

Self-insurance Claims Process

Self-insuring claims

Your employer makes the initial determination and subsequent decisions regarding allowances in your claim. If you or your employer has a dispute regarding your claim, either party may file a *Motion* (C-86) to request a hearing before the Industrial Commission of Ohio (IC).

Claim number assignment

Injuries resulting in seven or more calendar days of disability must be filed with BWC. Injuries resulting in fewer calendar days of disability do not need a BWC claim number unless the employer denies the claim. However, either party may choose to file any claim he or she wishes. To file a claim with BWC, the injured worker or employer completes a *First Report of Injury, Occupational Disease or Death* (FROI). You can obtain a copy of the FROI at ohiobwc.com.

The IC

The IC is a separate agency from the BWC and hears all disputed issues in your claim. A hearing will be scheduled within 45 days from the date of referral to the IC.

Free choice of physician

A worker who is injured or disabled in the course of employment has free choice in selecting a physician, medical, surgical, nursing and hospital services. The injured worker must designate one physician of record who will direct medical care in the claim.

Resolving medical issues

Your employer will pay fees for health-care services directly related to your workplace injury.

- Prior authorization is usually required for medical services, such as hospital stays, surgery and physical therapy, except for emergency situations. Your employer has 10 days to respond to your request, or the request is deemed approved.
- The provider or injured worker must submit all medical bills within two years of the date of service to be considered for payment.
- Employers must pay medical bills within 30 days of receipt, unless additional information is needed or the bill is being denied. The employer must respond within this time frame whether paid or not.
- If your employer denies a medical bill or a request for treatment, you may file a C-86 to request a hearing before the IC. You can obtain a copy of the C-86 form on ohiobwc.com.
- If the health-care provider treats you for a condition not recognized in your claim, payment is not the responsibility of your employer or BWC. If you believe the condition is related to your claim, you may request it be recognized in your claim by filing a request with your employer. If your employer denies the request, you will need to submit the C-86 to the IC. Attach copies of the employer's decision and your supporting medical evidence.

Compensation

Temporary total benefits are usually the first form of compensation awarded during your recovery from a work-related injury. Disability resulting from an injury must be documented by the treating physician before benefits will be initiated. The *Request for Temporary Total* (C-84) and the *Physician's Report of Workability* (Medco-14) are commonly used forms to document disability. You must submit signed C-84s or equivalent forms to ensure regular payments. These forms are available from your physician or ohiobwc.com.

- Temporary total benefits begin on the eighth calendar day following the accident. However, if you are off work for 14 consecutive days, your employer must pay you for the first seven days of disability. The employer issues this compensation on a biweekly basis. Once you return to work, temporary total disability benefits cease.
- The injured worker is not required to accept salary continuation wages in lieu of temporary total benefits.
- If you return to work with medical restrictions and suffer a reduction in earnings as a direct result of your injury, you may be entitled to wage loss compensation. Wage loss benefits can begin the day after the date of injury.
- Please contact your employer or log on to ohiobwc.com for information specific to your claim and an explanation of the types of workers' compensation benefits.

Claim file availability

Your employer is required to make your claim file available to you or your authorized representative within 72 hours of receiving a written request. You are entitled to a copy of your claim file.

Rehabilitation services

If you are interested in vocational rehabilitation services, please contact your employer. If an injured worker is eligible, an employer must provide rehabilitation services that are equal to or greater than BWC. An injured worker's participation in rehab is voluntary.

About BWC's self-insured department

First, contact your employer with any questions you may have regarding your claim. If your issue remains unresolved, contact BWC's self-insured department. The department also accepts and processes complaints filed against self-insuring employers. *Use Filing of Allegations Against a Self-Insured* (SI-28) to file a complaint. You can contact the department by calling **1-800-OHIOBWC** and listen to the options.

Online services are available to you 24 hours a day at ohiobwc.com.