

WORKERS' COMPENSATION CLAIM PACKET

After reporting your work-related injury to your supervisor, follow the medical treatment and claim form instructions below.

1. Supervisor will provide you with a Brentview Medical or Midway Industrial Health Care Services Treatment Authorization Form. **Take referral form to Industrial Injury Clinic you have chosen. An appointment is not needed for initial visit. If you wish to make an appointment, please call phone number referenced on referral form.**

****Please disregard #1, if you have returned a workers' compensation: Pre-Designation of Personal Physician form to Risk Management prior to a work-related injury. Please contact Risk Management to verify if form is on file before seeing your personal physician. Proceed with initial treatment by personal physician upon verification.**

2. Workers' Compensation Claim form (DWC 1) (complete #'s 1-8 only – **Return to Risk Management**).
3. Report of Work Injury/Illness (**employee complete Part I and supervisor complete part II – Return to Risk Management**).
4. PRIME – Employee Notification regarding Medical Provider Network (**DO Not Return**).
5. PRIME Express Scripts-Workers' Compensation Temporary Prescription Services ID. **This form is for medication which the doctor prescribes. Take completed form to one of the pharmacies indicated on reverse side. (Do Not Return)**.

IF YOU HAVE ANY QUESTIONS REGARDING THE ABOVE, PLEASE CONTACT RISK MANAGEMENT AT EXTENSION 4102.