South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5722



(For Commission U ATTACH MAILING INSURANCE CARRI	ABEL IDENTIFYING		Minor Medical Claims for Calendar Year
I. Carrier	Identification		
Insurar		Insurance Carrier SCWCC Code No.:	
II. Reporting Contact Address The address shown above is the correct contact for completion of this form. OR Future editions of this form should be sent to the following address: Address:			
	City: State: Zi		
	tistical Report includes ALL minor medical claims paid rer during the calendar year. y: Preparer's Name	in the name of or under the authority of Telephone:	f the named Carrier/Self-
	or medical claims filed during calendar year: al costs paid during calendar year: \$		

File this form with the Accident Reporting Division on or before April 1 following the reporting year. Only one report per carrier will be accepted.