

# PAYMENT REIMBURSEMENT SCHEDULE



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

| Name of Injured Worker | Claim Number | Date Of Injury | Nature Of Injury | Weekly Basic Award | Time Lost From | To | Weeks | Days | Hours | Compensation Paid | Date Resumed |
|------------------------|--------------|----------------|------------------|--------------------|----------------|----|-------|------|-------|-------------------|--------------|
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