

## CARRIER'S RESPONSE

Michigan Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
PO Box 30016, Lansing, MI 48909

Social Security Number	Date of Birth	Employee Name			
Employee Address (Street No. and Name)		Employee City	State	ZIP Code	
Date(s) of Injury		Insurance Company/TPA Claim Number			
Employer		Insurance Company or TPA (If self-insured)			
Employer Address (Street No. and Name)		Insurance Company Address (Street No. and Name)			
City	State	ZIP Code	City	State	ZIP Code
Federal ID Number		NAIC or Self-Insurance Number			
<p>1. Do you dispute that the injury or disability is work related?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>2. Do you dispute that the claimant is disabled?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>3. List reasons supporting your position in the space provided.</p>          					
<p>4. Have you had the claimant medically examined in connection with this claim?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>If yes, give name and address of individual who performed the examination.</p>          					
<p><b>5. Do you certify that to the best of your knowledge all existing medical records of the carrier or employer contained in your file that are relevant to this claim have been furnished to the claimant and/or the claimant's attorney?      <input type="checkbox"/> Yes      <input type="checkbox"/> No</b></p>					
Claims person/attorney to whom correspondence should be sent			Attorney ID Number (If applicable)		
Claims office/attorney address			Telephone No. (Include area code)		
Preparer Signature				Date	

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, Section 418.222 Completion: This form is to be submitted by the carrier within thirty (30) days after the carrier's receipt of a completed Application for Mediation or Hearing. Penalty: Failure to complete shall prohibit that party from proceeding.
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