



State of Michigan
Jennifer M. Granholm, Governor

Department of Energy, Labor & Economic Growth
Stanley "Skip" Pruss, Director

**Workers' Compensation Agency
Health Care Services**
P.O. Box 30016
Lansing, MI 48909
(517) 322-5896
Fax (517) 322-6689
www.michigan.gov/wca

September 24, 2009

Dear Carrier/Self-Insured/Group:

The Workers' Compensation Agency is in the process of revamping the reporting process for the annual medical payment report and certifications. The new method will allow for electronic submissions online via our website.

To begin the conversion process, we need the following information by October 20, 2009.

Carrier **Self-Insured** **Group**

Complete NAIC No./Self-Insured No.	Contact Person Name
Company Name	Contact Person Telephone Number
Department (If applicable)	Contact Person Email Address
Address (Street Number and Name)	Alternate Contact Name
	Alternate Contact Telephone Number
City, State, ZIP Code	Alternate Contact Email Address

This letter/form is available on our website in the What's New section under the Health Care Services tab. The form can be filled out online then printed and faxed to 517-322-6689 or mailed to:

Patty Curtis
Workers' Compensation Agency
PO Box 30016
Lansing, Michigan 48909

Thank you for your timely cooperation.

Sincerely,

Billie Newsom, Administrator
Health Care Services Division

c: Jack Nolish, Director, Workers' Compensation Agency