



Please provide your physical address.

Due to United Parcel Services' shipping regulations, we cannot to make deliveries to post office boxes.

Date	Customer ID number	Contact name	Telephone number
Company name			Email address
Address		City	State
			ZIP code

Forms available

Quantity	Form no.	Title	Quantity	Form no.	Title
	AC-3	Temporary Authorization		C-190	Justification of Medical Necessity for Seating/ Wheeled Mobility
	C-5	Additional Information for Death Benefits		C-230	Authorization to Receive Workers' Compensation Check
	C-9	Physician's Report/Treatment Plan for Industrial Injury or Occupational Disease		C-240A	Notice of Exception to Employer's Signature Requirement
	C-9A	Request for Additional Medical Documentation for C-9		C-240	Notice of Exception to Employer's Signature Requirement
	C-11	Request to Appeal MCO Medical Treatment/ Service Decision		C-241	Amended Settlement Agreement and Release
	C-17	Pharmacy Invoice		CHP-4A	Application for Handicapped Reimbursement
	C-18	Wage Agreement		FROI-1	First Report of Injury, Occupational Disease or Death
	C-19	Service Invoice		MEDCO-13	Application for Provider Enrollment and Certification
	C-23	Change of Doctor Request		MEDCO-13A	Application for Provider Enrollment-Non Certification
	C-32	Application for Lump Sum Advancement		MEDCO-14	Report of Work Ability
	C-44	Physician's Certificate in Proof of Death		R-1	Authorization of Representative of Employer
	C-58	Application for Adjustment of Claim in Case of Fatal Injury		R-2	Authorization of Representative of Injured Worker
	C-59	Self-Insurer's Agreement as to Compensation on Account of Death		RH-1	Rehabilitation Agreement
	C-60	Injured Worker Statement for Reimbursement of Travel Expense		RH-2	Individualized Vocational Rehabilitation Plan
	C-77	Injured Workers' Change of Address		RH-5	Trainer's Report
	C-84	Request for Temporary Total Compensation		RH-6	On-The-Job Training Agreement
	C-86	Motion		RH-7	Loan/Lease Agreement for Tools and Equipment
	C-92	Application for Determination of the Percentage of Permanent Partial Disability or Increase of Permanent Partial Disability		RH-10	Injured Worker's Record of Job Search Contacts
	C-94A	Wage Statement		RH-18	Authorization for Living Maintenance Wage Loss (LMWL)
	C-101	Authorization to Release Medical Information		RH-19	Employer Incentive Contract
	C-108	Request for Waiver of Appeal		RH-21	Vocational Rehabilitation Closure Report
	C-110	Agreement to Select The State of Ohio as the State of Exclusive Remedy		RH-24	Gradual Return to Work Contract Employer Reimbursement Method
	C-112	Agreement to Select a State Other than Ohio as the State of Exclusive Remedy		SI-28	Filing of an Allegation Against a Self-Insured Employer
	C-140	Application for Wage Loss Compensation		SI-42	Self-Insured Joint Settlement Agreement and Release
	C-141	Wage Loss Statement for Job Search		SI-43	Acknowledgment of the Self-Insured Joint Settlement Agreement and Release
	C-143	DEP Physician's Report of Work Ability		U-3	Application for Ohio Workers' Compensation Coverage
	C-159	Waiver of Workers' Compensation Benefits for Recreational or Fitness Activities		U-3S	Application for Optional Supplemental Coverage
				U-117	Application for Optional Supplemental Coverage
				U-118	Notification of Business Acquisition/Merger or Purchase/Sale

Publications available

Quantity	Form number	Title	Quantity	Form number	Title
	CD 106	BWC Medical Guide		FFPH	Fraud Flyer Pharmacy
	FB	Fraud Brochure		FP 01	Fraud Poster
	FBLW	Fraud Brochure Law		FS 01	Fraud Sticker
	FBMCO	Fraud Brochure MCO		FS 01	Fraud Sticker
	FBSI	Fraud Brochure Self Insured		OS-24	Forms & Publications List
	FFFI	Fraud Flyer Financial		PERRP	Safety and Health Protection on the Job Poster

Prepared by

Agent number	Initials
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Forms that are not listed here are not available through BWC office services forms and publications. You may obtain Industrial Commission of Ohio (IC) forms by calling the IC forms and publications number at 614-644-8009.