Order Form

Kentucky Workers' Compensation
Schedule of Fees for Physicians
Effective October 7, 2016

Quantity	Type	Charge	Total	
_____	2016 Book/CD Combination	$ 100.00	$	0.00
_____	2016 CD	$ 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: _____

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

Labor Cabinet
PO Box 4989
Frankfort, KY 40604
ATTN: Linda Bramham