

REIMBURSEMENT REQUEST OF GROUP HEALTH INSURANCE CARRIER/HEALTHCARE PROVIDER

Instructions: Any group health insurance carrier or health care provider must file this form in order to request reimbursement for medical expenses paid during the pendency of a claim. A copy shall be sent to all parties at interest. If a hearing is pending when the Board receives this, then the Board will mail a copy of the hearing notice to the party filing this form. If a hearing is not pending, then the Board will issue an order allowing all parties 15 days to file an objection, which must be filed on Form WC-102gb.

Employee:  
Accident Date(s):  
Claim Number:

The reason that reimbursement for medical expenses should be ordered is as follows:

\_\_\_\_\_, of the mailing address of \_\_\_\_\_  
and the telephone number (\_\_\_\_) \_\_\_\_\_, requests reimbursement for the following list of expenses, and supporting documentation is attached: [Use additional pages if necessary]

I certify that I have today sent a copy of this to all counsel and unrepresented parties listed here:

\_\_\_\_\_  
Signature Date  
Type here your name: