



Your employer has selected CareWorks to medically manage its workers' compensation medical benefits. 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 **1.888.711.9284**.
- 2.** If unable to notify your employer, please call CareWorks, toll-free, at **1.888.627.7586** to report your injury.
- 3.** Show this card to each and every medical provider that treats your workplace injury.

WORKERS' COMPENSATION MCO IDENTIFICATION CARD

CareWorks

FOR WORKERS' COMPENSATION INJURY MANAGEMENT ONLY

Attention Provider

You are required by Rule 4123-6-028
to report work-related injuries within 24 hours.

Attention Employee

This card is for information purposes only.
This card is not a guarantee of coverage.

Send Medical Bills to:

CareWorks
c/o Medical Mutual of Ohio
P.O. Box 94748
Cleveland, Ohio 44101-4748

Customer Service: 1-888-627-7586

Injury Reporting Fax: 1-888-711-9284

Prior Authorization Fax: 1-888-627-0074

Email: CWmedical@careworks.com

Internet : www.careworks.com



ACCREDITED
CASE MANAGEMENT

For prescription drug information, contact 1-800-OHIOBWC or visit www.ohiobwc.com.