

CareWorks

Customer Information Form

To assist CareWorks in providing you with high quality medical management services, please complete the three sections of this form as fully as possible.

Once complete, please fax to CareWorks, toll free, at 1-888-358-5319.

If you have any questions, please call CareWorks' Customer Service Department at 1-888-627-7586.

SECTION 1 | Employer Contact Information

(Company Name)

(Ohio BWC Risk/Policy Number)

(DBA)

(Employer Contact Name)

(Title)

(Phone / Extension)

(Fax)

(Email)

(Mailing address)

(Street address, if different)

(City)

(State)

(Zip Code)

Do you wish to receive mailings from CareWorks?

yes

no

SECTION 2 | Claims Contact Information

Who would you like us to contact regarding specific claim information?

(Employer Claims Contact)

(Title)

(Phone / Extension)

(Fax)

(Email)

Is there an alternate claims contact?

(Employer Alternate Claims Contact)

(Title)

(Phone / Extension)

(Fax)

(Email)

SECTION 3 | Additional Locations for Ohio Workers' Compensation (copy as necessary)

(Location/Company Name) (Ohio BWC Risk/Policy Number)

(Claims Contact Name) (Title)

(Phone / Extension) (Fax) (Email)

(Mailing address)

(City) (State) (Zip Code)

Should this location receive mailings from CareWorks? **yes** **no**

(Location/Company Name) (Ohio BWC Risk/Policy Number)

(Claims Contact Name) (Title)

(Phone / Extension) (Fax) (Email)

(Mailing address)

(City) (State) (Zip Code)

Should this location receive mailings from CareWorks? **yes** **no**

(Location/Company Name) (Ohio BWC Risk/Policy Number)

(Claims Contact Name) (Title)

(Phone / Extension) (Fax) (Email)

(Mailing address)

(City) (State) (Zip Code)

Should this location receive mailings from CareWorks? **yes** **no**