

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027**

1. REVISION DATE:
____ / ____ / ____ MM DD YYYY

2. WCB FILE NUMBER
(if known):

STATEMENT OF COMPENSATION PAID

EMPLOYEE

3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER: ()
12. DATE OF INJURY: ____ / ____ / ____ MM DD YYYY	13. SPECIFIC INJURY OR ILLNESS:		14. BODY PARTS (S) AFFECTED:	

EMPLOYER/INSURER

15. INSURER FILE NUMBER:	16. EMPLOYER NAME:	17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:		
18. INSURER NAME:	19. INSURER MAILING ADDRESS AND PHONE NUMBER:			

20. TYPE: INTERIM REPORT (ONGOING PAYMENTS OF ANY KIND) FINAL REPORT (NO FURTHER PAYMENTS ANTICIPATED)

21. LIST CUMULATIVE TOTALS:

MEDICAL TREATMENT (TREATMENT DOES NOT INCLUDE EXPENSES RELATED TO MANAGED CARE SERVICES SUCH AS UTILIZATION REVIEW, CASE MANAGEMENT, AND BILL REVIEW, OR TO EXAMS PERFORMED PURSUANT TO §§ 207 AND 312.)	\$	DEATH BENEFIT/FUNERAL EXPENSE (NOT TO EXCEED \$7,000)	\$
WEEKLY COMPENSATION (WHEN FILING THIS FORM AS A FINAL, THIS AMOUNT MUST MATCH THE SUM OF THE AMOUNT PAID ON ALL PAYMENT FORMS)	\$	EMPLOYEE RELATED LEGAL EXPENSE	\$
PERMANENT IMPAIRMENT (PRE 1993 ONLY)	\$	EMPLOYER RELATED LEGAL EXPENSE	\$
EMPLOYMENT REHABILITATION	\$	INTEREST AND OTHER PAYMENTS (OTHER PAYMENTS INCLUDE BUT ARE NOT LIMITED TO: EXPERT WITNESS FEES, COURT REPORTER FEES, PRIVATE INVESTIGATOR FEES, MEDICAL AND OTHER TRAVEL COSTS, COSTS RELATED TO MANAGED CARE SERVICES SUCH AS UTILIZATION REVIEW, CASE MANAGEMENT, AND BILL REVIEW, AND EXAMS PERFORMED PURSUANT TO §§ 207 AND 312)	\$
LUMP SUM SETTLEMENT (THIS AMOUNT MUST MATCH THE APPROVED AMOUNT ON FORM WCB-10)	\$		
TOTAL AMOUNT PAID (DO NOT INCLUDE ANY PENALTY AMOUNTS, AMOUNTS PAID TO THE "LEAD" CARRIER ON APPORTIONMENT CASES, OR AMOUNTS PAID BY THE EMPLOYER. DO NOT REDUCE THESE TOTALS BY THE AMOUNT OF ANY RECOVERIES, INCLUDING DEDUCTIBLES.)			\$

COMMENTS:

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES:

AUGUSTA 442 CIVIC CTR. DRIVE, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	BANGOR 396 GRIFFIN RD, STE 105 BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	CARIBOU ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	PORTLAND 56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858
------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

22. PREPARER'S FULL NAME (REQUIRED): E-MAIL ADDRESS (REQUIRED):	23. TELEPHONE NUMBER (REQUIRED): () TOLL-FREE NUMBER: ()	24. DATE SENT TO WCB: ____ / ____ / ____ MM DD YYYY
------------------------------------------------------------------------	---------------------------------------------------------------------------------------	---------------------------------------------------------------