



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.

C-430S – Statement of Rights:

This document contains important information about benefits and claims for injured workers.

Claimant Information Packet: (Claimant Quick Start Guide, C-3.3 Limited Release of Health Information, C-3 – Employee Claim)

This packet must be provided to injured workers. This collection of documents and forms is also available in Spanish when the injured worker primarily speaks Spanish.

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.

Direct Deposit Authorization Form

Injured workers may use this form to request benefits to be paid by direct deposit.