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.

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

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 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.

DFS-F2-DWC-60 / DFS-F2-DWC-61 - Important Workers' Compensation Information for Florida's Workers:

Provide a copy of this document to injured workers upon notice of a work-related injury or illness. English and Spanish copies are available. The Florida Division of Workers' Compensation created this brochure to serve as a general guide for injured workers about their rights and responsibilities under the Florida Workers' Compensation Law. It contains basic explanations about benefits and claim procedures.

Employee Notification Letter:

Provide a copy of this notice to injured workers upon notice of a work-related injury or illness. English and Spanish copies are available. This letter is used to provide injured workers with notice of the availability of services from the Employee Assistance Office at the Florida Division of Workers' Compensation.

Fraud Statement Acknowledgement Form:

Have the injured worker sign this form to indicate they received and understand the fraud statement. Send a copy to Omaha National when you report the claim to us.