McLaren Business Products

McLaren Print System Order

Order No: 60055 Reprint Previous Order No: 6552
Order Date: 2021-02-01
User: Cindy Simpson
Phone: 8104960900

Ship Location: MCLAREN OCCUPATIONAL AND CONVENIENT CARE ATTN CINDY
2313 East Hill Road
Grand Blanc, MI 48439
Forms
Quantity: 2500
Paragon Dept No: 64100
Dept Name: Mclaren Occupational and Convenient Care
Company Number: 810

Order Total Price: 75.50

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

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