



DFW ROCIP Initial Incident Notification Form

In efforts to expedite employee medical evaluation, ALL the information below must be provided on the first call to your CMAR/ROCIP

1. Employee name:
2. Employee's date of birth:
3. Employee's date of hire:
4. Employee's SS#:
5. ROCIP Badge Number:
6. Employee's Employer:
7. Location /SA # of Injury:
8. Employee's direct supervisor name & phone number:
9. Date of injury:
10. Time of Injury:
11. Brief explanation of injury/body part involved:

The delivery of accurate information above will enable the Claims Management team to effectively initiate the claims reporting process to the clinic as well as internally. Liberty Mutual Claim Reporting forms must still be submitted within 24 hours of incident occurrence.

Your cooperation is appreciated.

ROCIP CLAIMS MANAGEMENT