MEDICAL CLAIMS
30 W SPRING ST
COLUMBUS OH 43215-2241

[redacted]

RECEIVED
APR 16 2001
KIP MOLENAAR

04/10/2001

MENTOR ON THE LAKE
5860 ANDREWS RD
MENTOR ON THE LAKE OH 44060

Injured Worker: JOHN FORSYTHE
Claim Number: 01-348963
Injury Date: 04/03/2001
Claim Type: Medical Only

Employer's Name: MENTOR ON THE LAKE
Policy Number: 34305402-0
Employer Status: COVERED

Dear Employer:

As you may know, the Bureau of Workers' Compensation (BWC) has received a workers' compensation claim involving your company. Although you have received a claim number, you may not be aware of the facts regarding the claim referenced above.

The enclosed Claim Information Report provides you with the facts BWC received regarding this claim. Please review this information and complete the employer certification/rejection below. As an employer in Ohio, you have the right to certify or reject employee claims.

If you choose to certify a claim, you agree that all the information on the report is correct to the best of your knowledge. If you are not sure of the facts and/or do not agree with the facts on the Claim Information Report, you should reject the claim. If you reject the claim, you should describe your reasons for questioning the claim. BWC retains the right to make final determination of the claim upon completion of our investigation.

Employer's Name City of Mentor-on-the-Lake Title Admin. Director

X Certification ____ Rejection Reason for Rejection _____

Employer's Signature [signature] Date 4/16/01

After completing the section above, please mail, fax or telephone your reply to the customer service specialist indicated below. Please respond within 14 days from the date of this letter. For future reference retain the enclosed Claim Information Report for your records.

Thank you for your prompt reply.

SHAROL W
MEDICAL CLAIMS
30 W SPRING ST
COLUMBUS OH 43215-2241

Team Number: 10
Phone Number: (800) 644-6292
Fax Number: (614) 225-7900

CC:
GATES MCDONALD COMPANY

BWC Use Only