MCWCF
MICHIGAN COUNTIES WORKERS' COMPENSATION FUND
935 N. Washington Avenue
Lansing, MI 48906
517-372-5374 Fax 517-482-4599
www.micounties.org
Timothy K. McGuire, Administrator

COMPONE
ADMINISTRATORS
An FDI Group Company

Treatment Referral Slip

Employee Name: ______________________________

Date of Injury: ______________________________

Employer Name: ______________________________

Person Referring Employee: ______________________________

Date of Referral: ______________________________

Dear Provider,

The above employee has sustained an injury during his/her hours of employment with the above named employer. Please treat this slip as referral for this employee to receive medical treatment.

In accordance with the Workers' Disability Compensation Act, medical bills are subject to retrospective review of reasonable and necessary services, including length of stay. To further help the processing of medical bills, please ensure that all correspondence includes the above employee name. Appropriate medical records must accompany all bills.

If you have questions regarding this matter, please contact me at: ______________________

Medical bills, on the proper form and containing supporting treatment documentation may be directed to, CompOne Administrators, PO Box 2530, Okemos, MI 48805.