CARE WEST INSURANCE COMPANY

Claim Reporting Contacts

Reporting a New Injury

Employee

Contact advice nurse
24/7 Telehealth

(844) 326-2918

Employer

Submit First Notice of Loss (FNOL) claim forms

CWClaims@corvel.com

Fax: (866) 774-1846

P.O. Box 277550
Sacramento, CA 95827

(800) 906-4461

Claim Contacts

Office Postings, Provider Concerns & Claim Reviews

Stacey Johnson, Account Manager
(916) 605-5197 | (530) 537-7694
Stacey_A_Johnson@corvel.com

General Questions

AJ Pruss, Claims Supervisor
(980) 390-2412
AJ_Pruss@corvel.com

After Hours Contacts/Emergencies

Stacey Johnson, Account Manager
Phone: (916) 605-5197
Mobile: (530) 537-7694

AJ Pruss, Claims Supervisor
Phone: (980) 390-2412
AJ_Pruss@corvel.com

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