

# Employer Policy Number Investigation Checklist

Claim Number:		
Completed by:	BWC "A" Number:	Date:

Check the Medical Repository for related medical information by SSN.	Date:
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Check V-3 for duplicate claims.	Date:
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<b>WCIS screens verified:</b>	
✓ UW009S – Policy Search	Date:
✓ UW510S – Policy Combine/Transfer	Date:
✓ UW520S – Labor Leasing Transfer (PEO)	Date:

<b>Injured Worker Contact:</b>		Date:
Phone No(s):		
Spoke with:		
Comments:		

<b>Provider Name:</b>		Date:
Phone No(s):		
Spoke with:		
Comments:		

<b>Employer Name:</b>		Date:
Business Phone No:		
Spoke with:	Title:	
Policy Number [if given]:		
Employers claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		