

IW Initial Contact Insert:

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

INJURED WORKER 111 ADDRESS ST CITY, OH 43215	01/13/2004
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Dear Customer:

On behalf of the Ohio Bureau of Workers' Compensation (BWC), let me first say I'm sorry to hear about your injury. Based on the information we received, we have made a decision. Enclosed is a BWC Order with our decision. Please read it carefully.

Your claim number, BWC claims service specialist (CSS) and managed care organization (MCO) are listed at the bottom of this letter. Use your claim number whenever you contact BWC or your MCO. Share it with your pharmacist and all medical providers treating this injury.

If you have lost or anticipate losing eight or more days of work, or if you are offered payment for your injury by anyone other than BWC, contact your CSS. You also can call 1-800-OHIOBWC.

You may receive letters or correspondence from parties not associated with BWC requesting or offering you a free service or consultation. If you receive such a letter, please contact your CSS.

It is important to me that every Ohio injured worker gets the care and service he or she deserves. It is my goal to help you recover and remain at work.

Sincerely, James Conrad, Administrator/CEO	To access your claim at online: 1. Go to ohiobwc.com; 2. Click create e-account.
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BWC IDENTIFICATION CARD INJURED WORKER: INJURY DATE: CSS: PHONE: SERVICE OFFICE: EMPLOYER NAME: MCO NAME: MCO PHONE NO: PRINTED ON: date	This card is a notice of claim number only. <ul style="list-style-type: none">• Share this card with any provider treating your injury.• Bills for your injury should be sent to the MCO.• Outpatient medication bills must be submitted electronically at the point of service to BWC's pharmacy benefit manager.• Call 1-800-OHIOBWC for more information
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