

NOTICE OF COMPENSATION PAYABLE

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Bureau of Workers' Compensation via electronic format. A copy		
Insurer/Administrator claim #	Insurer/Administrator claim #	Bureau of Workers' Compensation via electronic format. A copy must be sent to the injured employee with the first payment of
compensation. A separate paper copy of this EDI-generated form should not be uploaded or sent to the Bureau.		compensation. A separate paper copy of this EDI-generated form

Specific information regarding this claim is on the reverse side of this form.

A Statement of Wages, Form LIBC-494A or a Statement of Wages, Form LIBC-494C must be filed with every indemnity NCP or TNCP unless wages are estimated.

Compensation is payable as follows:

	Check only if compensation for medical treatment (medical only, no loss of wages) will be paid subject to the Workers' Compensation Act. Compensation for medical treatment is payable from the date of injury. For compensation for medical treatment only, you should not complete numbers 1 through 4.		
1. \	Neekly compensation rate \$		
	This box is checked if AWW is estimated. This box is checked if wages paid in lieu of compersion.		
2. F	Payments begin on MM DD YYYY (Compensation for loss of wages is payable for first seven days only disability extends 14 or more days; compensation for medical treatment payable from the date of injury.)		
	Section 308 of the PA Workers' Compensation Act generally provides that compensation shall be paid in privile installments as the wages of the employee were payable before the injury.		
/ j	Any termination, suspension, or modification of these payments must be made by agreen, nto manueceipt, administrative or udicial determination, or as otherwise provided in the Workers' Compensation Act or Degulations of the department.		
3. [Date first check mailed This box is checked if dat_exceeds the 21-day Rule		
	If the injury involves a loss under Section 306(c) (except for disfigurement of the head, face, or neck) and the employee has returned to work, complete the following information:		
	(a) Compensation is payable for weeks days of loss or loss of use of		
	(b) Employee returned to work without loss of income or – –		
	(c) Healing period payable for weeks day. op to (b) above and subject to seven-day waiting period.)		
	(d) Total (a) and (c) payable weeks days		
	(e) Credit taken for disability benefit, paid 4		
Clai	ms representative's na ne Telephone		
NO.	TICE TO EMPLO FE: In y questions arise regarding these payments, contact the claims representative named above.		
	Any indices of filing usleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).		
	Employer InformationClaims Information ServicesHearing ImpairedServicestoll-free inside PA: 800.482.2383PA Relay 7-1-1		
	Services toiline inside PA: 800.482.2363 PA Relay 7-1-1 717.772.3702 local & outside PA: 717.772.4447 PA Relay 7-1-1		
To view your claim file, log on to <u>www.wcais.pa.gov</u>			

Auxiliary aids and services are available upon request to individuals with disabilities. Equal Opportunity Employer/Program