

## New Claim Reporting and General Information

Employees should be directed to report all work related injuries the day of the injury to their supervisors. We encourage all Employers to report new claims if not the same day, or soon as possible.

Claims should be reported to your DETSIF Team AND your TRISTAR TEAM via fax or email.

### Team Members:

[claims@detsif.com](mailto:claims@detsif.com)

Claims Examiner III: [teri.marshall@tristargroup.net](mailto:teri.marshall@tristargroup.net)

Claims Examiner III: [ivan.medina@tristargroup.net](mailto:ivan.medina@tristargroup.net)

Claims Examiner III: [maria.romero@tristargroup.net](mailto:maria.romero@tristargroup.net)

Claims Examiner III: [beverly.jackson@tristargroup.net](mailto:beverly.jackson@tristargroup.net)

Claims Assistant: [jason.cutler@tristargroup.net](mailto:jason.cutler@tristargroup.net)

Claims Supervisor: [cecilia.hurst@tristargroup.net](mailto:cecilia.hurst@tristargroup.net)

Fax: 214-492-5691

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### Billing information for medical providers:

Tristar

P.O. Box 2805

Clinton, IA 52733

FAX: 562-506-0360

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### Information to provide to your Pharmacy:

OPTUM

TRISTAR/DEEP EAST TEXAS INSURANCE FUND

\*Your name\*

Provide your SS# or claim number to the pharmacist

**RXBIN NDC 004261 or ENVOY 002538**

Claim number will change for each original injury claim.

The pharmacy may contact the Optum Help Desk:

800-964-2531

For a First Fill 10-day supply of medicine

After the worker's compensation claim is filed, OPTUM will send a Pharmacy ID card to the injured worker on any accepted claim to ensure no out of pocket expense should you need more than the initial 10 day supply of medications.