Injury Reporting Packet

University of Cincinnati

CareWorks
1-888-627-7586 | www.careworksmco.com
IMPORTANT NOTICE
FOR WORKPLACE INJURIES

In the event of a work-related injury when University Health Services is open, please see one of the medical providers recommended by your employer listed below and follow these important steps:

1. Report the accident immediately to your Supervisor.
2. Select a medical provider from the following list for immediate care.*
3. For additional providers, call CareWorks from 8:00 a.m. – 5:00 p.m. at 1-888-627-7586.

In the event of a life threatening injury or when University Health Services is closed, seek the closest hospital emergency room regardless of physician network affiliation or BWC certification status.

PROVIDER LISTINGS FOR WORKERS’ COMPENSATION

HEALTHCARE PROVIDERS

University Health Services
Uptown East Campus Clinic
University of Cincinnati
Academic Health Center
Holmes Building, 4th Floor
(513) 584-4457
Hours: 8:00 a.m. - 4:00 p.m., Monday, Tuesday, Thursday, & Friday.
10:00 am - 4:00 pm, Wednesday.

University of Cincinnati
Contact Human Resources @ (513) 556-6381

*Employees may receive treatment from any BWC certified provider.
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MERCY HEALTH SOLUTIONS
1. Eastgate Occupational Health and Urgent Care
   445 B Ashcroft Road, Suite 100
   Cincinnati, Ohio 45245
   (513) 752-9650
2. Springdale Occupational Health and Urgent Care
   10229 Sheridan Lane
   Cincinnati, Ohio 45246
   (513) 874-8111

TRIHEALTH LOCATIONS
3. TriHealth Occupational Medicine Queensgate
   155 West 8th Street
   Suite 120
   Cincinnati, Ohio 45203
   (513) 853-1040
4. TriHealth Occupational Medicine Arrow Springs
   Warren County Occ. Med. Center
   50 Arbor Square Blvd.
   Lebanon, Ohio 45036
   (513) 853-1040
5. TriHealth Occupational Medicine Sharonville
   3833 Hauk Road
   Sharonville, Ohio 45241
   (513) 853-1040
6. TriHealth Occupational Medicine Norwood
   4592 Montgomery Road
   Norwood, Ohio 45212
   (513) 853-1040
7. TriHealth Occupational Medicine Eastgate
   4452 Eastgate Blvd., Suite 101
   Cincinnati, Ohio 45245
   (513) 853-1040
8. TriHealth Occupational Medicine Butler County
   8500 Biltman Boulevard
   Hamilton, Ohio 45011
   (513) 883-1040
9. Bethesda Care at Western Ridge Emergency Department
   6549 Good Samian Drive
   Cincinnati, Ohio 45247
   (513) 246-9800
10. TriHealth Primary Care Anderson
    7991 Beachmont Avenue
    Cincinnati, Ohio 45255
    (513) 346-3399
11. TriHealth Primary Care Glenway
    6591 Glenway Avenue
    Cincinnati, Ohio 45211
    (513) 346-3399
12. TriHealth Primary Care Mason
    8550 Arbor Square Drive
    Mason, Ohio 45040
    (513) 346-3399
13. Concentra Norwood
    4625 W Tibby Avenue
    Suite C
    Norwood, Ohio 45212
    (513) 841-1122
14. Concentra Sharonville
    2884 East Kemper Road
    Sharonville, Ohio 45241
    (513) 779-2233
15. Concentra Minoa
    10405 Airway Drive
    Erlanger, KY 41018
    (859) 342-7947
16. Doctors Urgent Care
    354 Glensprings Drive
    Springdale, Ohio 45246
    (513) 671-5050
17. Doctors Urgent Care
    5900 Colerain Avenue
    Cincinnati, Ohio 45239
    (513) 741-7044
18. Doctors Urgent Care
    846 East State Route 28
    Milford, Ohio 45150
    (513) 831-8535
19. Doctors Urgent Care
    3290 Village Drive
    Franklin, Ohio 45005
    (513) 422-7703
20. Doctors Urgent Care
    4207 Apple Drive
    Mason, Ohio 45040
    (513) 770-4122
21. HOMETOWN URGENT CARE & OCCUPATIONAL HEALTH
    1005 E Main Street
    Lebanon, Ohio 45036
    (513) 932-5600
22. HOMETOWN URGENT CARE
    1061 State Route 28
    Milford, Ohio 45150
    (513) 831-5900
23. Hometown Urgent Care
    2561 North Bond Road
    Lebanon, Ohio 45038
    (937) 586-2200
24. Hometown Urgent Care
    4387 Winston Avenue
    Covington, KY 41015
    (859) 431-7300
25. Hometown Urgent Care
    8459 Colerain Avenue
    Cincinnati, Ohio 45239
    (513) 856-3981
26. Hometown Urgent Care
    10757 Springfield Pike
    Springdale, Ohio 45215
    (513) 815-3842
27. ST. ELIZABETH LOCATIONS
28. St. Elizabeth Health Solutions
    10005 Investment Way
    Florence, KY 41042
    (859) 301-9050
29. St. Elizabeth Medical Center
    200 Medical Village Drive
    Edgewood, KY 41017
    (859) 301-0999
30. St. Elizabeth Medical Center
    2200 Conner Road
    Hobson, KY 41044
    (859) 344-2030
31. Excel Corporate Care
    4859 Nixon Park Drive
    Mason, Ohio 45040
    (888) 492-5950
32. Excel Corporate Care
    Drug/Alcohol Services Only
    6971 Golf Club Lane
    Hamilton, Ohio 45011
    (888) 977-3319
33. Excel Corporate Care
    Lebanon
    Drug/Alcohol Services Only
    1000 Columbian Avenue
    Lebanon, Ohio 45036
    (513) 832-8867
34. Ross Urgent Care
    2249 Ross Millville Road
    Hamilton, Ohio 45013
    (888) 977-3319
35. Colerain Urgent Care
    3645 Stone Creek Blvd.
    Suite D
    Cincinnati, Ohio 45251
    (513) 932-2300
36. Beacon Ortho and Sports Medicine
    500 East Business Way
    Sharonville, Ohio 45434
    (513) 354-5700
*Adult Ortho Injuries Only
37. Beacon Ortho and Sports Medicine
    600 Rodos Drive
    Erlanger KY 41018
    (513) 354-5700
*Adult Ortho Injuries Only

