

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

1. REVISION DATE:  MM / DD / YYYY		<b>STATEMENT OF COMPENSATION PAID</b>		2. WCB FILE NUMBER (if known):	
<b>EMPLOYEE</b>					
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:	
<b>EMPLOYER/INSURER</b>					
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: <input type="checkbox"/> INTERIM REPORT (ONGOING PAYMENTS OF ANY KIND) <input type="checkbox"/> FINAL REPORT (NO FURTHER PAYMENTS ANTICIPATED)					
<b>21. LIST CUMULATIVE TOTALS:</b>					
<b>MEDICAL TREATMENT</b> (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.)  \$		<b>DEATH BENEFIT/FUNERAL EXPENSE</b> (NOT TO EXCEED \$7,000)  \$			
<b>WEEKLY COMPENSATION</b> (WHEN FILING THIS FORM AS A FINAL, THIS AMOUNT MUST MATCH THE SUM OF THE AMOUNT PAID ON ALL PAYMENT FORMS)  \$		<b>EMPLOYEE RELATED LEGAL EXPENSE</b>  \$			
<b>PERMANENT IMPAIRMENT</b> (PRE 1993 ONLY)  \$		<b>INTEREST AND OTHER PAYMENTS</b> (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)  \$			
<b>EMPLOYMENT REHABILITATION</b>  \$					
<b>LUMP SUM SETTLEMENT</b> (THIS AMOUNT MUST MATCH THE APPROVED AMOUNT ON FORM WCB-10)  \$					
<b>TOTAL AMOUNT PAID</b> (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.)  \$					
<b>COMMENTS:</b>					
<b>ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES:</b>					
<b>AUGUSTA</b> 442 CIVIC CTR. DRIVE, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854		<b>BANGOR</b> 396 GRIFFIN RD, STE 105 BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856		<b>CARIBOU</b> ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	
<b>LEWISTON</b> 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857		<b>PORTLAND</b> 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	