



Ohio Workers' Comp Information Card

Employee: If you have a work-related injury:

1. Notify your supervisor/administrator immediately & submit an Employee Injury Report to supervisor within 24 hours.
2. Be sure to use BWC approved provider if seeking medical treatment (unless it is an emergency).
3. Please present the card to physician/provider when seeking medical treatment.

This card is for informational purposes only and does not constitute proof of eligibility/certification.

Employer: Lakota Local School District

Employer Risk No. 20005371-0

EMPLOYER IS SELF-INSURED

(Do not send paperwork to BWC)

Providers: Send paperwork/medical bills to:

Hunter Consulting Company

6600 Clough Pike, 2nd Floor

Cincinnati, OH 45254

For information please contact: Hunter Consulting Company
at (513) 372-8727 or Lakota Treasurer's Office at (513) 644-1180