee Information

Please click search to begin NOI entry

Social Security Number  
867530999

search

If a match is found you will see this screen. If the information is correct click continue. If the information is not correct click cancel and re-enter the SSN or Employee ID.

Claimant Found

Johns Eastern has found an employee matching the given social security number.

Please verify the following

Press 'continue' to confirm that the employee is in fact the subject for this Notice of Injury. Press 'cancel' if the listed person is not the desired subject. If the listed person is not the expected employee re-validate the social security number and try your request again.

Results

Name  
Test Test

Address

Gender  
Unknown

Job Code

Company  
DEMO


Division

Department

cancel continue

If no match found you will see this screen. If you are sure you entered the correct SSN or Employee ID click continue. If you would like to re-enter the SSN or Employee ID click cancel.

**Not on file with Johns Eastern** ✕

 Johns Eastern does not have pre-loaded information for this employee based on a previous claim.

**That's OK!**

Please double check the identification number and select 'search' again to revalidate.


If you are confident that you have entered the social security number correctly press 'continue' and proceed with entering the claimant information.

**You can update any inaccurate information on the next screen**

After clicking continue of either screen you will need to verify/enter Author's Name and E-mail, Date of Accident, Time of accident and Claimant First, Last name.

Please note any field with a Red \* is required.

**Verify Claimant Details/Enter Author Name, Email** ✕

 The system would like to save the record at this point.


Please provide the Date and Time of the incident (*Loss Date*), as well as confirm the injured employee's first and last name. After verifying select the 'continue' button. The application will then permanently assign an NOI tracking number.

\* Choose Company

\* Claimant's SSN

\* Author's Name

\* Author's Email Address

\* Date of Accident   \* Time of Accident(hh:mm)  
  AM  PM

\* Claimant's First Name  \* Claimant's Last Name

The next screen will display a Tracking Number. Please record this number as it can be used for troubleshooting purposes. Click ok after it is recorded.

**Record Incomplete! - NOI Tracking Number : 00029000000010** ✕

Your tracking number is **00029000000010**.

Should you need to step away from your computer, Click the "Save and Continue Later" button below. You may return and continue where you left off.

This NOI will be left in an incomplete status, 'I', and not processed until you have completed all relevant steps related to this notice of injury.

You will see this NOI in the list of claims and marked as 'I' at the front of this application.

Once complete the record will be marked 'S' as submitted or 'P' for processed.

At anytime during the entry of the FROI you can click the Save WIP button to save your work. When this is done and you return to the home screen you will see the FROI listed in an incomplete status. Click on the continue link to finish the FROI.

Please note: At the bottom of the page is our support # 1-800-749-3044 and a contact us link which will submit a ticket to our helpdesk.

If you are experiencing any technical difficulty related to this application please call 1-800-749-3044 or [\[contact us\]](#)

Reset

Save WIP

Finish!

You are now taken to the FROI form to complete all data entry. Scroll to **Step 2:** "Employee Data" and complete or verify data in all required fields.

Please note: Employee's Description of Accident has a 500 character limit (1) and that a count of characters will be listed as you type (2).

Step 2: Enter the injured employee's name and the date and time when the injury occurred.

Employee Detail

\* First Name Middle Initial \* Last Name Suffix  
Test Test Test

\* Date of Accident \* Time of Accident(hh:mm)  
01/01/2014 09:00  AM  PM

\* Employee's Description of Accident 1 500 char limit  
2 16 Characters

This is a test.

\* Employer Agrees with description of accident  
 Yes  No

**Step 3:** Enter or verify additional employee information.

Step 3: Continue by providing the mailing address for the injured employee.

Employee Information

\* Address  
Address Continued  
\* City \* State \* ZIP Code Country  
United States of Ame


\* Birth Date

Gender  
 Male  Female  Unknown

**Step 4:** Enter phone contact information. Please check Availability box next to numbers where employee can be contacted between 9am-5pm.

Employee Contact Information

Enter the injured employee's contact information:

 Place check mark(s) to indicate the number(s) we would most likely be able to contact the injured employee between 9 am and 5pm Eastern Time.

