

# ORDER FORM FOR WORKERS COMPENSATION PUBLICATIONS

K-WC 300 (Rev. 11-16)

The Schedule of Medical Fees is also available at: [www.dol.ks.gov/WorkComp/medfeesched.aspx](http://www.dol.ks.gov/WorkComp/medfeesched.aspx)  
The Laws & Regulations book is also available at: [www.dol.ks.gov/WorkComp/frmpub2.aspx](http://www.dol.ks.gov/WorkComp/frmpub2.aspx)

## Schedule of Medical Fees – Jan. 1, 2017

Excel file via email (single table of codes & maximum fees only) @ \$40.00 \$ \_\_\_\_\_

## Laws & Regulations – April 25, 2013

Complete Edition (includes updated pages and binder; 136 pages)  
\_\_\_\_\_ copies @ \$ \_\_\_\_\_ per copy postpaid \$ \_\_\_\_\_

Updated pages only (102 Pages)  
\_\_\_\_\_ copies @ \$ \_\_\_\_\_ per copy postpaid \$ \_\_\_\_\_

**Product Total** \$ \_\_\_\_\_

### Service Charges: (Select **only one** payment option listed below)

The payment option not used should be set at zero.

If paying by **check**, \$1.50 will be added to the Product Total. \$ \_\_\_\_\_

If paying by **credit card**, 2.5% charge will be added to the Product Total. \$ \_\_\_\_\_

**ORDER TOTAL** \$ \_\_\_\_\_

\*Required field

\*Purchaser's name: \_\_\_\_\_

Business name: \_\_\_\_\_

\*Mailing address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ \*Email: \_\_\_\_\_

### PAYMENT OPTIONS

- Personal or Business Check: The Kansas Department of Labor is now using KanPay to process check payments for security purposes. Please add \$1.50 to the product total for a processing service charge. Mail your check payable to the **Kansas Division of Workers Compensation** to:

Kansas Department of Labor  
Division of Workers Compensation  
401 SW Topeka Blvd., Suite 2  
Topeka, KS 66603-3105

- Credit Card: The Kansas Department of Labor is now using KanPay to process credit card payments for security purposes. A 2.5% service charge will be added to the product total. You will receive a KanPay receipt of payment by email.

VISA     MasterCard    Card #

Discover     American Express    Expiration Date: MO   YR

Name as it appears on card: \_\_\_\_\_

Or call: Division of Workers Compensation (785) 296-4000, ext. 2131 FAX: (785) 296-0839