



Workers' Compensation

Name: _____

Employer: _____ **Date:** _____

If you get hurt on the job:

1. Tell your employer immediately and call NJSIG at 609-543-3377.
2. In case of an emergency, go to the nearest hospital and tell your employer and NJSIG within 24 hours.
3. NJSIG will direct your treatment. Do not go to your own medical provider.
4. Present this card to your medical provider at the time of treatment.

Provider Network and Billing Instructions

**Pre-certification is required
prior to treatment**

Call: 1-800-425-3222 for Approval

Submit All Bills to:
QualCare, Inc.
PO Box 309
Piscataway, NJ 08855-0309