FORM LP-72

Notice of First, Suspension, and Final Payment

Instructions: In pursuant to A.S.C.A. §32.0661(b), the employer or its carrier is mandated to notify the Commissioner when the first payment is made and/or suspended, including a notice within 16-days after the final payment of compensation was made and issued to the employee and individuals to whom compensation is paid to.

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