*Employees may receive treatment from any BWC certified provider.
## Workplace Injury: Take the Right Steps

### INJURED EMPLOYEE 4-STEP PROCESS

1. Immediately notify your employer.
2. Complete the first two sections of the “BWC First Report of Injury” form as completely as possible.
3. This “Injury Reporting Packet” contains a CareWorks I.D. card. Show this card to every medical provider treating your work-related injury.
4. Then, seek treatment from a CareWorks* network provider.

### EMPLOYER 2-STEP PROCESS

2. Fax completed form to CareWorks, toll-free, at 1-888-711-9284.
   - Call CareWorks to report the injury, toll-free, at 1-888-627-7586.
   - Or, report your injury over the Internet by visiting CareWorks’ Internet Injury Reporting Center at www.careworksmco.com.

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In emergency cases, injured workers should immediately notify their employer and seek treatment at the nearest medical facility.

*According to Health Partnership Program (HPP) guidelines, injured workers may seek treatment from any BWC-Certified medical provider.

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**CareWorks**

1.888.627.7586

www.careworksmco.com
### First Report of an Injury, Occupational Disease or Death

**WARNING:** Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he or she is not entitled, is subject to felony criminal prosecution for fraud.

(R.C. 2913.48)

<table>
<thead>
<tr>
<th><strong>Employer</strong></th>
<th><strong>University of Cincinnati</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mailing address</strong></td>
<td>P.O. Box 210039 Cincinnati, Ohio 45221-0039</td>
</tr>
<tr>
<td><strong>Location, if different from mailing address</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Was the place of accident or exposure on employer’s premises?</strong></td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td><strong>Date of injury/disease</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Time of injury</strong></td>
<td>a.m. [ ] p.m. [ ]</td>
</tr>
<tr>
<td><strong>If fatal, give date of death</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date hired</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State where hired</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Date employer notified</strong></td>
<td></td>
</tr>
<tr>
<td><strong>State where supervising</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Description of accident (Describe the sequence of events that directly injured the employee, or caused the disease or death.)**

**Type of injury/disease and partial or body affected**

(Example: sprain of lower left back)

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**Injured worker signature**

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**Health-care provider name**

**Telephone number**

**Fax number**

**Initial treatment date**

**Street address**

**City**

**State**

**9-digit ZIP code**

**Diagnosis(es): Include ICD code(s)**

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**Will the incident cause the injured worker to miss eight or more days of work?**

Yes [ ] No [ ]

**Is the injury causally related to the industrial incident?**

Yes [ ] No [ ]

**E code**

**11-digit BWC provider number**

**Date**

**Health-care provider signature**

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**Employer policy number**

**100035050**

**Telephone number**

(513) 556-6381

**Fax number**

(513) 556-9652

**E-mail address**

**Federal ID number**

**Manual number**

**Was employee treated in an emergency room?**

Yes [ ] No [ ]

**Was employee hospitalized overnight as an inpatient?**

Yes [ ] No [ ]

**If treatment was given away from work site, provide the facility name, street address, city, state and ZIP code**

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**Certification** - The employer certifies that the facts in this application are correct and valid.

