WORKERS' COMPENSATION MEMBER CARD

PLEASE REFER TO BACK OF CARD FOR EMERGENCY AND TREATMENT INFORMATION.



Risk #: 10003149-0

UNIVERSITY OF TOLEDO

TO REPORT A WORKERS' COMPENSATION INJURY CALL: 1-888-202-3515

LS-38 Rev. 9/11



2545 Farmers Drive Columbus, OH 43235 1-888-202-3515

Corporate Office 1901 Indian Wood Circle Maumee, OH 43537

DEAR HEALTH MANAGEMENT SOLUTIONS MEMBER:

- · In non-emergency situations, report work related injury to your supervisor.
- Supervisor call 1-888-202-3515 (FAX 1-888-303-6294) to report the injury.
- · Give ID card to employee. (If applicable)
- · Seek treatment with a BWC Certified Provider.
- · Presentation of this card does not automatically imply compensibility. Compensibility will be determined by the Ohio Bureau of Workers' Compensation



EMERGENCY SERVICES

In the case of a Life Threatening Work Related Emergency go to the nearest medical facility.

Remit FROI's Provider Bills, C-9, Prior Authorization to: Health Management Solutions, Inc. 2545 Farmers Drive, Suite 400 Columbus, Ohio 43235 Phone: 1-888-202-3515 Fax: 1-888-303-6294

> Pharmacy Provider: Call the Ohio BWC at 1-800-644-6292 or go to: www.ohiobwc.com