

**CHECKLIST
MEDICAL CLAIM**

CLAIMANT'S NAME _____

ID# _____

PROFILE ATTACHED _____

DATE	ACTION TAKEN
	Medical claim form requested by: _____ for: _____ injury: _____ send claim to: _____
	Medical claim form and letter of instructions sent to requested individual. (Copy to Executive Officer) (Copy to CN)
	Claim form returned to Service & Leadership Center.
	Claim form and bills submitted to CNA. (Copy to Executive Officer) (Copy to Lockton Insurance) (Copy to CN)