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.

Form 106 - Medical Waiver and Consent Form:

The Kentucky Department of Workers' Claims designed this release form to be used to obtain the documents and records needed to process a claim. An injured worker uses this form to provide consent for the release of their medical information. Please have the injured worker sign this document and send a copy of the signed form to Omaha National when the injury is reported.

Form 105 - Plaintiff's Chronological Medical History:

This form is used to obtain information about an injured worker's past injuries and medical conditions and the doctors that provided treatment to them. Have the injured worker complete and sign this form and send it to Omaha National for the claim records.

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 complete and sign these forms and send them to Omaha National.

Form 104 - Plaintiff's Employment History:

Form 104 is used to collect information about the injured worker's previous jobs. It includes the types of industries and exposures from prior jobs. Have the injured worker complete and sign the form and send it to Omaha National for the claim records.

Release and Consent to Disclosure:

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

Form 114 - Request for Payment of Services or Reimbursement:

An injured worker may use this form to request payment or reimbursement for treatment or travel expenses. Provide a blank copy of the form to the injured worker to use as necessary. If the worker completes and returns the form to you, please make sure to send a copy to Omaha National for processing.

Direct Deposit Authorization Form:

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