

NECESSITY OF TREATMENT DISPUTE RESOLUTION - DEFAULT

DISPUTE ID: EMPLOYEE: SAMPLE SAMPLE SAMPLE-SIMPLES
INJURY DATE: 05/01/1985 EMPLOYER: SAMPLE EMPLOYER INC

Treatment Dates: From: Through:

On, submitted to the Department a necessity of treatment dispute resolution request for dates of treatment, through, in the amount of. The provider requested that the Department issue a default order pursuant to Wis. Admin. Code DWD § 80.73(3)(c), based on the failure of Test Insurer 2 to either pay the bill or provide proper notice explaining its denial of payment within a 60-day period of receiving the bill documenting treatment provided to the employee.

The Department sent notice of the health cost dispute default order request to Test Insurer 2. The notice stated that the insurer had 20 days to provide the Department with a satisfactory explanation of the extraordinary circumstances that prevented payment or proper notice being given to within 60 days of receiving the bill.

Test Insurer 2 responded indicating that payment was made after the filing of the health cost dispute resolution request.

Therefore, is to notify the Department in writing, with a copy to the insurer, whether satisfactory payment was received. The notice can be mailed to the PO Box address or faxed to the Health Cost Dispute Unit's fax number, which are listed above. Failure to respond within 30 days of the date of this letter may result in a determination that this dispute has been resolved and a dismissal order may be issued.

If further information is needed, please contact the Health Cost Dispute Unit at (608) 266-1340.

Health Cost Dispute Unit
Division of Worker's Compensation

GL116 (R.06/2019)

Copy sent to:
TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703