## **CLAIM REPORTING PROCEDURES**

SONIC FRANCHISE INSURANCE PROGRAM



# **EMPLOYEE INJURIES: ALL STATES (EXCEPT TX)**

PHONE: 1.877.SONIC.01 (1.877.766.4201)

Press 1 to Report Employee Injuries

WC MEDICAL BILLING:

**Data Dimensions** 

PO Box 2831 | Clinton, IA 52733

### **EMPLOYEE INJURIES: TEXAS ONLY**

PHONE: 1.800.495.5950

FAX: 1.210.494.7694 OR 1.210.494.7856

**EMAIL:** TSETA@pristx.com

**TEXAS WC MEDICAL BILLING:** 

**Providence** 

PO Box 70030 | San Antonio, TX 78270

Email: billing@pristx.com

For questions regarding a Texas Non-Subscriber claim, contact: **Amy Blank** at PartnerSource: 214.239.4588, *amy\_blank@partnersource.com* 

#### **ALL OTHER CLAIMS**

PHONE: 1.877.SONIC.01 (1.877.766.4201)

**Press 2** to Report Customer Claims

Press 3 to Report Sonic Property and All Other Claims

**SONIC Claims Report line open 24/7** 



#### **SONIC IMA CLAIM ADVOCATE**

**1.800.233.6693** phone **1.316.266.6254** fax

For claims questions or assistance in the handling of your claims