

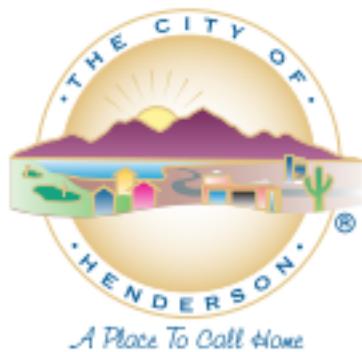
Please Give to Provider at Check-In



The following information MUST be filled out correctly on the C-4 to avoid billing errors:

INSURER: City of Henderson

THIRD-PARTY ADMIN: CCMSI



WHEN YOU RECEIVE THE C-4:

- 1: Make sure work status and restrictions, if applicable, have been filled out completely**
- 2: Make sure you have signed the C-4**
- 3: E-mail the C-4 to your supervisor and HRWC@cityofhenderson.com immediately.**

Hurt at Work? What Now?



IN DANGER OF LIFE OR LIMB, CALL 911

1: Alert your supervisor immediately.

2: Complete a C-1.



WORKERS' COMPENSATION CONTACT INFORMATION

 702-267-1922  HRWC@cityofhenderson.com
 702-371-3969  HR-WC.com

**Scan QR Code with your smartphone for more information,
including provider lists, digital wallet card, forms, etc.**

