McLaren Business Products

McLaren Print System Order

Order No: 61034 Reprint Previous Order No: 6552
Order Date: 2021-03-16
User: Theda Simmonds
Phone: 989-393-2857

Ship Location: McLaren Occupational and Convenient Care - Bay City Occ
4 Columbus Ave Ste 140
Bay City, MI 48708
Forms
Quantity: 1000
Paragon Dept No: 56052
Dept Name: Occupational Convenient Care
Company Number: 989

Order Total Price: 0.00

Item Number: WC-117H
Item Description: Providers Report of Claim and Request for Medical Payment
Revision Date: 1/2012
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

PROVIDER'S REPORT OF CLAIM & REQUEST FOR MEDICAL PAYMENT

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency

1. EMPLOYEE TO COMPLETE THIS SECTION

2. PROVIDER TO COMPLETE THIS SECTION

DO NOT MAIL THIS FORM TO THE WORKERS' COMPENSATION AGENCY