\* Home Phone      Extension  
     

Availability  
 9am - 5pm

Work Phone      Extension  
     

Availability  
 9am - 5pm

Other Phone      Extension  
     

Availability  
 9am - 5pm

**Step 4:** Enter email addresses and any notes related to the above contact info.

Email      Contact Type  
     

Email      Contact Type  
     

Enter any special instructions or comments about contacting the injured employee.

Notes 300 char limit

**Step 5:** Select or verify the Employee job detail from the drop down menus.

Step 5: Continue by providing employment information of the injured employee.

Employee Job Detail

Company  
DEMO

\* Division

\* Department

\* Tier Level 4

\* Tier Level 5

<p><b>Step 5:</b> Select or verify the NCCI code and enter the Job Title</p>	<p>Enter the employee's Classification (NCCI Occupation Code)</p> <p><b>* NCCI</b></p> <p>-select-</p> <hr/> <p>Enter the injured employee's Job Title</p>
<p><b>Step 5:</b> Select correct Employment Status</p>	<p><b>Employment Status</b></p> <p>In the event that two Employment Status Codes apply to an employee, the topmost code in the following list should be selected, i.e., if employee is a part time seasonal worker, select "Seasonal Worker".</p> <p><b>* Employment Status</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Piece Worker</li> <li><input type="radio"/> Volunteer</li> <li><input type="radio"/> Seasonal Worker</li> <li><input type="radio"/> Apprenticeship Full-Time</li> <li><input type="radio"/> Apprenticeship Part-Time</li> <li><input type="radio"/> Regular/Full-Time Employee</li> <li><input type="radio"/> Part-Time Employee</li> <li><input type="radio"/> Other</li> </ul>
<p><b>Step 5:</b> Enter or verify employee ID and enter Supervisor information if available.</p>	<p>Enter the assigned Employee ID Number (if one is used by your organization)</p> <p><b>Employee ID</b></p> <p>Enter the name of the injured employee's supervisor and phone number</p> <p><b>Supervisor</b>      <b>Supervisor Phone</b>      <b>Extension</b></p>

**Step 6:** Enter or verify Employee Salary Detail if available.

Please Note: Number of Regularly Scheduled Days Per Week and Date Employed are required.

Step 6: Continue by providing salary information of injured employee.

Employee Salary Detail

Enter the injured employee's rate of pay

Rate of Pay(Pre-injury wage)

0.00

Per

Hour

Week

Day

Month

Number of Hours Per Day

0

Number of Hours Per Week

0

\* Number of Regularly Scheduled Days Per Week

0

Enter the date the injured employee was employed

\* Date Employed



**Step 7:** Enter Accident Details

Please Note: Check box (1) if selected FROI will be entered as a report only and an adjuster will not be assigned to the claim.

Step 7: Continue by providing descriptive information of the injury.

Accident Detail



Employee did not seek medical attention and continues to work.(report only) Used for record keeping purposes

Enter the date that the employee last worked prior to initially missing time because of this injury. (Leave blank if the employee never missed any full days.)

Date Last Worked



Enter the date that the employee initially returned to work following the injury. (Leave blank if the employee has not yet returned.)

Return to Work Date



\* Date Incident was First Reported to Employer





**Step 7:** Enter the proper Body, Nature and Cause for the injury.

1. Select the loss type. If more than one body part is injured select multiple body parts.
2. Select the Body, Nature and Cause from the drop down menus. (Typing in the drop down will limit the list)
3. Click Delete to remove a body part.
4. Click change to change a body, nature or cause code.
5. Click done to finish entry.
6. Click reset to start entry from scratch.

Body, Nature and Cause

Please select the loss type from the choices below

1 \*Loss Type

- No Physical Injury
- Single Specific Body Part
- Multiple Body Parts
- Entire Body System

2 Body

Lower Extremities - Lower Leg [delete](#) [change](#)

2 Nature

Contusion (Bruise) [change](#)

2 Cause

Fall, Slip or Trip Injury - Fall, Slip or Trip, NOC [change](#)

Click Reset button to remove all Body, Nature and Cause info and start over. Click on 'delete next to a body part to remove that single body part or click change next to Body, Nature or Cause to change that specific item.

To add another Body Cause Nature Selection click 'Add BCN'

5 Done 6 Reset

**Step 7:** When selecting multiple body parts after you enter the first body part you will be give a button "Add BCN" click this button to add additional body parts, nature codes, and causes to the entry. Once all body parts have been added click done.

