

Eastern Alliance Online Claim Reporting



Begin Your Submission



Eastern Alliance Insurance Group claim reporting is available through a submission tool called **Intake**. To access **Intake**, log-in to www.eains.com, go to the Submit a Claim page, and click on the large link in the middle of the page. A new window will open that will look like this:

The screenshot displays the 'INTAKE' application interface. At the top, there is a 'CLOSE APPLICATION' button. Below this, the word 'NOTICE' is prominently displayed. A search bar with a magnifying glass icon is present. Below the search bar, there are three dropdown menus labeled 'Select Client', 'Select Location', and 'Select Loss Date', followed by a 'RESET' button. A 'NEW NOTICE' button is located in the bottom right corner. At the bottom, a table header is visible with columns: CLAIM NUMBER, CLIENTID, LOSS DATE, COVERAGE, CLAIMANT FULL NAME, CREATE DATE, LOCATION, and CREATE USER. The table body currently shows 'No Records Found'.

Begin Your Submission



Click “New Notice” to begin the process. **Within Intake,** “notice” means “claim.”

INTAKE ⊘ CLOSE APPLICATION

NOTICE

Search...

Select Client Select Location Select Loss Date

<input type="checkbox"/>	CLAIM NUMBER <input type="button" value="↕"/>	CLIENTID <input type="button" value="↕"/>	LOSS DATE <input type="button" value="↕"/>	COVERAGE <input type="button" value="↕"/>	CLAIMANT FULL NAME <input type="button" value="↕"/>	CREATE DATE <input type="button" value="v"/>	LOCATION <input type="button" value="↕"/>	CREATE USER <input type="button" value="↕"/>
No Records Found								

Begin Your Submission



Please note the following regarding the claim reporting pages:

- Required fields are preceded by a red asterisk (*).
- Click the “Back” or “Next” buttons at the bottom of each page to navigate pages.
- A check mark next to a page indicates that all required fields have been completed. A triangle indicates that a required field is outstanding.
- Occasionally when entering data, the screen may “flash” or go blank for a second, and then update with your data.
- Some pages require you to scroll to view all fields on the page.

Page 1 “EAI Introduction Screen”



INTAKE CLOSE APPLICATION

PRINT CLOSE SAVE

CALL TIME	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
00:02:04	EAI INTRODUCTION SCREEN Page 1 of 7 <i>General Information</i>			
EAI INTRODUCTION SCREEN	*Date of Loss			
			8/1/2016	
	Entry Date			
			8/4/2016	
	Submitter First/Last		Doe	
	john			
	Submitter Title/Submitter Phone			
	Is Submitter the Contact?			
	<input type="radio"/> No <input checked="" type="radio"/> Yes			
	*Jurisdiction State			
	Pennsylvania			
	Enter the state the loss occurred in.			
	*Denotes required field			
	NEXT			

- Date of Loss and Jurisdiction are mandatory.
- Type out the state’s name; do not enter the two-letter abbreviation (i.e., enter “Georgia” not “GA”).

Page 2 “Insured Information”



CALL TIME 00:04:58	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
INSURED INFORMATION - PAGE 2 OF 7				
<i>Employer Information</i>				
EAI INTRODUCTION SCREEN - PAGE 1 OF 7 ✓	Employer Name	<input type="text" value="Acme Employer"/>		
INSURED INFORMATION - PAGE 2 OF 7 ✓	Mailing Address	<input type="text" value="123 Main Street"/>		
	City	<input type="text" value="Lancaster"/>		
	State	<input type="text" value="Pennsylvania"/>		✕ ▾
	Zip Code	<input type="text" value="17603"/>		
	Employer County	<input type="text" value="Lancaster"/>		
	Employer Phone Number	<input type="text" value="717-555-1212"/>		
	Nature of Business	<input type="text" value="Insurance"/>		
	Physical address same as mailing?	<input type="text" value="Yes"/>		✕ ▾
	Location Code/Name	<input type="text" value="Main"/>		
	Policy Number	<input type="text" value="01234567890"/>		✕
<small>* Denotes required field</small>				
			<input type="button" value="BACK"/>	<input type="button" value="NEXT"/>

- Employer Information goes here; there are no required fields.
- If you have multiple locations, simply enter the location code.

