BWC
Better Workers' Compensation
Built with *you* in mind.

INSTRUCTIONS:
For BWC / IC internal use only
Fax to MAFIL (614) 265-2862

REQUESTS FOR CLAIMS CHARGED TO MAFIL

Charge to	Attention name	Department/Service Office
Telephone number ( )	Fax number ( )	Floor/Level
Comments		

CLAIM NUMBER (in numerical order)	MAFIL CHARGE / DATE	MAFIL'S REPLY	
	30/___ ___/___/___	☐ Sent ☐ Not sent	
	30/___ ___/___/___	☐ Sent ☐ Not sent	
	30/___ ___/___/___	☐ Sent ☐ Not sent	
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