Davies AIM 3.0 – FROI Entry Guide

Davies Claims NA, Inc. offers online access to clients for adding a First Report of Injury (worker's compensation claims). This can be done by navigating to the AIM 3.0 website located at: https://johnseasternenterprise.jw-filehandler.com

- **NOTE:** Chrome is the preferred web browser to use while using any services within the AIM 3.0 system. If using Internet Explorer, please ensure that this site is not among those listed in the compatibility view settings.

The instructions below will guide you through the process of adding a new FROI.

Accessing FROI Entry - 1. Go to: https://johnseasternenterprise.jw-filehandler.com	 **AIM 3.0** Version 2.0.01.01 Build 4.0 Please log in to continue User ID _____ Password _____ ☑ Remove other sessions for this user ID. [Log In] Forgot Password?
2. Login with the supplied username and password. If logging into the Davies Claims for the first time you will be required to reset your password. Initial first-time logins are generally Davies 1234! (Note that the D is capital).	
3. Select the first option on the homepage (Work Comp).	**AIM 3.0 MENU** **Claim Entry** Work Comp (FROI) Non Work Comp Claim (GL,PD,Auto) Student or Visitor Accident Report **Reports** Report Reader Report Designer **Dashboards** Dashboards **Claim Search** Claim Search **User Settings** User Settings Reset Password Phrase Bank **JE Help Desk/Support** Email

Adding a new FROI Entry - 1. Click "Enter New Claim" and the wizard will begin. 2. On the next page, select your client name from the dropdown.	**FIRST REPORT OF INJURY INFORMATION ENTRY** Enter New Claim ✚ Print 🖨 Show/Hide Search ▣ **First Report** Select Company * [▼] Cancel ✖
3. A pop-up will appear asking for the injured worker's social security number. This will search to see if they exist in the database. If they do, some information will be pre-filled. Otherwise, enter the information as requested. Note: any value with a red asterisk is required. 4. Click "Continue" to continue to the next page where more items will be entered.	**First Report** Enter Loss Date and Time * [ ] **Employee Information** Social Security Number * xxx-xx-1010 First Name * [ ] MI [ ] Last Name * [ ] Address1 * [ ] Address2 [ ] City * [ ] State * [▼] Zip Code * [ ] Continue 💾 Cancel ✖
Note: Throughout the form, you'll be asked to enter dates and times. When you click on the field, a pop-up will show a calendar. It is important to click Apply (in green) once selected for the date/time to be entered.	[12 ▼] : [00 ▼] [AM ▼] **Apply** Clear ‹ [Mar ▼] [2019 ▼] › Su Mo Tu We Th Fr Sa 24 25 26 27 28 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 **23** 24 25 26 27 28 29 30 31 1 2 3 4 5 6

5. At any time, you may save your entry as a work-in-progress by clicking "Save & Continue Later" at the top of the page.

   To return to an unfinished entry, simply select the entry and click "Edit" after step 3.

Save & Continue Later 🖫   Finish 🖫   Cancel ✖   Col

Insert ✚   Edit ✏   **Delete ✖**

Status   **Company**

In Process   DEMO

6. Step 1: This step is filled from the last page and cannot be edited any further.

Step 1: Employee Summary

Social Security Number	xxx-xx-0001	Employee Number	
Employee Name	John . Smith	Job Code	
Address Line 1	123 Address St	Client	Pinellas County Schools
Address Line 2		COMPANY	
City, State Zip	Sarasota, FL 34235	DIVISION	
Gender			

7. Step 2: This step is also partially filled in from the initial page. Fill in the accident description.

Step 2: Employee Detail

Enter the injured employee's name and the date and time when the injury occurred.

First Name *   John   MI

Last Name *   Smith   Suffix ▾

Loss Date and Time *   05/03/2019 09:00 am

Accident Description *   Employee tripped and fell.

8. Step 3: This step is also partially filled in from the initial page. You must fill in the birth date. Gender, country and address line 2 are not required, but should be filled if known.

Step 3: Employee Information

Address Line 1 *   123 Address St   Birth Date *

Address Line 2   Gender ▾

City *   Sarasota

State *   Florida ▾

Zip *   34235

Country ▾

9. Step 4: Supply at least the home contact number for the employee. Work phone, other phone, availabilities, emails and contact instructions are not required, but should be filled if known.

Step 4: Employee Contact Information (Please supply at least 1 phone number)

Home Phone *		Availability	▼
Work Phone		Availability	▼
Other Phone		Availability	▼
Email 1		Type	▼
Email 2		Type	▼
Contact Instructions			

10. Step 5: Supply the company, dvision, department where the employee works, the NCCI code (job class) and employment status (all of these from the dropdown menus). Also enter the supervisor's name and telephone number. Job title and employee id are not required, but should be filled if known.

