

**ELECTRONIC DATA  
INTERCHANGE  
First Report of Injury**

Transaction Title: (e.g. FROI)  
Transaction Type: (e.g. Denial 04)

Jurisdictional Claim Number: (e.g. CLM-2012021312345)  
Date Transaction Submitted to BWC: May 8 2012 01:30 PM

<b>Employee Information</b>	
First Name:	Middle Name:
Last Name:	Last Name Suffix:
Employee ID:	ID Type:
Date of Birth:	Date of Death:
Number of Dependents:	Employee Marital Status Code:
Mailing City:	
Mailing State Code:	
Mailing Postal Code:	
Gender Code:	
Mailing Primary Address:	
Mailing Secondary Address:	
Mailing Country Code:	
Phone Number:	
Date Of Hire:	
Occupation Description:	

<b>Claim Information</b>	
Jurisdiction Claim Number:	Jurisdiction:
Initial Date Disability Began:	Claim Type Code:
Type of Loss:	
Death Result of Injury Code:	
Claim Status Code:	
Late Reason Code:	
Accident Site County/Parish:	
Accident Site Postal Code:	
Initial Return to Work Date:	
Initial Date Last Day Worked:	
Physical Restrictions Indicator:	
Employment Status Code:	
Employer Paid Salary in Lieu of Compensation Indicator:	
Date Employer Had Knowledge of Date of Disability:	
Date Employer Had Knowledge of the Injury:	
Return to Work Type Code:	

<b>Injury Information</b>	
Date of Injury:	
Time of Injury:	
Part of Body Injury Code:	
Cause of Injury Code:	
Nature of Injury Code:	
Accident/Injury Description Narrative:	

<b>Denial Information</b>	
Full Denial Reason Code:	
Denial Reason Narrative:	

<b>Insurer Information</b>	
Insured Report Number:	Insured FEIN:
Insurer FEIN:	
Insured Name:	
Insured Type Code:	
Insurer Name:	

<b>Claim Administrator Information</b>	
Claim Administrator Name:	
Claim Administrator FEIN:	
Claim Administrator Postal Code:	
Claim Administrator Claim Number:	
Claim Administrator City:	
Claim Administrator State Code:	
Claim Administrator Information/Attention Line:	
Claim Administrator Primary Address:	
Claim Administrator Secondary Address:	
Claim Administrator County Code:	

<b>Employer Information</b>	
Name:	
Employer FEIN:	
Mailing Primary Address:	
Mailing Secondary Address:	
Mailing City:	
Mailing Postal Code:	
Mailing State Code:	
Mailing Country Code:	

<b>Employer Information</b>
Name:
Physical Primary Address:
Physical Secondary Address:
Physical City:
Physical Postal Code:
Physical Country Code:
Mailing Information/Attention Line:
Policy Number Identifier:
Contact Business Phone:

Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program