



INJURED WORKER HANDOUTS

As soon as you know one of your employees may have been injured at work, please provide the following documents to the injured worker.

Injured Worker's First Fill Prescription Form:

This document contains a first fill card that an injured worker can use for a one-time fill of prescription medicines for their work injury. **It is important that you give the worker this card right away when they report an injury.** The temporary card is only valid if used within 5 days of the reported date of injury. Once the injury is reported to us, our claims staff will provide further instructions to the worker on how to get subsequent prescription fills and refills.

DWC Form WC-280 - Report Your Workplace Injury, Occupational Disease, or Repetitive Trauma Injury:

This form may be used by an injured worker to provide written notice of injury.

DWC Form WC-303 - Claimant Authorization to Disclose Worker's Compensation Records:

This form is used to obtain copies of the claimant's records for any past claims from the Division. Have the injured worker complete and sign this form. Then, send a copy to Omaha National when the injury is reported.

Consent and Authorization for Release of Information and Request for Medical History Forms:

These forms help us to obtain the information and records needed to handle a claim and to make sure that the injured worker receives the best possible medical care. Have the injured worker sign the forms and send them to Omaha National.