

Date: _____

Employee Name: _____

Social Security #: _____

Dear Medical Provider:

Please submit Workers' Compensation medical bills to the following carrier:

MABE Claims Unit
621 Ridgely Ave Suite 301
Annapolis MD 21401
1-800-944-9082

Because this is a new claim, a number has not yet been assigned and you are asked to reference the employee's Social Security number. Your office will be notified by a claims adjuster once someone is assigned to this case. If you have any questions, please contact me directly at 301-934-7275 or you may contact the carrier directly.

Sincerely,

Glenn R. Belmore
Special Assistant in Environment, Safety and
Risk Management

GRB:vh