

# Workers' Compensation Claims Kit



**Employee care comes first.** If there is a true emergency, call 911. Do not delay treatment to complete paperwork.

## 1. Choose the scenario

### NO MEDICAL TREATMENT

#### The worker does not need or seek treatment

- Complete and sign the [Injured Worker Statement](#) and [Declination of Medical Treatment](#)
- Email the signed PDFs to [workerscompclaims@wrapbook.com](mailto:workerscompclaims@wrapbook.com) within 24 hours
- For California injuries, provide the [DWC-1](#), [DWC-7](#), and [MPN Notice](#); have the worker sign the receipt

### MEDICAL TREATMENT

#### The worker needs or receives treatment

- Complete and sign the [Injured Worker Statement](#) and the [Supervisor Statement](#)
- Add a [Witness Statement](#) if applicable
- California: [DWC-1](#), [DWC-7](#), [MPN Notice](#) and [receipt](#)
- Submit the signed PDFs through the [claim form](#)

## 2. Complete, sign, and save



### Open

Click the form link



### Fill

Enter the requested information



### Sign

Use the freehand tool or print and sign



### Save

Download, reopen, and verify

Signatures must be handwritten. Use the viewer's freehand-signing tool, or print and sign with a pen.

## 3. Open the documents you need

### California documents

Use when the injury occurred in California

- [CA WC Claim Form DWC-1](#)
- [CA MPN Notice](#)
- [CA DWC-7 Notice to Employees](#)
- [Receipt of DWC-1, DWC-7, and MPN](#)

### Reference only

Share these when applicable. They do not need to be completed for Wrapbook.

- [Medical Provider Billing Information Sheet](#)
- [EK Health MPN Portal Instructions](#)
- [RxBridge Text2Fill / First Fill](#)
- [mySedgwick — use after the claim is filed](#)