

# NO LOST TIME INJURY REPORT

TO: STATE INSURANCE FUND (Claims Medical Department)

DATE: \_\_\_\_\_ CARRIER CASE # \_\_\_\_\_

SUBJECT: Medical bill for employee with on-the-job injury.

**SINCE THIS ACCIDENT IS MINOR AND DOES NOT INVOLVE LOST TIME BEYOND ONE DAY AND/OR MORE THAN (2) TREATMENTS BY A DOCTOR, WE DO NOT HAVE TO FILE A C-2.**

We are providing the following pertinent data concerning this medical only/no lost time incident:

**Employer:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM (circle one)

Name of Employee: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employee's Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Nature of Injury/Description of Accident: \_\_\_\_\_

\_\_\_\_\_

Employee treated by Doctor/Hospital: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS NO LOST TIME CLAIM. PLEASE EXPEDITE PAYMENT OF THE ENCLOSED MEDICAL BILL. PLEASE RETIRE THIS CLAIM ONCE BILL HAS BEEN PAID.**

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

(PLEASE PRINT)

TITLE \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

**We understand that we will need to file a C2 if this case becomes indexed by the WCB in the future.  
Please call our office if you have any further questions.**

**KSW - 12/96**