

Copy 1 Provider
 Copy 2 Carrier
 Copy 3 Employee

Carrier's Explanation of Benefits

Michigan Department of Energy, Labor & Economic Growth
 Workers' Compensation Agency
 Health Care Services Division

Date processed
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DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

Carrier Name			Service Company			NAICS/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
<h1 style="color: gray; opacity: 0.5;">THIS IS NOT A BILL</h1>								
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**

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