



Appendix C - DEAR PROVIDER LETTER & Job duties (Non-Guam based)

Dear Healthcare Provider:

United Airlines would like to thank you for providing services to our employee. We are committed to assisting our employees to return to meaningful work as early as possible following a work-related injury/illness.

To assist us in understanding the nature of the employee's injury/illness, we request that you complete an Employee Status Form (ESF). The ESF must include the date of the employee's next scheduled visit and/or a projected return to work date. This form must be completed at each examination and immediately faxed to the United Airlines Employee Service Center at **847-700-9533** and returned to your patient.

Please promptly submit all medical bills/invoices/notes related to the injury to:

MAIL: Sedgwick
PO Box 14155
Lexington, KY 40512-4155
1-844-717-2579 (worldwide)

Ebill: United6925Images@Sedgwick.com

FAX: 1-844-810-4365

Please include employee's name, base location, claim number (if available) and employee ID number on all correspondence.

United Airlines appreciates your cooperation and support in providing high quality, cost effective medical care to our employees.

Thank you for your attention to this matter.

Workers' Compensation Programs
United Airlines

Enclosure: Description of Flight Attendant Job Duties



DEAR PROVIDER LETTER & Job duties (Guam based)

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To assist us in understanding the nature of the employee's injury/illness, we request that you complete an Employee Status Form (ESF). The ESF must include the date of the employee's next scheduled visit and/or a projected return to work date. This form must be completed at each examination and immediately faxed to the United Airlines Employee Service Center at **847-700-9533** and returned to your patient.

Please promptly submit all medical bills/invoices/notes related to the injury to:

MAIL: AIG WorldSource HFC
Attn: Michelle Guilford, AIG Claims Examiner
P.O. Box 25746
Shawnee Mission, KS 66225

FAX: 1-866-908-2362

Please include employee's name, base location, claim number (if available) and employee ID number on all correspondence.

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Workers' Compensation Programs
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Enclosure: Description of Flight Attendant Job Duties