

REPORT OF INJURY FAX COVER SHEET

EMPLOYEE OR VOLUNTEER ACCIDENT - Injury
**Complete this form and fax it to 1.800.442.0597
or call 1.800.442.0593**

All claims should be reported to MEM within 24 hours.

**To: Missouri Employers Mutual Insurance
Attention: Customer Service Center**

From: Name of company: _____

Name of injured employee: _____

Date injury was reported to employer: _____

Please indicate what type of injury you are reporting.

- This is a "report only" claim. Our employee is not expected to lose more than three days of work and we will be paying all, if any, bills to the extent permitted under Missouri Workers' Compensation Law. If you have questions about when a claim is report only, please call 1.800.442.0593.
- This is a "medical only" claim. We don't expect this employee to lose more than three days of work. Please pay any necessary bills associated with this claim.
- This is a "lost time" claim. Our employee will lose more than three days of work. Please pay any necessary bills associated with this claim.

Do you have any concerns about the validity of this claim?

- yes no

If yes, a Claims Representative will contact you as soon as possible.