Order Form

Kentucky Workers' Compensation
Schedule of Fees for Physicians

Quantity	Type	Charge	Total
_____	2013 Book/CD Combination(Eff 6/4/2014)	$ 100.00	$ 0.00
_____	2013 CD(Eff 6/4/2014)	$ 50.00	$ 0.00
_____	2016 Book/CD Combination(Eff 10/7/2016)	$ 100.00	$ 0.00
_____	2016 CD(Eff 10/7/2016)	$ 50.00	$ 0.00
Shipping/Postage			$ 8.00
Total Order			$ 8.00

Shipping Information:

Name: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

FEIN Number: _____

Order and pay online at:
https://secure.kentucky.gov/formservices/WorkersComp/Physicians

or

Mail check or money order payable to Kentucky State Treasurer to:

Department of Workers' Claims
657 Chamberlin Avenue
Frankfort, KY 40601
ATTN: Administrative Services – Fee Schedule Request