

# National contact center

Our national contact center team assists clients and consumers with various types of claims including workers' compensation, liability, disability and leave of absence. Our service center representatives (SCRs) answer questions to help simplify the process and reduce complexity, making it easy and effective for everyone involved.

## Our service support model

At the heart of our customer service team are our SCRs who are thoroughly trained to assist callers – including risk management and benefits/human resources representatives, claimants, consumers. Our contact center colleagues treat each caller with compassion and respect. Our customer service support model includes:

- 24/7/365 support for new claim intake
- Support for questions regarding active claims Monday – Friday, 7:00 am – 7:00 pm CST (extended hours vary from site to site)
- Multi-language support, including bilingual colleagues onsite
- Client dedicated toll-free numbers with recorded customized greetings
- Interactive voice response technology offering self-service options that provide 24/7 access to information such as claim status, payment data (where appropriate), absence reporting, and transfer options for additional services
- Best practice intake scripts incorporating client-specific questions and scripting
- Call transfer options for services such as nurse triage and consultation, employee assistance programs, and health and wellness vendors
- Skills-based routing, directing callers to the help they need quickly

- Centralized quality assurance monitoring and feedback to ensure consistent high standards of professionalism and accuracy of information provided
- Workforce management software and services to analyze and forecast call volume and staffing requirements for optimal resource utilization

Our SCRs have undergone extensive training and can help with questions about existing and new claims. They also receive client-specific training and continuing education. Our team assists with many types of inquiries including:

- Claimant questions about medical packets, medical release forms, the anticipated timeline for examiner follow-up and more
- General process questions in which the answers are documented for SCRs by clients and our claims team
- Claim status as documented in our proprietary claims management system
- Payment status and confirming receipt of bills
- How to request reimbursements for out-of-pocket expenses
- Claim number and billing contact information requests from medical providers
- Medical bill status

Calls that cannot be sufficiently addressed by the customer service team are redirected to the assigned examiner, such as:

- Questions about denied/unpaid bills (our bill review team may also be engaged)
- Calls from/regarding claimants who have retained legal representation
- Compensability determinations
- Questions associated with appeals
- Calls related to claims meeting specific escalation criteria, as defined by Sedgwick and the customer

Our expanded customer service model provides a higher level of support and greater access to information for stakeholders. Also, having our SCRs address routine claim-related questions frees up our examiners to focus on more complex aspects of the claims process in order to achieve the best possible outcomes.

## An experienced and caring voice on the line, every time

Sedgwick's job is to deliver outstanding customer experiences and facilitate the best possible outcome for consumers; making a good first impression with every caller helps to get every claim off to the right start.

To ensure that callers' initial contact with Sedgwick is positive and productive, we make significant investments in the people who service our contact centers. Each SCR is a U.S.-based colleague who has met our strict hiring standards and completed intensive training in our best practices. Our growing contact center team includes more than 1,600 colleagues.

We provide telephonic claims intake and client support services through five contact centers located across the U.S. Our team receives more than 700,000 calls a month and over 30,000 email claims per month.

Our contact centers maintain industry-leading service levels, with 73% of calls answered within 30 seconds. Our quality assurance team monitors and records all inbound calls to ensure the consistent delivery of high-level service. We provide quantitative and qualitative feedback on an ongoing basis to fine tune our SCRs knowledge, technical skills, professionalism and courtesy.

## Advanced technology and tailored solutions

Sedgwick's ability to provide comprehensive customer care and claim intake services for multiple lines of business through various delivery channels is reliant on our robust technology infrastructure.

Our telecommunications system utilizes the latest generation workforce management and skills-based routing applications to analyze and forecast call volumes and staffing requirements.

Our client programs also include an online self-service option for initiating new claims. Smart.ly, our intake and incident management technology, offers a secure and easy way for customers, managers or other users to file new claims.

For ongoing communication, clients and their employees can use mySedgwick, our self-service tool that provides convenient, secure online access to real-time claims information. With mySedgwick, users can view claim details, easily update information, and keep the process moving forward using web or mobile access.

Our national contact center team partners closely with our clients and subject matter experts to design fully integrated solutions that meet business needs and exceed expectations. Experienced resources are assigned to manage all aspects of new customer implementation projects from beginning to end.

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To learn more about Sedgwick's national call center, contact:

**P.** 800.625.6588   **E.** [sedgwick@sedgwick.com](mailto:sedgwick@sedgwick.com)

*To learn more about our integrated and customized solutions, visit [SEDGWICK.COM](https://www.sedgwick.com)*