

CARRIER'S RESPONSE

Michigan Department of Labor and Economic Opportunity
 Workers' Disability Compensation Agency
 PO Box 30016, Lansing, MI 48909

Social Security Number		Date of Birth		Employee Name			
Employee Address (Street No. and Name)				Employee City		State	ZIP Code
Date(s) of Injury				Insurance Company/TPA Claim Number			
Employer				Insurance Company or TPA (If self-insured)			
Employer Address (Street No. and Name)				Insurance Company Address (Street No. and Name)			
City		State	ZIP Code	City		State	ZIP Code
Federal ID Number				NAIC or Self-Insurance Number			
1. Do you dispute that the injury or disability is work related?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2. Do you dispute that the claimant is disabled?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3. List reasons supporting your position in the space provided.							
4. Have you had the claimant medically examined in connection with this claim?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, give name and address of individual who performed the examination.							
5. Do you certify that to the best of your knowledge all existing medical records of the carrier or employer contained in your file that are relevant to this claim have been furnished to the claimant and/or the claimant's attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Claims person/attorney to whom correspondence should be sent				Attorney ID Number (If applicable)			
Claims office/attorney address				Telephone No. (Include area code)			
Preparer Signature						Date	

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, Section 418.222 Completion: This form is to be submitted by the carrier within thirty (30) days after the carrier's receipt of a completed Application for Mediation or Hearing. Penalty: Failure to complete shall prohibit that party from proceeding.
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