



Workers' Compensation Information for Injured Workers

Employer: _____

Insurance Co.: _____

Policy No.: _____

Medical Billing Address for All States:

Please Mail All Medical Bills and Accompanying Medical Reports To:

Email: GenexIntact@edmgroup.com

Fax: 866-378-7031

Genex on Behalf of Intact Insurance

PO Box 6814

Scranton, PA 18505

All Other Correspondence

Email: DenverClericalSupport@intactinsurance.com

Fax: 888-364-6002

Intact Insurance

Attn: Workers Comp Claims

188 Inverness Drive W, Suite 600

Englewood, CO 80112

Claim Call Center

1-800-203-9600 (Work Comp Claims Only)

1-877-248-3455 (Any Claim)