

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. Please have the employee call 24/7 Telehealth and a nurse will direct them to your designated facility if treatment is needed. If they have pre-designated a physician they should be sent to the physician if treatment is needed after consulting with the nurse, and it is not an emergency situation.

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 (Form 5020). Must be completed fully.
- Injury & Illness Supervisor Report
- Employer portion of DWC-1 once Employee has completed their portion
(The employee must complete their portion of the DWC-1)

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

EMPLOYEE:

- DWC-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 (866) 774-1846 or email to FNOL_Fax@Corvel.com, and originals mailed to P.O. Box 277550 Sacramento, Ca. 95827. 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 claim's unit upon your receipt.

Upon receipt of the above paperwork, Care West's Claims Unit 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