

Order Form

2018 Kentucky Workers' Compensation Schedule of Fees for Physicians Effective July 1, 2018

| Quantity | Type | Charge | Total |
|----------|------------------|--------|-------|
| _____ | | \$ | \$ |
| _____ | | \$ | \$ |
| | Shipping/Postage | | \$ |
| | Total Order | | \$ |

Shipping Information:

Name:

Company:

Street Address:

City:

State: Zip Code:

Phone:

Email:

FEIN Number:

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

**Kentucky Labor Cabinet/Department of Workers' Claims
Mayo – Underwood Bldg.
500 Mero Street, 3rd Floor
Frankfort, KY 40601
ATTN: Linda Bramham (MED FEE)**