

## Workers' compensation identification information

Fill out your employer name and policy number and present this information at all medical appointments.

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

This is not a guarantee of coverage.

**Employer name:**



**Policy number:**



### Send all information within 24 hours of visit:

- Injury report and FROI fax: 888-711-9284
- Medical and authorization fax: 888-627-0074
- 24-hour 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

 Cut or fold page if desired