**Rejection** - The employer rejects the validity of this claim for the reason(s) listed below.

**For self-insuring employers only**

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**Rejection** - The employer rejects the validity of this claim for the reason(s) listed below.

**For self-insuring employers only**

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**Employer signature and title**

**Date**

**OSHA case number**
Authorization to Release Medical Information

**Injured worker name (first, M.I., last)**

<table>
<thead>
<tr>
<th>Date of injury</th>
<th>Claim number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City</td>
</tr>
</tbody>
</table>

**Employer name**

<table>
<thead>
<tr>
<th>Employer MCO or QHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Cincinnati CareWorks</td>
</tr>
</tbody>
</table>

I, the above-named injured worker, understand I am allowing the Opportunities for Ohioans with Disabilities and the providers (persons or facilities) named here (University Health Services) that attend or examine me to release the following medical, psychological and/or psychiatric information (excluding psychotherapy notes) that are related causally or historically to physical or mental injuries relevant to my workers’ compensation claim:

- Pathology slides and immunohistochemical staining results, if applicable;
- Hospital admission history and physical; emergency room reports; hospital discharge summaries; physician office notes; physical therapist, occupational therapist or athletic trainer assessments and progress notes; consultation reports; lab results; medical reports; surgical reports; diagnostic reports; procedure reports; nursing home and skilled nursing facilities documentation; home nursing progress notes; or other listed below.

I understand I am authorizing the release of this information to the following: the Ohio Bureau of Workers’ Compensation (BWC), the Industrial Commission of Ohio, the above-named employer, the employer’s managed care organization or qualified health plan and any authorized representatives.

I understand this information is being released to the above-referenced persons and/or entities for use in administering my workers’ compensation claim.

This authorization to release medical, psychological and/or psychiatric information shall remain in effect for as long as my workers’ compensation claim remains open under Ohio law. I understand I have the right to revoke this authorization at any time. However, I must submit my revocation in writing and file it with BWC or my self-insured employer. My decision to revoke this authorization will be effective, except in the case that any provider referenced above already has relied on my authorization and released information.

I understand the provider(s) referenced above may not make my completing and signing this authorization a condition of my treatment.

I understand the parties I am authorizing the release of information to are exempted from the federal privacy requirements of the Health Insurance Portability and Accountability Act of 1996 as they administer workers’ compensation programs. Information disclosed pursuant to this authorization may be redisclosed by them and may no longer be protected by the federal privacy requirements. I understand such redisclosures may include but are not limited to the following:

- A copy of the medical information the employer receives may be forwarded to BWC by the employer;
- A copy of the medical information will be available to me or my physician of record upon request to BWC or to the employer.

**Injured worker (or guardian or personal representative) signature**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

If signed by the injured worker’s guardian or personal representative, provide a description of the guardian or personal representative’s authority to sign on behalf of the injured worker.

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BWC-1224 (Rev. 9/24/2013)

C-101
Your employer has selected CareWorks to medically manage its workers’ compensation medical benefits. If injured at work, please follow these important steps:

1. Immediately notify your employer and complete the BWC First Report of Injury (FROI) form and fax to CareWorks as quickly as possible, toll-free, at 1.888.711.9284.
2. If unable to notify your employer, please call CareWorks, toll-free, at 1.888.627.7586 to report your injury.
3. Show this card to each and every medical provider that treats your workplace injury.
University of Cincinnati
BWC Policy # 10003505-0
Contact Human Resources @ (513) 556-6381

Attention Provider
You are required by Rule 4123-6-02.8 to report work-related injuries within 24 hours.

Attention Employee
This card is for information purposes only. This card is not a guarantee of coverage.

Send Medical Bills to:
CareWorks
P.O. Box 182726
Columbus, Ohio  43218-2726

Customer Service: 1-888-627-7586
Injury Reporting Fax: 1-888-711-9284
Prior Authorization Fax: 1-888-627-0074
Email: CWmedical@careworks.com
Internet : www.careworksmco.com

For prescription drug information, contact 1-800-OHIOBWC or visit www.bwc.ohio.gov.
**Medical Management Information**

FAX medical information to:
- 1-888-711-9284 (toll-free)

MAIL medical information to:
- CareWorks
  
  P.O. Box 182726
  
  Columbus, Ohio 43218-2726

Prior Authorization
- Fax C9 form to
  
  1-888-627-0074 (toll-free)

**Medical Bill Payment Information**

Mail medical bills to:
- CareWorks
  
  P.O. Box 182726
  
  Columbus, Ohio 43218-2726

Billing Questions
- Call CareWorks Customer Service, toll-free, at
  
  1-888-627-7586

**Other Important Information**

Prescriptions
- For questions regarding prescriptions, please contact BWC at 1-800-OHIOBWC or visit www.bwc.ohio.gov.

Provider Search and Injury Reporting
- Visit www.careworksmco.com for online injury reporting and provider searches.