



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.