

# Order Form

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

**No longer available in Electronic Format**

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

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**