McLaren Business Products

McLaren Print System Order

Order No: 8921 Reprint Previous Order No: 6552
Order Date: 2015-02-11
User: Billie Peters
Phone: 810-667-7025

Ship Location: Mclaren Occupational and Convenient Care
1254 N Main St
Lapeer MI 48446,
Forms
Quantity: 100
Paragon Dept No: 65100
Dept Name: Lapeer Occupational
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: 1/2004
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 Labor & Economic Growth

Workers' Compensation Agency

1. EMPLOYEE TO COMPLETE THIS SECTION

2. PROVIDER TO COMPLETE THIS SECTION

This form is to be submitted to the workers' compensation insurance carrier, self-insured employer or group fund

DO NOT MAIL THIS FORM TO THE WORKERS' COMPENSATION AGENCY