



# Educational Material Request Form

To help us best serve your individual needs, please complete the form below (make additional copies if necessary) to request literature and educational materials from CareWorks. When completed, please fax to CareWorks, toll free, at **1-888-711-9284**. If you have any questions, call us, toll free, at **1-888-627-7586**.

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please check which items you would like additional copies of and the quantity for each:

**Injury Reporting Packet:** \_\_\_\_\_

**Includes one of each of the following items:**

- MCO I.D. Card
- CareWorks Key Information
- BWC FROI form
- Workplace Injury Take the Right Steps

### **ADDITIONAL MATERIALS**

**Provider Directory:** \_\_\_\_\_

**Transitional Work Information Sheet:** \_\_\_\_\_

**Fraud Warning Signs:** \_\_\_\_\_

**MCO I.D. Cards:** \_\_\_\_\_

**BWC First Report of Injury (FROI) form:** \_\_\_\_\_

**Workplace Injury/Take the Right Steps Info Sheet:** \_\_\_\_\_

**Internet Injury Reporting:** \_\_\_\_\_

**Internet Provider Search:** \_\_\_\_\_

**“Employer” Kit** (contains 1 of each): \_\_\_\_\_

<b>FOR CAREWORKS INTERNAL USE ONLY:</b>	
DATE RECEIVED _____	
RECEIVED BY _____	EXT. _____
DATE SENT _____	
SENT BY _____	