Step 5: Employee Job Detail

Client *	Pinellas County Schools	Employee Job Title	
COMPANY *	▼	Employment Status *	▼
DIVISION *	▼	Employee Id	
DEPARTMENT *	▼	Supervisor Name *	
NCCI Occupation *	▼	Supervisor Phone *	

11. Step 6: Enter the amount of days the employee works each week, and their start date. Rate of pay and hours per day/week are not required, but should be filled if known.

Step 6: Employee Salary Detail

Rate of Pay	0.00	Hours Per Week	
Per	Hour ▼	Days Per Week *	
Hours Per Day		Date Employed *	

12. Step 7: Enter the reported date and loss type for the incident. Report only (yes/no), date last worked and return to work date are not required, but should be filled if known.

Step 7: Accident Detail

Report Only	No ▼
Date Last Worked	
Return To Work Date	
Reported Date *	
Loss Type *	▼

13. Step 7A: Enter the time the employee began working on the accident date, and if they were/will be paid for the date of injury. Date of death should be entered if applicable. The questions regarding what the employee was doing and what caused the accident, along with the salary and last paid date are not required, but should be filled if known.

Step 7A: Accident Detail Continued

Date of Death	
Time Work Began *	12:00 AM
What was the employee doing just before the incident occurred?	
What object or substance directly harmed the employee?	
Wages Paid for Date of Injury *	Yes
Salary Continued Yes/No	Unknown
Last Paid Date	

14. Step 8: Enter the accident state where the employee's injury occurred. All other fields here are not required, but should be filled if known.

Step 8: Place of Accident

Regular Work Location	Yes
Site Not Post Office Identifiable	No
Accident Premises Code	Employer - Accident occurred on employer's premises
Place of Accident	
Accident Location Name	
Accident Location	
Accident City	
Accident State *	
Accident Zip	
Accident Country	
Accident County	

15. Step 8A: Enter the name of the provider that treated the employee and indicate if it was authorized by the employer. Note that the medical provider dropdown has frequently used providers and will populate the other fields if selected, however, using this dropdown is not required. Additionally, the other fields not marked with a red asterisk on this section are not required, but should be filled if known.

Step 8A: Physician Details

Medical Provider		Facility Phone Number	
Provider Name *		Named Physician	
Facility Address		Treated in ER	
Facility City		Hospitalized Overnight	
Facility State		Provider Authorized by Employer *	
Facility Zip			

16. Step 8B: Enter any witness names. If none, skip this step.

Step 8B: WItnesses

Witness Name1		Witness Phone1	
Witness Name2		Witness Phone2	
Witness Name3		Witness Phone3	
Witness Name4		Witness Phone4	
Witness Name5		Witness Phone5	

17. Step 9: Verify your information is correct, and enter any missing information (generally your position will be missing on the form). The facts box is optional and allows you to enter any notes you need to add to the entry.

Step 9: Finish

Facts	
Entered By Name *	Susan Johnson
Entered By Email Address *	sjohnson@domain.com
Entered By Position *	Bookkeeper
Entered By Phone Number *	(941) 907-3100

18. At any time, you may save your entry as a work-in-progress by clicking "Save & Continue Later" at the top of the page.

    To return to an unfinished entry, simply return to the FROI home screen, click "Edit" and you will begin at step 6 above.

Save & Continue Later | Finish | Cancel ✖ | Collapse

Insert ✚ | Edit ✐ | Delete ✖

Status	Company
In Process	DEMO
In Process	DEMO

19. Once completed, click the "Finish" button at the bottom of the page. If any errors are found, the field will become highlighted red.	**Author's Position** * 'Author's Position' is a required field.
20. A pop-up will appear when successfully submitted, asking if you've like to print the paperwork. If so, click the "Yes" box. Note: if you're pop-up blocker is on, the paperwork will be blocked by it. You must disable it to allow it to display.	Print First Report of Injury Paperwork? ✕ No ✖ Yes ✔
21. If for any reason you need to delete an entry and you have not submitted it yet, you may "Save and Continue Later" then return to the FROI home page. Select the appropriate row and click "Delete."	**FIRST REPORT OF INJURY INFORMATION ENTRY** Enter New Claim ✚ Edit ✎ Delete ✖ Show/Hide Search ▣ | Status	Company	Last Name	First Name	SSN
In Process	DEMO	Jones	Mary	xxx-xx-	