



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

BWC Policy # _____

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
P.O. Box 182726
Columbus, Ohio 43218-2726

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.bwc.ohio.gov.