

University of Cincinnati On-the-Job Injury/Illness Process

Employer Name: University of Cincinnati	Phone Number: 513-556-6951
Address: P.O. Box 0039	Fax Number: 513-556-9652
City, State, Zip: Cincinnati, OH 45221-0039	BWC Policy Number: 10003505-0

1. Notify your supervisor **IMMEDIATELY**
2. In an emergency, seek care at the nearest medical facility
3. For non-emergency situations where medical treatment is necessary, your supervisor will direct you to:

**University Health Services (UHS)
Holmes Clinic (Medical Campus)
513-584-4457**

4. Complete UC's Initial Report A1352(a) form (in complete detail, citing any witnesses) within 24 hours:
http://www.uc.edu/content/dam/uc/hr/forms/forms_s_thru_z/work_related_injury_uc_initial.pdf
5. If you receive treatment at a facility other than UHS you must file a claim with the State of Ohio, Bureau of Workers Compensation. Generally the provider will assist you with this process or you may file a claim on line at: <http://www.ohiobwc.com/> Have your UC initial report with you and note the BWC Policy Number above.
6. You must provide information regarding your anticipated return to work to your supervisor per departmental/college policies
7. If you are absent for one full day or more you must visit UHS before returning to work
8. If you have questions regarding use of sick time for work-related injury/illness absences contact the Sr. Leave Administrator at 513-556-6951.
9. CareWorks (the university's Managed Care Organization) is responsible for the medical management of your workers compensation claim.



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




FOR WORKERS' COMPENSATION INJURY MANAGEMENT ONLY

University of Cincinnati
BWC Policy # 10003505-0

Contact Human Resources Service Center @ (513) 556-6381.

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
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ACCREDITED
CASE MANAGEMENT

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