PROOF OF SERVICE

I hereby certify that on _____, I served copies of the application of the Application for Fee Review and the attached supporting documentation to the following:

_____

Insurer/Employer

_____

Street address

_____ via

City/Town State ZIP

_____

First class mail, overnight mail, etc.

Attorney for Insurer/Employer, <u>if known</u>:

_____

Attorney for Insurer/Employer

_____

Street address

_____ via

City/Town State ZIP

_____

First class mail, overnight mail, etc.

_____ _____

Provider or representative's signature
(Note: Request will be returned if not signed and dated)

Provider or representative's name (Typed/Printed)

_____

Telephone