



**Workers' Compensation
Internet First Reports**

GUIDE. GUARD.
go beyond

Log on to www.risxfacs.com



go beyond

RISX-FACS

Welcome to
RISX-FACS®

Enter your
risxfacs log in
ID and
password

Logon

User ID

Password

Logon

[Forgot Password?](#)

Risxfacs Main Menu

Classic Contact Us Utilities Managed Care ▾ Reference ▾

Gallagher Bassett Services, Inc.

Home Inbox ▾ First Reports ▾ Loss | Claim | Analytics ▾ | Client | Branch Letters

General/Products Liability
Auto and Truck
Property
Workers' Compensation

Click on First Reports and choose Workers Compensation

RISX-FAC

Lookup

Loss Claim Client

Claim Number

Show Claim Summary ▾ Go

Welcome Page



Gallagher Bassett Services, Inc.

[HOME](#)

[SEARCH](#)

[DISSEM](#)

[ADMIN](#)

[LOGOUT](#)

[HELP](#)

Welcome to the Production application. This site is for internet Production use only.

As of 3:1
Monday,
No syste

Click ENTER
AN INCIDENT
to begin

system news is:

Status

Claims

Program

[ENTER AN INCIDENT](#)



INITIAL PAGE – ALL SECTIONS MUST BE COMPLETED

Greetings

Enter an Incident

1. Search Criteria

Search by

Criteria

Enter state abbreviation OR Unit ID Click FIND. Choose the reporting location from the list.

2. Event Date/Time

Incident Date Time

Employer Notified Time

3. Product

Name

Special Instructions:

Click FIND and choose WC for workers' compensation.

NEXT STEP

Client Page

Claimline Inc. - Incident: 122044283 - [REDACTED]

Reported By

First

Last

Title

Phone

Incident number for the report (not a claim number)

Reported By section to be completed by person reporting the claim

Zip

City

State

Code

FEIN

Phone

Contact First

Contact Last

Email

Location

EDIT

Unit

Name

Street

Zip

City

State

County

Country

Phone Ext

Industry

FEIN

Primary SIC

Secondary SIC

Business

NEXT STEP



Incident Page

Incident		Location	
Occurred	<input type="text" value="5/1/2015"/> <input type="text" value="12:00 PM"/>	Name	<input type="text"/>
Reported	<input type="text" value="5/18/2015"/> <input type="text" value="12:40 PM"/>	Street	<input type="text"/>
Employer Notified	<input type="text" value="5/15/2015"/> <input type="text" value="8:00 AM"/>	Zip	<input type="text"/> <input type="button" value="FIND"/>
Description	<input type="text"/>	City	<input type="text"/>
Cause	<input type="text"/> <input type="button" value="FIND"/>	State	<input type="text"/>
Body Part	<input type="text"/> <input type="button" value="FIND"/>	County	<input type="text"/>
Nature	<input type="text"/> <input type="button" value="FIND"/>	Country	<input type="text" value="UNITED STATES"/>
Date of Death	<input type="text"/>	Client's Premises?	<input type="text"/>
<input type="button" value="MED PROV"/> <input type="button" value="WITNESS"/>			
Lost Time		Contact	
Will Miss Work Beyond Date of Injury?	<input type="text"/>	First	<input type="text"/> MI <input type="text"/>
Last Worked	<input type="text"/>	Last	<input type="text"/>
Returned to Work	<input type="text"/>	Phone	<input type="text"/> Ext. <input type="text"/>
Salary Continued?	<input type="text"/>		
Received Full Wages?	<input type="text"/>		

NEXT STEP



Supplemental Page

Client specific questions can be added to this page

Supplemental Questions

Additional State Information

For which state are payroll taxes withheld for the employee?

Note to IS: If Caller is unsure of the answer

Advise Caller that it may be the state of hire

OR What is the employer's location state

OR If the state of employment differs from where the state income taxes are withheld, it would be the state the employer considers the employee's place of work.

Additional Employee Contact Information

What is the claimant's cell number?

Type of medical treatment

Notes/Additional Comments:

Notes box for adjuster to see on the report

Add'l Escalation Criteria for Interview Specialist

Does this claim meet any escalation criteria below? Y/N

Acts of Violence

Assaults / Shooting

Catastrophic Losses involving 2 or more People

Burns - 2nd or 3rd degree over 25% or more of body

Cardiac Arrest / Heart Attack

Life-threatening injuries

Serious Spinal injuries, NOT strain or sprain

State Page

Select Filing State

Instructions:

Is the claim to be filed in the state of ?

WI State Specific

The questions on this tab will differ depending on the filing state

Is this a lost time or other compensable injury?

WI Unemployment Insurance Account No.

If meals are provided for the claimant, enter avg weekly value: DO NOT enter Zero.

If lodging is provided for the claimant, enter avg weekly value: DO NOT enter Zero.

Value of tips per week

Is claimant paid for overtime?

If claimant is paid on overtime basis, after how many hours of work per week?

If claimant was part-time, enter the number of part-time employees with the same job and schedule

Number of full-time employees doing the same type of work as claimant?

Were safeguards or safety equipment used?

Did injury occur because of failure to use Safety Devices?

Did injury occur because of failure to obey rules?

Did injury occur because of Substance Abuse?

No. of Wage Weeks for current position?

Finish Page

Any ERRORS must be corrected before the first report can be finished and submitted. WARNINGS can but do not have to be corrected to finish a report.

Make sure the STATUS is complete before clicking on FINISH.

Next Step Instructions

Status

Notes
(For internal use only. Will NOT be disseminated.)

Integrity **2 Error(s) / 3 Warning(s)**

Escalate

Status **COMPLETE**

Create New Companion or Multiple

Origin **INTERNET**

Temp Incident ID

Client's Incident ID **122044283**

Errors & Warnings

Type	Description	Tab
X ERROR	A tab has been skipped.	Claimant
X ERROR	The incident description has been left blank. Please enter incident description.	Incident
X ERROR	The Supplemental Question - "For which state are payroll taxes withheld for the employee?" was left blank. Please return to the Supplemental Tab and answer the mandatory question.	Supplemental
WARNING	Return to Work and Last Worked are both blank.	Incident
WARNING	Incident Location Name is blank.	Incident
WARNING	Body, Cause, or Nature code is blank for a claimant or involved party.	Incident

Closing Statements

Thank you for calling in your report.

Additional Notes

- On the Greetings Tab, verify the correct reporting location and the correct Incident date before clicking on Next Step as you will not be able to change it.
- If you need to cancel a report, go to the FINISH screen and change the status to CANCEL, typing in a brief reason why the report is being cancelled in the notes field at the top of the Finish screen, and then click the FINISH button.
- Pend or Save a report by setting the status to Pending and clicking on the FINISH button. Access the pending report on the Home Page by clicking the incident number link under the pending claims column.
- FILL buttons prefill a field with data entered on a previous screen.
- Once a report is complete the report will transmit to risxfacs within one hour. If you need to EDIT any information on the report after you have submitted it please contact the GB handling adjuster as any EDITS that you make in Netclaim will not reflect in risxfacs.
- If the system “Times out” you will need to log in again thru risxfacs and click on the report number on the home page in Netclaim to complete it; how to prevent from timing out:
 - Do not use your Back button, click on tabs at the top to go back
 - If you leave the page for 15 mins. it will time out without activity