

**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:**

<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>EMPLOYER 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.) \$	

**COMMENTS:**

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

<b>AUGUSTA</b>	<b>BANGOR</b>	<b>CARIBOU</b>	<b>LEWISTON</b>	<b>PORTLAND</b>
442 CIVIC CTR. DRIVE, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	396 GRIFFIN RD, STE 105 BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	ONE VAUGHN PL 658 MAIN ST, STE 1 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858

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