PROVIDER'S PETITION FOR PAYMENT OF MEDICAL AND RELATED SERVICES

STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

HEALTH CARE PROVIDER

NAME: ______________________________)
STREET/P.O. BOX:)
CITY, STATE, ZIP: ______________________________)
TELEPHONE NUMBER: ______________________________)
EMPLOYEE NAME:)
EMPLOYEE SOCIAL SECURITY NUMBER: ____________________)
DATE OF INJURY:)
BOARD FILE NUMBER: ______________________________)
(IF KNOWN)

EMPLOYER

NAME:
STREET/P.O. BOX: ______________________________
CITY, STATE, ZIP:

INSURANCE COMPANY

NAME:
STREET/P.O. BOX:
CITY, STATE, ZIP:

1. On ______________________________ , ______________________________
MONTH DAY YEAR EMPLOYEE NAME

experienced a work-related injury while working for ______________________________.
EMPLOYER NAME

2. The charges for medical and related services in connection with this injury amount to: $____________________.
ATTACH COPIES OF ALL BILLS

WHEREFORE, the health care provider asks the Board to order payment of the attached work-related medical bills and services pursuant to 39-A M.R.S.A.

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SIGNATURE OF HEALTH CARE REPRESENTATIVE

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DATED:______________________________
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original petition to the Workers= Compensation Board at the above address by regular mail.
2. Mail one (1) copy **by certified mail, return receipt requested** to the insurance company.
3. Mail one (1) copy **by certified mail, return receipt requested** to the employer.
4. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

NAME OF PROVIDER'S ATTORNEY (IF ANY)

STREET/P.O. BOX

CITY, STATE, ZIP

THE STATE OF MAINE DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY IN ADMISSION TO, ACCESS TO, OR OPERATION OF ITS PROGRAMS, SERVICES, OR ACTIVITIES. THIS FORM IS AVAILABLE IN ALTERNATIVE FORMAT. FOR FURTHER ASSISTANCE, CONTACT THE MAINE WORKERS' COMPENSATION BOARD, ADA COORDINATOR, TELEPHONE: 1-888-801-9087 OR TTY (877) 832-5525

WCB-190A (06/98)