

# Bowling Green State University

## INJURY ON THE JOB CLAIM PROCEDURES

Employer and Bureau of Workers' Compensation (BWC) Policy #	
<b>Name:</b> Bowling Green State University	<b>Phone Number :</b> 419-372-8421
<b>Address:</b> 1851 N Research Dr., Room 106	<b>Fax Number :</b> 419-372-2920
<b>City, State, Zip:</b> Bowling Green, OH 43403	<b>BWC Policy Number:</b> 10003141-0

1. Notify your supervisor **IMMEDIATELY**.
2. In an emergency, seek care at the nearest medical facility.
3. For non-emergency situations where medical treatment is necessary, your supervisor will direct you to:

**Ready Works at Wood County Hospital**  
**950 W Wooster St.**  
**Bowling Green, OH 43402**  
**419-354-8970**

4. Give your Managed Care Organization (MCO) Identification Card to Ready Works at Wood County Hospital. Ready Works will have you fill out the *First Report of Injury* (FROI) and will fax it to CompManagement Health Systems at (800) 334-4229.
5. CompManagement Health Systems will report your injury to the Ohio Bureau of Workers' Compensation (BWC) and assign a case manager to help with your recovery.
6. You must provide information regarding your medical condition, disability, anticipated return-to-work, and work restrictions to your BGSU workers' compensation coordinator or supervisor immediately.

**Front of MCO ID Card:**

CompManagement Health Systems
<p><b>Workers' Compensation Identification Card</b></p> <p>1 (888) 247-7799 Customer Service            1 (888) 247-4800 Injury Report Number</p> <p>State Insured Employer  <b>BOWLING GREEN STATE UNIVERSITY</b>  <b>Risk : 10003141-0</b></p> <p><b>CompManagement</b>  <small>Health Systems, Inc.</small></p> <p style="font-size: small;">Prescription questions: contact the            Pharmacy Benefits Manager at 1 (888) 644-6292            Press 0, select option 3, then select option 2.</p>

**Back of MCO ID Card:**

<p>We will review all restrictions and requests for transitional work in an attempt to reasonably accommodate all employees within business necessity.</p> <p>Fax all information within 24 hours of visit to 1 (800) 334-4229 or (614) 718-9870.</p> <p><b>Send bills to:</b>            CompManagement Health Systems, Inc.            Attn: Billing Dept.            P.O. Box 1040            Dublin, Ohio 43017</p> <p>CompManagement Health Systems, Inc. provides administrative services and network access only and does not assume by financial risk or obligation with respect to claims.</p> <p><b><i>This card does not guarantee claim approval.</i></b></p>
---