

Copy 1	Provider
Copy 2	Carrier
Copy 3	Employee

Carrier's Explanation of Benefits

Michigan Department of Labor and Economic Opportunity
 Workers' Disability Compensation Agency
 Health Care Services Division

Date processed
Page

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

Carrier Name				Service Company			NAIC/Self-Insured			
Street Address				City		State	Zip Code		Telephone Number	
Employer Name							Claim Number			
Provider Name				Employee Name						
Street Address				Street Address						
City			State	Zip Code		City			State	Zip Code
National Provider Identification Number (NPI)/FEIN Number*				Social Security Number *						
Patient Account Number				Date of Injury		Date of the Provider Bill		Date bill received by Carrier		
PROVIDER: IF YOU INTEND TO SEEK RECONSIDERATION, PLEASE CONTACT THE CARRIER INDICATED ABOVE WITHIN 60 CALENDAR DAYS OF RECEIPT OF THIS NOTICE. IF ADDITIONAL INFORMATION IS REQUESTED, PLEASE FORWARD THE INFORMATION TO THE CARRIER.				EMPLOYEE: FOR INFORMATION ONLY. THIS IS NOT A BILL. IF YOU ARE BILLED FOR ANY SERVICES RELATED TO THIS WORKERS' COMPENSATION CLAIM, DO NOT PAY. DO CALL THE CARRIER LISTED ABOVE.						
Date of Service	Place of Service	Procedure Code and Modifier	Description--If Needed	Diagnosis Code	Days or Units	Charge	Payment	Note		
THIS IS NOT A BILL										
Provider/Employee: R 418.10105 and R 418.101301(3) of the Workers' Compensation Health Care Services Rules require that the carrier notify the employee and the provider that the rules prohibit a provider from billing an employee for any amount for health care services provided for the treatment of a covered work-related injury or illness when that amount is disputed by the carrier pursuant to its utilization review program or when the amount exceeds the maximum allowable payment established by these rules. The carrier shall request the employee to notify the carrier if the provider bills the employee.							Total Charge	Payment		

This form is required as set forth in Part 1, R 418.10117 (4), Part 10, R 418.101001 (4) and Part 13, R 418.101301 (1) of the Workers' Compensation Health Care Services Rules.

***PROTECTED INFORMATION TO BE USED FOR IDENTIFICATION PURPOSES**

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.