Educational Material Request Form

To help us best serve your individual needs, please complete the form below to request educational materials from CareWorks of Ohio.

Fax the completed form to 888.358.5319

Company Name: ____________________________________________________________

Contact Name: ____________________________________________________________

Address: ________________________________________________________________

City, State Zip: ___________________________________________________________

Phone: _________________________________________________________________

Email: _________________________________________________________________

Check the items you would like to order and the quantity for each:

☐ Injury Reporting Packet (includes MCO ID Card, FROI Form, Workplace Injury
Take the Right Steps and Key Information)            Quantity

☐ MCO ID Card                                                __________

☐ BWC First Report of Injury (FROI) form                     __________

☐ Fraud Warning Signs                                       __________

☐ Internet Injury Reporting                                  __________

☐ Internet Provider Search                                    __________

You can search for healthcare providers in both the CareWorks of Ohio provider network and the Ohio Bureau of Workers’ Compensation’s (BWC’s) certified provider network in the “Find a Provider” section at careworks.com.

Questions? Call 888.627.7586

Total managed care. Total confidence.