AF Group

PO Box 40790
Lansing, MI 48901-7990
AFGroup.com

October 2, 2026

Provider Name
123 South Main Street
City, State, 48823

Email:
Fax: xxx-xxx-xxxx

RE:
DOB:
Injury/Body Part:
Date of Injury:
Employer:
Claim Number:

Dear Treating Provider,

We have an open and billable claim for the injured worker referenced on the enclosed form. **Please forward a copy of your medical chart and bills for the treatment of the work-related condition for consideration – and accept this as an ongoing request for a faxed work status and medical records following each visit.**

Note: The employer will do everything possible to return their injured worker to modified duty.

Should medical services be required, please expedite the process by initiating a referral to the ancillary providers listed on the enclosed form. Once the referral is made, the ancillary provider will contact the undersigned for prompt authorization, where allowed by law. Use of these providers may be voluntary in some states.

Feel free to contact the undersigned with any questions.

Sincerely,

[Full contact information with personal fax # for CR]

Enclosure: Billing and Ancillary Provider Referral Information

All policies are underwritten by a licensed insurer subsidiary. For more information, visit afgroup.com. © AF Group.

Name of person addressed

October 26, 2026

Billing and Ancillary Provider Referral Information

RE:
DOB:
Injury/Body Part:

Date of Injury:
Employer:
Claim Number:

Medical Services

		Phone	Fax	Email
Physical Therapy	MedRisk (All states except CA & TX)	800-225-9675	877-455-4440	medriskreferrals@medrisknet.com
	One Call/Align (TX, CA only)	877-885-6785	904-394-8369	AFGroup@onecallM.com
Diagnostics MRI, CT, EMG	MTI America (All States)	877-512-5742	954-343-1779	AFGroup@MTIamerica.com
	One Call Care Mgt. (All States)	877-225-6785	904-394-8369	AFGroup@onecallcm.com
	Care Works/Orchid Medical (All States)	866-888-6724	866-246-8587	referrals@careworks.com
Durable Medical Equipment Medical Supplies and Home Health	VGM HOMELINK (All States)	877-711-3171	844-851-6419	AFGroupHomelink@vgm.com
	MTI America (All States)	877-512-5742	954-343-1779	www.EZMTI.com
	Care Works/Orchid Medical (All States)	866-888-6724	866-246-8587	referrals.ac@sedgwick.com
	Northwood (GA, IA, IL, IN, KS, MI, MN, MO, MS, NC, TN, TX only)	877-684-9275	866-895-7207 x2550	referral@northwoodinc.com
	Optum (All States)	844-880-0565	800-744-4111	owcaorders@optum.com
	One Call (All States)	800-848-1989 x51999	904-483-5366	amputee@onecallcm.com

Pharmacy

Pharmacy	Alius Health			AF Group injured worker claims support: 800-945-5951
PCN	ALIUS	**Bin No.**	610729	Alius Health pharmacy support: 740-661-4463
Group Number	ALHFF214750159	**Member ID format:** Alius + last 4 of SSN + date of injury (i.e.: Alius123401012026)		
Compound creams require a letter of medical necessity and pre-authorization, except where precluded by law.				

Billing

AF Group Billing	**AF Group** PO Box 40790, Lansing, MI 48901		*Direct billing questions to Provider Relations: 866-206-5851.*		
Medical Bill Electronic Clearinghouse	**WorkComp EDI** 4250 Veterans Memorial Hwy, Ste. 301E, Holbrook, NY 11741				
WorkComp EDI Customer Service	**Marisa Nappi Phone:** 800-297-6909 x1303 // **Fax:** 631-648-6023 // **Email:** info@workcompedi.com				
WorkComp EDI Payor ID	Accident Fund: **10166**	United Heartland: **WB471**	Third Coast Underwriters: **LS636**	CompWest: **WX214**	ARS/DAC: **LS721**