

Provider Instructions

Policyholder name: ABC Corporation
Policy Number: WCV 6xxxxxx
Carrier: Accident Fund
Claim Number: *open text field*

Note: Some of our contact information has been updated. Please see below for proper submission channels. Thank you.

When submitting paperwork, if you have a claim number, please include it (or, attach this form if it has been included above) and:

Email: documentimaging2@accidentfund.com
Fax: 517-316-2747
Mail: PO Box 40790, Lansing, MI 48901-7990

Should you need to contact us, please call 866.206.5851.