

Initial Claim Determination Investigation Checklist

ISSUE	YES	NO
<p>Is this an Ohio claim or should some other state have jurisdiction over the claim? If this is an Ohio claim, is there a C-110 or C-112 Jurisdictional Agreement in effect?</p>		
<p>Is this claim filed within the time limits established by Ohio Workers' Compensation law?</p>		
<p>Is there an employer/employee relationship? Or, is this person considered an independent contractor?</p> <p>Is the person a sole proprietor, partner, limited liability company acting as a sole proprietor or partnership, family farm corporate officer, individual incorporated as a corporation with no employees, or an ordained or associate minister of a religious organization? If so, was elective coverage in effect on the date of injury?</p>		
<p>Was there an injury? Was it accidental? Did it arise out of employment? and, Did it occur in the course of employment?</p>		
<p>Is this an occupational disease claim? If so, did you document the date disability began?</p>		
<p>Did you identify all of the requested ICD-9 codes as verified with the treating physician?</p>		
<p>Did you clearly document causal relationship based on the medical evidence?</p>		