McLaren Business Products

McLaren Print System Order

Order No: 63873 Reprint Previous Order No: 6552
Order Date: 2021-07-27
User: Jody Terwilliger
Phone: 8106677040

Ship Location: Lapeer Occ Health
1181 S Lapeer Rd
Lapeer, mi 48446
Forms
Quantity: 500
Paragon Dept No: 65100
Dept Name: Lapeer Occ Health
Company Number: 810

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