McLaren Business Products

McLaren Print System Order

Order No: 60121 Reprint Previous Order No: 6552
Order Date: 2021-02-03
User: Judy Rife
Phone: 9892695152

Ship Location: 1040 S Van Dyke Rd
Bad Axe
MI, 48413
Forms
Quantity: 1000
Paragon Dept No: 55276
Dept Name: Bad Axe Conveninet Care Clinic
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