

Steps to take when a workplace injury occurs

Call 911 immediately in case of serious or life-threatening emergencies

If an incident or injury occurs, we are here to help. Just follow these steps.

An injured employee, their employer or medical provider may report a work-related injury. Your company has chosen Sedgwick Managed Care Ohio to help you through this process.

Employee instructions

1. Immediately notify your supervisor.
2. Complete the first section of the BWC First Report of Injury (FROI) form as completely as possible.
3. Seek appropriate medical treatment if needed, and provide the attached ID card at all medical appointments.
4. Keep your supervisor informed of your medical status and return all completed claim documentation to your employer promptly.

Employer instructions

1. Assist in the completion of an injury/incident report, and/or the Employer Info section of the enclosed FROI.
2. If medical treatment is involved, ensure the incident is reported to Sedgwick MCO using one of the methods described under "Reporting a work-related injury to Sedgwick MCO."

Reporting a work-related injury to Sedgwick MCO



Online:

Submit an injury form (FROI) online at sedgwickmco.com.



Phone:

Contact our customer service team at 888.627.7586 (available 24/7).



Email:

Send encrypted injury/incident reports as soon as possible to: injury.incident@sedgwickmco.com.



Fax:

Send injury forms to 888.711.9284.

Early documentation and reporting of injuries promotes the best results for everyone.

Detach ID card below and present at all medical appointments

Workers' compensation identification card



24-hour customer service: 888.627.7586



Employer name:
Policy number:

Key contacts and additional information

Medical treatment questions, medical documentation and billing issues

Contact Sedgwick Managed Care Ohio:

Phone: 888.627.7586

Fax: 888.627.0074

Mail: P.O. Box 1040, Dublin, OH 43017

Prescription questions

Call 800.644.6292 and follow the prompts.

Ohio Bureau of Workers' Compensation (BWC)

Call 800.644.6292 or visit bwc.ohio.gov.

Medical options and provider search

If medical treatment is required, see a BWC-certified medical provider. For more information, see the Sedgwick MCO website at sedgwickmco.com.

Transitional work benefits everyone

A safe and timely return to work is important! Together, we will explore opportunities for modified duty/transitional work that can accommodate any physical limitations in order to speed your recovery, ease your transition back to work and minimize any hardship as a result of a workplace injury. Employee safety and recovery are the highest priorities. It's essential – and required – to keep Sedgwick MCO and your employer updated on your recovery status and work restrictions at all times.

Please provide MEDCO-14 form with any physical restrictions, as employer may have modified duty available.

Please send all information within 24 hours of visit.

Injury report and FROI fax:	888.711.9284
Medical and authorization fax:	888.627.0074
Customer service:	888.627.7586
Prescription questions:	800.644.6292 (follow prompts)

Send all mail and medical bills to:

Sedgwick Managed Care Ohio
PO Box 1040
Dublin, OH 43017

*This card is not a
guarantee of coverage.*

Responsibilities

Sedgwick MCO

- Initiate new claims with the BWC, collect and submit required information
- Return to work and medical case management
- Review and approval of medical treatment
- Medical bill payment
- Medical management of workers' compensation claims
- All associated managed care organization responsibilities

BWC

- Claim allowance and compensability determination
- Claim number assignment
- Compensation award payment(s)
- Coordination of Industrial Commission hearings

Medical providers

- Treating physicians must be BWC certified
- Promptly submit all medical documentation to Sedgwick MCO
- Clearly indicate work readiness and periods of disability utilizing the MEDCO-14 form

Important BWC forms

First report of injury (FROI)

Initiates workers' compensation claim; complete and send to Sedgwick MCO

MEDCO-14

Physician's statement of workability, recovery status; send to Sedgwick MCO

C-9

Physician's request for treatment approval; addressed by Sedgwick MCO



First Report of an Injury, Occupational Disease or Death

By signing this form, I:

- Elect to only receive compensation and/or benefits that are provided for in this claim under Ohio workers' compensation laws;
• Waive and release my right to receive compensation and benefits under the workers' compensation laws of another state for the injury or occupational disease, or death resulting from an injury or occupational disease, for which I am filing this claim;
• Agree that I have not and will not file a claim in another state for the injury or occupational disease or death resulting from an injury or occupational disease for which I am filing this claim;
• Confirm that I have not received compensation and/or benefits under the workers' compensation laws of another state for this claim, and that I will notify BWC immediately upon receiving any compensation or benefits from any source for this claim.

WARNING:

Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution for fraud.

(R.C. 2913.48)

Form section for injured worker and injury/disease/death info. Includes fields for personal information, employment details, accident description, and signature.

Form section for treatment info. Includes fields for health-care provider details, diagnosis, and incident-related questions.

Form section for employer info. Includes fields for employer policy details, certification/rejection options, and signature.