Page 3 “Employee Information”



INTAKE CLOSE APPLICATION

PRINT CLOSE SAVE

CALL TIME	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
00:07:21				
EAI INTRODUCTION SCREEN - PAGE 1 OF 7 ✓	EMPLOYEE INFORMATION - PAGE 3 OF 7 <i>Employee Information</i> Claimant Details			
	*First name	<input type="text" value="John"/>		
INSURED INFORMATION - PAGE 2 OF 7 ✓	Middle Initials(Only One Character)	<input type="text" value="Enter"/>		
EMPLOYEE INFORMATION - PAGE 3 OF 7 ✓	*Last Name	<input type="text" value="Doe"/>		
	Suffix	<input type="text" value="Enter"/>		
	Mailing Address	<input type="text" value="123 Elm Street"/>		
	Mailing Address 2	<input type="text" value="Enter"/>		
	City	<input type="text" value="Lancaster"/>		
	State	<input type="text" value="Pennsylvania"/>		
	Zip	<input type="text" value="17603"/>		
	County	<input type="text" value="Lancaster"/>		
	Phone Number	<input type="text" value="717-555-1212"/>		

- Employee First Name and Last Name are mandatory.
- You will need to scroll down on this screen to view all fields.

Page 4 “Incident Information”



- Mandatory fields: Premises Indicator, Did Injury Result in Death, NCCI Cause, NCCI Body, NCCI Nature of Injury, and Accident Description
- Requested lost time information now has fewer mandatory fields. “Unknown” is now an option in the Lost Time field.

Page 4 “Incident Information”



Accident Information

*NCCI Cause Code

*NCCI Body Part Code

*NCCI Nature of Injury

*Accident Description (Max. upto 254 Characters)

Safeguards Provided? No Unknown Yes

Please include any additional comments below. This area is for any further explanation of the incident that you feel was not captured.

* Denotes required field

- NCCI Cause Code: begin typing the description—the screen will go blank for a split-second, and then options will appear in a drop-down menu.

Page 5 “Witness Information”



INTAKE CLOSE APPLICATION

PRINT CLOSE SAVE

CALL TIME	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
00:15:44				
EAI INTRODUCTION SCREEN - PAGE 1 OF 7 ✓	WITNESS INFORMATION - PAGE 5 OF 7			
INSURED INFORMATION - PAGE 2 OF 7 ✓	Was there a witness? <input type="radio"/> No <input type="radio"/> Unknown <input checked="" type="radio"/> Yes			
EMPLOYEE INFORMATION - PAGE 3 OF 7 ✓	Witness Information			
INCIDENT INFORMATION - PAGE 4 OF 7 ✓	First Name <input type="text" value="A."/>			
WITNESS INFORMATION - PAGE 5 OF 7 ✓	Last Name <input type="text" value="Witness"/>			
	Mailing Address <input type="text" value="123 First Street"/>			
	Mailing Address 2 <input type="text" value="Enter"/>			
	City <input type="text" value="Lancaster"/>			
	State <input type="text" value="Pennsylvania"/>			
	Zip Code <input type="text" value="17603"/>			
	Witness Phone <input type="text" value="717-555-1213"/>			
	Was there a 2nd witness? <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Yes			

* Denotes required field

BACK **NEXT**

- If the answer to “Was there a witness?” is Yes, the screen will go blank for a split second, and then refresh to provide the ability to enter witness details

Page 6 "Treatment Information"



INTAKE CLOSE APPLICATION

PRINT CLOSE SAVE

CALL TIME	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
00:18:08				
TREATMENT INFORMATION - PAGE 6 OF 7				
Treatment Information				
EAI INTRODUCTION SCREEN - PAGE 1 OF 7 ✓	Employee's Initial Treatment	Minor clinic/hospital medical remedies and testing		
INSURED INFORMATION - PAGE 2 OF 7 ✓	Emergency Ambulance	Emergency Ambulance Service		
EMPLOYEE INFORMATION - PAGE 3 OF 7 ✓	Physician	Physician First/Last Name		
INCIDENT INFORMATION - PAGE 4 OF 7 ✓	Mailing Address	Mailing Address		
WITNESS INFORMATION - PAGE 5 OF 7 ✓	Mailing Address 2	Mailing Address 2		
TREATMENT INFORMATION - PAGE 6 OF 7 ✓	Physician City/State/Zip	Physician City/State/Zip	Select	
	Physician Mailing County	Physician Mailing County		
	Physician Contact Phone	Physician Contact Phone		
	Is Doctor a panel provider?	Select		
	Hospital/Facility Contact	Hospital/Facility Name		
	Hospital/Facility Mailing Address	Hospital/Facility Mailing Address		

