

### Employer Initial Contact Insert:

This insert will be used as a cover letter for the employer and employer representative when no initial contact letter has been sent in the claim (claim is allowed by AA on the day it is filed).

COMPANY NAME 111 ADDRESS ST CITY, OH 43215	01/14/2004
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Dear Employer:

The Ohio Bureau of Workers' Compensation (BWC) has received and processed a claim for workers' compensation benefits for one of your employees. Important information about this claim, including the claim number, is listed below. Please use the claim number whenever you contact us or visit our Web site, [ohiobwc.com](http://ohiobwc.com).

BWC has made a decision regarding this claim. Enclosed is the BWC allowance order. Please read it carefully.

It is important to me that every Ohio injured worker gets the care and service he or she deserves for a quick, safe recovery and return to work. This will lower the emotional and financial costs of workplace injuries for all of us. Your managed care organization (MCO) will work with you to ensure your employee receives appropriate, high quality health-care services.

To avoid further costs, I urge you to implement workplace safety programs and return-to-work strategies. These efforts will benefit you and your employees. For more information, visit our Web site, [ohiobwc.com](http://ohiobwc.com), where you can look up specific claim and policy information, pay premiums, and apply for grants and discount programs. You can also contact your local BWC customer service office or call 1-800-OHIOBWC.

Sincerely,

James Conrad, Administrator/CEO

**INJURED WORKER: TERRY L FREED**

**CSS: DOROTHY F**

**CLAIM NUMBER: 04-300001**

**SERVICE OFFICE: MEDICAL CLAIMS**

**DATE OF INJURY: 01/02/2004**

**30 W SPRING ST # L-4  
COLUMBUS OH 43215-2241**

**CLAIM TYPE: MEDICAL ONLY**

**POLICY NUMBER: 778651-0**

**PHONE: 800 644-6292**

**MCO NAME: CORVEL CORPORATION**

**MCO NUMBER: 10008**