FORM LP-72

Notice of First, Suspension, and Final Payment

Instructions: Pursuant to A.S.C.A. §32.0661(b), the employer or its carrier is mandated to notify the Commissioner whenever the first payment is made and/or suspended. The employer is also required to notify the Commissioner within 16-days after the final payment of compensation is made and issued to the employee and individuals to whom compensation is paid to. The same notification also applies to any suspension of compensation payments made by the carrier.

Please choose applicable box(s):

☐ FIRST PAYMENT | ☐ SUSPENSION OF PAYMENT | ☐ FINAL PAYMENT

1. Date of this Notice:	2. Name of Employee (First, Middle, Last):	3. Case No.:	4. Date of Injury:

5. Name of Employer:	6. Name of Insurance Carrier or Self-insurer:	7. Name of Person Signing this Report:

8. Employer – Mailing Address:	9. Insurance Carrier – Mailing Address:

10. Employee's Average Weekly Wages (AWW):	11. Weekly Payments (AWW x 66-2/3%):	12. Installment Payment Type: ☐ Weekly | ☐ Bi-weekly | ☐ Monthly | ☐ Annually

13. Type of Payment Award: ☐ Without an Award | ☐ With an Award	14. Specify the Benefit(s) affected under this Payment Notice: ☐ Temporary Wages | ☐ Permanent Impairment | ☐ Medical Benefit | ☐ Death Benefit

15. Date of First Payment Made:	16. Total First Payment Made:	17. Is this "First Payment" also considered as the final payment for the recipient? ☐ Yes | ☐ No

18. Date of Final Payment Made:	19. Total Final Payment Made:	20. Total Compensation Paid to Date:

21. Name of person or dependent whose payment is suspended or terminated: (Note: Each dependent should have its own payment notice form)	22. State reason(s) for suspension or termination of payment:

23. LIST ALL COMPENSATION PAYMENTS MADE

Type of Disability	From (Mon. / Day / Yr.)	To (Mon. / Day / Yr.)	Specify only one: Total Weeks:	Total Months:	Total Years:	Payment Amount	Installment Type:	Total Compensation
Temporary Total Disability								
Temporary Partial Disability								
Permanent Total Disability								
Permanent Partial Disability								
Disfigurement								
Medical Benefits								
Vocational Rehabilitation								
Death Benefits								

OTHER COMPENSATION PAID:	
Funeral Expenses [§32.0617]	
Legal & Service Fees [§32.0671]	
Penalties [§32.0663]	
Others:	
TOTAL:	

(Sign here) _____
Authorized Signature

_____
Title of Person Signing Notice