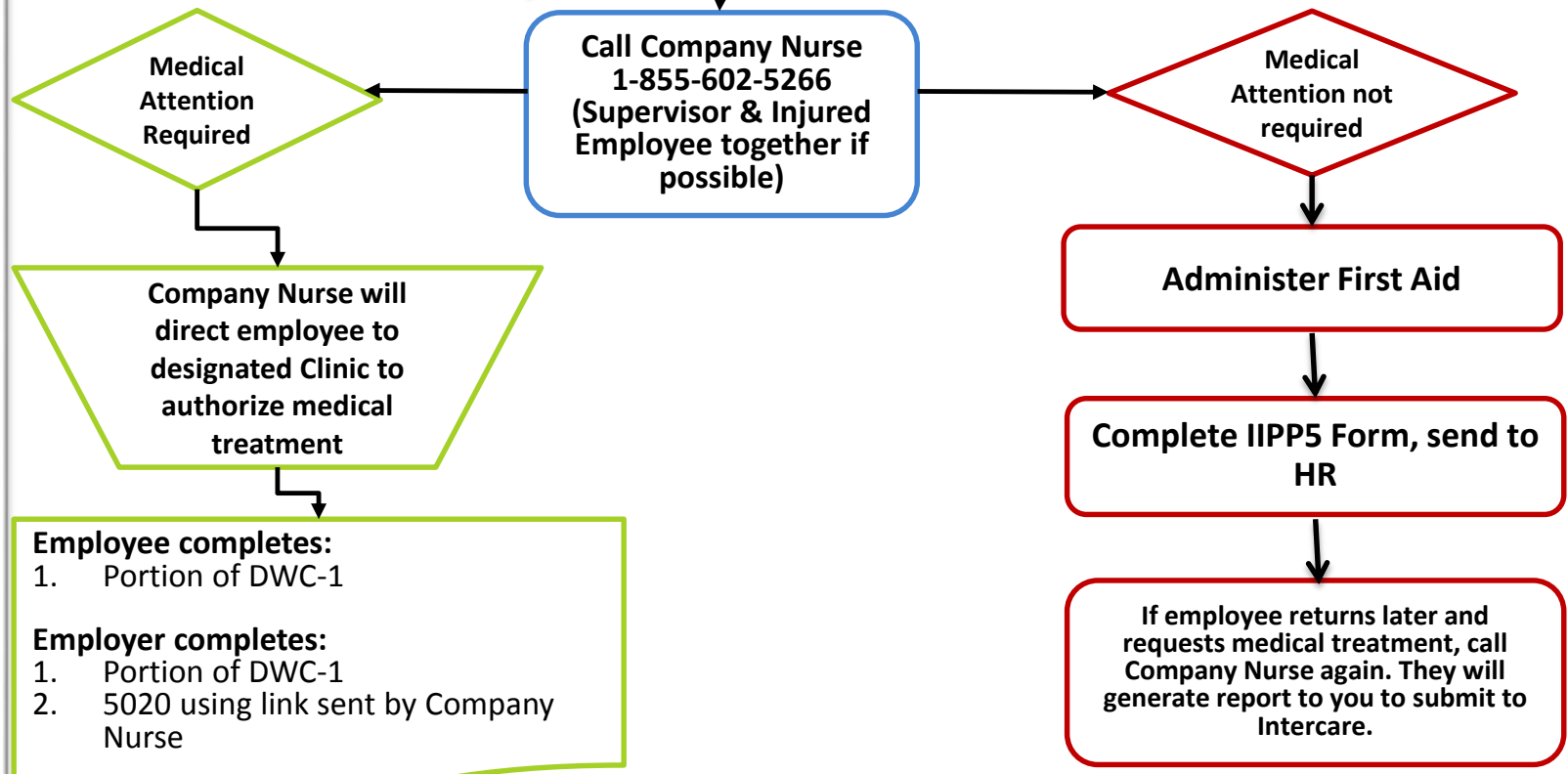




Incident Occurs!



Employee completes:
1. Portion of DWC-1

Employer completes:
1. Portion of DWC-1
2. 5020 using link sent by Company Nurse

Fax or e-mail the following information to Intercare at:
newclaims@intercareins.com or (877) 362-5050:

- **DWC-1**
- **5020**
- **Wages statement/payroll log (if applicable)**
- **Signed medical release (if received) and**
- **All doctor records (if any)**