

REPORT A NEW INJURY OR ILLNESS

Immediately upon knowledge of an incident that may give rise to an injury, you must offer medical treatment to your employee at your designated facility, or through a pre-designated physician if the employee has chosen one prior to injury.

Once you have addressed medical assistance needs, the following forms must be completed and submitted at the earliest possible moment, but not to exceed five (5) days in any event.

EMPLOYER:

- Employer's First Report of Injury (C-3 Form). Must be completed fully.
- Injury & Illness Supervisor Report.
- Employer signature portion of C-1 Form once Employee has completed their portion (The employee must complete the C-1 in its entirety)

***NOTE: If there are witnesses to the injury, please secure written statements.**

EMPLOYEE:

- C-1 Form
- Complete and sign the Medical Authorization Form
- Sign Fraud Statement
- Complete body part chart

SUBMISSION:

All forms should be completed as noted above and faxed to Care West Claim's Unit at (702) 699-7020, and originals mailed to P.O. Box 51228, Las Vegas, Nv 89160. As the employee follows up for medical attention, all work status slips and other medical slips given to the employee, should be faxed to the claims unit upon your receipt.

Upon receipt of the above paperwork, Care West's Claims Team will set up a claim and assign to a Claims Examiner who will contact you with claim information.

NOTE: Above forms can also be obtained at Care West Insurance Companies website as follows:

www.carewestins.com

