

OPTIONS FOR FILING A WORKERS' COMPENSATION CLAIM

Under the Ohio managed-care program, BWC and CompManagement Health Systems (CHS) have made filing a claim easy. Injured workers, employers and health-care providers should report an injury to CHS within 24 hours of initial treatment one of the following ways:

- * Fax the First Report of Injury (FROI) Form to CHS at **1-800-334-4229**
- * Call the CHS Injury Reporting line at **1-888-247-4800** and submit the First Report of Injury (FROI) information.
- * File the First Report of Injury (FROI) information on-line directly to CHS through our Internet web site at www.chsmco.com. Simply click on the First Report of Injury box to begin the process.
- * File the First Report of Injury directly to the Bureau of Workers' Compensation (BWC) through their Internet web site at www.ohiobwc.com.

Please be advised that the following information is required:

If you are an Employer

- * Injured Worker Name
- * Injured Worker SSN
- * Injured Worker Mailing Address
- * Injured Worker Home or Work Phone Number
- * Date of Birth
- * Date of Injury/Disease
- * Gender
- * Occupation or Job title
- * Description of Accident
- * Type of Injury/Disease and Part(s) of Body Affected
- * Employer Policy Number (lookup function provided)
- * Place of Accident or Exposure on Employer's Premises
- * Date Hired
- * Type of Injury/Disease and Part(s) of Body Affected
- * Date Employer Notified