

ANNUAL MEDICAL PAYMENT REPORT

Michigan Department of Energy, Labor & Economic Growth
 Workers' Compensation Agency
 Health Care Services Division
 PO Box 30016, Lansing, MI 48909

ANNUAL REPORTING PERIOD: 1/01/_____ to 12/31/_____
(Due by February 28th the Year Following the Reporting Period)

I. CARRIER INFORMATION

Carrier Name (Insurance Co., Self-Insured, or Fund)	NAIC or Self-Insured No.
Address (number & street)	Telephone No. (include area code)
City, State, Zip Code	Carrier Contact Person and Email address
Service Co. Submitting Information for Self-Insured/Self-Administered	Service Co. Contact Person & Telephone No. (include area code)
Service Co./Self-Insured/Self-Administered Email Address	Service Co. Contact Person Email Address

II. ANNUAL MEDICAL PAYMENT REPORT

Include data for payment of all medical expenditures.

Do not include payments for the following:

- a. Indemnity payments
- b. Mileage reimbursement
- c. Vocational rehabilitation or medical case management expenses
- d. Independent medical examinations or legal expenses

CASE TYPE	NUMBER OF CASES	TOTAL DOLLARS SPENT FOR MEDICAL CARE
Medical Only Cases		\$
Medical Paid on Wage Loss Cases		\$

Are you continuing to do business in Michigan? (Check appropriate box) Yes No

If no, what is the termination date? _____

By signing this form, I certify that the information included in this annual medical payment report and accompanying attachments, if any, is true, correct and complete to the best of my knowledge.

Authorized Signature	Authorized Name and Email address	Date
Alternate Contact Person	Alternate Email Address	Alternate's Telephone Number

DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Compensation Health Care Services Rules, part 14, R418.101401 Completion: Mandatory. Must be completed and submitted to the agency by 2/28 annually for the previous year. Penalty: Failure to provide data shall prevent certification of the Carrier's Professional Health Care Review Program pursuant to part 12, R418.101206
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