



Maxcis, Inc.

Risk Management & Self Insurance Administration  
4843 Cascade Rd., SE, Ste.4, Grand Rapids, MI 49546 ♦ 800.930.7272 ♦ Fax 616.949.9250

Order for Medical Treatment

Date: \_\_\_\_\_

Dr.: \_\_\_\_\_

Kindly render such FIRST AID service as may be necessary to care properly for the injury sustained by: \_\_\_\_\_

While in our employ on: \_\_\_\_\_20\_\_\_\_.

Nature of injury: \_\_\_\_\_

Signed: \_\_\_\_\_  
Company Name

Per: \_\_\_\_\_

**NOTICE TO MEDICAL FACILITY** – Please forward a short report indicating diagnosis, disability, and prognosis along with your bills to: Maxcis, Inc., 4843 Cascade Rd., SE, Ste. 4, Grand Rapids, MI 49546, immediately after first treatment. Your report is necessary before compensation payments can be made to the injured employee. It is also required to insure proper payment of your bill.

Our liability for subsequent treatment is governed solely by the provisions of the Workers' Compensation Act.