Multiple Body Parts

Entire Body System

Body

Abdomen Upper Side [delete](#) [change](#)

Nature

3rd Degree Burn [change](#)

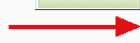
Cause

Burn or Scald - Heat or Cold Exposure -- Chemicals [change](#)

Click Reset button to remove all Body, Nature and Cause info and start over. Click on 'delete next to a body part to remove that single body part or click change next to Body, Nature or Cause to change that specific item.

To add another Body Cause Nature Selection click 'Add BCN'

Done Reset Add BCN



**Step 7A:** Enter additional accident details.

Step 7A: Continue by providing information regarding other details of the accident.

Accident Details Continued

Date of Death (if applicable)

\* Time Employee Began Work (hh:mm)

  AM  PM

What was the employee doing just before the incident occurred?

120 char limit

What object or substance directly harmed the employee?

120 char limit

\* Employer Paid for Date of Injury.

Yes  No

Will Employer continue to pay wages in lieu of Workers' Compensation Benefits?

Yes  No  Unknown

Last day wages will be paid instead of Workers' Comp

**Step 8:** Enter place of accident details or select from drop down.

Step 8: Continue by providing information regarding the injury that occurred.

Place of Accident

Accident occurred at employee's regular work location?

The address of the accident site is not post office identifiable?

Accident Premises Code

- Employer - Accident occurred on employer's premises  
 Lessee - Accident occurred on lessee's premises  
 Other - Accident occurred on other then employer or lessee premises

Place of Accident

Name of Place

Address

City

State

Zip Code

Country

County

**Step 8A:** Enter treating physician's details or select physician/provider from drop down. Complete other details about the visit.

Step 8A: Continue by providing information regarding the physician or hospital.

Physician Details

Select or enter the provider and address information:

Provider

-select-

\* Name

Address

City

State

Zip Code

Phone Number

Name of Physician or Health Care Professional

*(This is the primary person who treated the injured employee.)*

Employee was treated in Emergency Room

Employee was hospitalized Overnight as an In Patient

\* Was this a Medical Attention Provider authorized by employer?

Yes  No

**Step 8B:** Enter any witnesses. Click add (1) to save witness information.

Step 8B: Continue by providing witness names and contact details.

Witnesses

Enter any available witnesses. (Up to 5)

Witness Name

Witness Phone Number

1 [Click Here](#) to add a new witness of the incident/accident.

Step 9: Enter any comments and complete Author's information. Then click on Finish!(1)

Step 9 (Finished): Please enter employer comments and your name and phone number.

Employee Job Detail

Comments entered below will be part of the permanent claim record.

Employer's Comments

400 char limit

\* Author's Name

Only View

\* Author's Email Address

jr Ricci@johnseastern.com

\* Author's Position

\* Phone Number

Extension

If you are experiencing any technical difficulty related to this application please call 1-800-749-3044 or [\[contact us\]](#)

Reset

Save WIP

Finish! 1

**Printing:** Once you click Finish! You will get a popup showing that the FROI was submitted. Click on the Print button to print out forms or click on Reset to enter a new FROI.

NOI Saved!



The NOI has been successfully submitted for **Test Test**.

Note, your NOI Tracking number is still **174735**. Press the 'Print' button to print out all relevant forms or press 'Reset' to enter a new Notice of Injury.

Reset

Print

**Printing:** When the Employee Forms page loads click on the Print Forms button to open and print forms in Adobe.

Employee Forms: Click the "Print Forms" button and wait for .PDF containing all 3 forms to generate. (This may take a moment)

Employee Forms

Tracking Number: 174735  
Remember: The initial tracking number is a temporary internal number assigned to this transaction. It is not the employee's official workers' compensation claim number. The claim number will be assigned within 48 hours.

DWC-1 (Notice of Injury)

A thumbnail of the DWC-1 (Notice of Injury) form, which is a detailed document with multiple sections for reporting an injury, including fields for employee information, injury details, and medical treatment.

Medical Authorization

A thumbnail of the Medical Authorization form, which is a document used to authorize medical treatment for an injured worker, featuring sections for medical history and treatment plans.

First Fill Prescription Card

A thumbnail of the First Fill Prescription Card, which is a card used to authorize the first fill of a prescription for an injured worker, containing fields for patient information and medication details.

 [Print Forms](#)