Injury Reporting Packet
WORKPLACE INJURY

Take The Right Steps

Injured Employee 4-Step Process

1. Immediately notify your employer.
2. Complete the first two sections of the “BWC First Report of Injury” form as completely as possible.
3. This “Injury Reporting Packet” contains a CareWorks I.D. card. Show this card to every medical provider treating your work-related injury.
4. Then, seek treatment from a CareWorks* network provider.

Employer 2-Step Process

2. Fax completed form to CareWorks, toll-free, 888.711.9284
   OR Call CareWorks to report the injury, toll-free, 888.627.7586
   OR, report your injury over the Internet by visiting CareWorks’ Internet Injury Reporting Center at CAREWORKS.COM.

In emergency cases, injured workers should immediately notify their employer and seek treatment at the nearest medical facility.

*According to Health Partnership Program (HPP) guidelines, injured workers may seek treatment from any BWC-Certified medical provider.
<table>
<thead>
<tr>
<th><strong>Injured worker and injury/disease/death info.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name, first name, middle initial</td>
</tr>
<tr>
<td>Home mailing address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Wage rate</td>
</tr>
<tr>
<td>What days of the week do you usually work?</td>
</tr>
<tr>
<td>Date of injury/disease</td>
</tr>
<tr>
<td>Date hired</td>
</tr>
<tr>
<td>Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.)</td>
</tr>
</tbody>
</table>

**Benefit application release of information** — I am applying for a claim under the Ohio Bureau of Workers' Compensation Act for work-related injuries that I did not inflict. I affirm that I elect to receive compensation and benefits under Ohio's workers' compensation laws for my claim, and I waive and release my right to receive compensation and benefits under the laws of any other state for this claim. I request payment for compensation and/or medical benefits as allowable, and authorize direct payment to my medical providers. I permit and authorize any provider who attends, treats or examines me, the Ohio State Board of Pharmacy, the Ohio Department of Job and Family Services and the Ohio Rehabilitation Services Commission to release medical, psychological, psychiatric, pharmaceutical, vocational and social information. I understand this may include personally identifying information that is casually or historically related to my physical or mental injuries relevant to issues necessary for the administration of my claim to BWC, the Industrial Commission of Ohio, the employer in this claim, the employer's managed care organization and any authorized representatives. My previous or future BWC claims may affect decisions made in this claim. Proper administration of the present claim may require BWC to share claims information with the employers of record (or their authorized representatives) and/or my authorized representative for any and all such previous or future claims. The released claims information may include any record maintained in my claim files.

**Treatment info.**

<table>
<thead>
<tr>
<th>Diagnosis(es): Include ICD code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will the incident cause the injured worker to miss eight or more days of work?</td>
</tr>
<tr>
<td>E code</td>
</tr>
<tr>
<td>Health-care provider signature</td>
</tr>
</tbody>
</table>

**Employer info.**

<table>
<thead>
<tr>
<th>Employer policy number</th>
<th>Check if</th>
<th>Employer is self-insuring</th>
<th>Injured worker is owner/partner/member of firm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Telephone number</td>
<td>Fax number</td>
<td>E-mail address</td>
</tr>
<tr>
<td>Was employee treated in an emergency room?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Was employee hospitalized overnight as an inpatient?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Certification** - The employer certifies that the facts in this application are correct and valid. **Rejection** - The employer rejects the validity of this claim for the reason(s) listed below:

**For self-insuring employers only**

<table>
<thead>
<tr>
<th>Rejection - The employer clarifies and allows the claim for the condition(s) below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification - The employer certifies that the facts in this application are correct and valid.</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Employer signature and title**
If injured at work, please follow these important steps:

1. Immediately notify your employer and complete the BWC First Report of Injury (FROI) form and fax to CareWorks as quickly as possible, toll-free, at **888.711.9284**.
   
   If unable to notify your employer, please call CareWorks, toll-free, at **888.627.7586** to report your injury.

2. Show this card to **every medical provider** that treats your injury.

CareWorks
Ohio Managed Care
FOR PROVIDER:
You are required by Rule 4123–6–02.8 to report work-related injuries within 24 hours.

Send medical bills to:
CareWorks
P.O. Box 182726
Columbus, OH 43218–2726
careworks.com

FOR EMPLOYEE:
This card is for information purposes only. This card is not a guarantee of coverage. For prescription drug information, contact: 1.800.OHIOBWC or visit bwc.ohio.gov

CONTACT CAREWORKS:
Customer Service: 888.627.7586
Injury Reporting Fax: 888.711.9284
Prior Authorization Fax: 888.627.0074
Email: cwmedical@careworks.com
WORKPLACE INJURY

Key Information

MEDICAL MANAGEMENT INFORMATION

FAX medical information to: 888.711.9284 (toll-free)

MAIL medical information to:
CareWorks
P.O. Box 182726
Columbus, OH 43218–2726

PRIOR AUTHORIZATION
Fax C9 form to 888.627.0074 (toll-free)

MEDICAL BILL PAYMENT INFORMATION

MAIL medical bills to:
CareWorks
P.O. Box 182726
Columbus, OH 43218–2726

BILLING QUESTIONS
Call CareWorks Customer Service, toll-free, at 888.627.7586

OTHER IMPORTANT INFORMATION

PRESCRIPTIONS
For questions regarding prescriptions, please contact BWC at 800.OHIOBWC or visit BWC.OHIO.GOV

PROVIDER SEARCH AND INJURY REPORTING
Visit CAREWORKS.COM for online injury reporting and provider searches

888.627.7586 / CAREWORKS.COM