CODE	DESCRIPTION
N	No
NA	Not Applicable
U	Unknown

- Now no mandatory fields.
- Make sure to scroll down on the page.

Page 6B “State-Specific Questions”



INTAKE CLOSE APPLICATION

PRINT CLOSE SAVE

CALL TIME	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
00:18:52				
STATE SPECIFIC QUESTIONS FOR PA - PAGE 6B OF 7				
State Specific Questions				
EAI INTRODUCTION SCREEN - PAGE 1 OF 7 ✓	Employer Physical County		<input type="text" value="Lancaster"/>	
INSURED INFORMATION - PAGE 2 OF 7 ✓	* Denotes required field			
EMPLOYEE INFORMATION - PAGE 3 OF 7 ✓			BACK	NEXT
INCIDENT INFORMATION - PAGE 4 OF 7 ✓				
WITNESS INFORMATION - PAGE 5 OF 7 ✓				
TREATMENT INFORMATION - PAGE 6 OF 7 ✓				
STATE SPECIFIC QUESTIONS FOR PA - PAGE 6B OF 7 ✓				

- A State Specific page only appears if the claim’s jurisdiction requires additional information.

Page 7 “Additional Information”



ADDITIONAL INFORMATION
Page 7 of 7
Additional information.
Please include any additional comments below. This area is for any further explanation of the incident that you feel was not captured.
This field allows for unlimited text.

Submitter information
Submitted Date: 8/4/2016
Submitted First/ Last Name: John Doe
Job Title:
Phone:

Contact information
Contact First/ Last Name: John Doe
Phone Number:
Email:
Fax Number:

Email2
Fax Number2
Email3

- You may now enter multiple contacts to receive claim information via email or fax.

Page 7 “Additional Information”



ADDITIONAL INFORMATION - PAGE 7 OF 7 ✓

Email2	<input type="text" value="Enter"/>
Fax Number2	<input type="text" value="Enter"/>
Email3	<input type="text" value="Enter"/>
Fax Number3	<input type="text" value="Enter"/>
Operator	<input type="text" value="Generic Generic"/>
User ID	<input type="text" value="GENINTAKE"/>

* Denotes required field

[BACK](#) [SUBMIT FOR REVIEW](#)

- This is the final page of the Claim Report; click on “Submit to Review” to submit your claim to Eastern.
- After Eastern has reviewed the claim, a First Report of Injury (FROI) notice will be sent to the contacts listed on the Additional Information page, as well as to the agent.
- The claim number will not be shown online during the reporting process, but will be included with the FROI notice.

“Summary Page”



INTAKE

[CLOSE APPLICATION](#)

[PRINT](#) [CLEAR](#) [SAVE](#)

CALL TIME 01:01:19	CLIENT ID	CLAIM NUMBER	LOSS DATE	CLAIMANT NAME
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SUMMARY PAGE

You have successfully submitted your claim to Eastern Alliance. One of our Claim Support Specialists will perform a quality review, verify the claim information and provide you with a confirmation and claim number within one business day. If we need additional information to finalize this claim submission, we will contact you shortly.

*Denotes required field

- EAI INTRODUCTION SCREEN ✓
- INSURED INFORMATION ✓
- INJURED WORKER INFORMATION ✓
- INCIDENT INFORMATION ✓
- WITNESS INFORMATION ✓
- TREATMENT INFORMATION ✓
- STATE SPECIFIC QUESTIONS FOR PA ✓
- ADDITIONAL INFORMATION ✓

[SUMMARY PAGE](#)

- After the claim has been submitted, a confirmation message will appear on the Summary Page.
- Click on “Close Application” to exit **Intake**.