



State of Oklahoma Workers' Compensation Program Check List

Submit all WC forms and information to SRM

via email WorkComp@omes.ok.gov or fax 405-522-4442

- Complete and submit WC Incident Investigation Report form
- Complete and submit GB Authorization for Release of Information form
- Provide injured/ill employee Network Provider information (address, etc)
- Provide injured/ill employee prescription information sheet and pharmacy list
- Provide injured/ill employee Return to Work form (to be returned to you after each medical visit and also submitted to SRM)
- Refer to GB contact list for specific claim information
- Contact SRM with any questions or concerns

Do not provide injured/ill employee an authorization to treat form

SRM Contacts

Toni Blue 405-522-4436 or Adriano Coronel 405-522-0411