

# Injury Reporting Procedure



Please immediately report all injuries sustained on the job to:

Meadowbrook

**Service Center**

**1-800-825-9489**

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## **If reporting by phone:**

Please have your policy number and name of insured/policyholder as named on the policy.  
Please have the following claimant information:

- 1) Full name, age/D.O.B. & social security number
  - 2) Date/hours of employment & wages
  - 3) Date, time and location of injury
  - 4) Home address and phone number
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## **If reporting by fax:**

Please be sure to have your State Workers' Compensation First Report of Injury form completed. You may download state forms from our website by visiting us at:

**[www.meadowbrook.com](http://www.meadowbrook.com)**

**Fax: 1-800-832-8793**

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**SAVE MONEY** by reporting all injuries immediately upon occurrence.

