

CLAIM REPORTING GUIDE FOR THE EMPLOYER

HOW TO REPORT A CLAIM:

A claim cannot be set up in the computer without the following information. The information requested below must be submitted by either:

➤ **ONLINE**

The First Report of Injury is available online and personalized for your business. All the company information is automatically filled in. Go to www.fhmic.com and if you have already registered, click on the "Login" button and enter your User Name and Password. You will then have access. Or, click on the Register button to sign up for access to the online First Report of Injury Report. For assistance, go to www.fhmic.com and click on the "Help" button, then "Submit First Report of Injury" for a step-by-step guide.

➤ **FAX OR MAIL**

You must use the current state form [LES Form DWC-1 (11/94)]. This form is available on the FHM web site. It can be downloaded, filled in, printed and sent to FHM.

- Fax: 1-407-352-5788
- Mail to: FHM Insurance Company
P.O. Box 616648
Orlando, FL 32861-6648

➤ **EMAIL**

You must use the current state form [LES Form DWC-1 (11/94)]. This form can be downloaded from the FHM web site, filled in and emailed to FHM at claim_reporting@fhmic.com.

➤ **TELEPHONE**

Call FHM at 888-346-3461, Extension 353, no later than the next business day to report the injury.

Have the following information ready:

- Full name, address, telephone number of injured employee
- Occupation, date of birth, sex of injured employee
- The injured employee's Social Security number Date and time of accident
- Employee's description of accident
- Injury/illness that occurred, part of body injured Company name, phone, address
- Employer's location if address is different from above Place/address accident occurred
- Federal Employer ID# and FHM Policy Number (i.e., 306 –xxxx)
- Employee date of hire
- Did the employee return to work?
- Do you (the employer) agree with the accident?
- Name of physician or hospital where employee was sent by you for treatment