

PROVIDER  
ADDRESS1  
ADDRESS2  
CITY STATE ZIP

DISPUTE ID: EMPLOYEE: TESTER SAMPLE SIMPLER-SAMPLER  
INJURY DATE: EMPLOYER: SAMPLE EMPLOYER

RE: NECESSITY OF TREATMENT DISPUTE RESOLUTION

**Treatment Dates: From: Through:**

The Worker's Compensation Division received your Necessity of Treatment Dispute Resolution Request relating to treatment for the injury referenced above.

However, the Department also received a formal application for hearing relating to this injury. When an employee, employer or insurance carrier requests a hearing in which the cause or extent of the injury is disputed, the Department will delay resolution of any medical cost/necessity of treatment disputes until proper liability and the degree of disability have been determined through the formal hearing process.

Less than 10 percent of claims involve a request for hearing. However, when it occurs, the parties involved can expect a delay of six months or more before the Department can resolve any related medical cost/necessity disputes.

A copy of this letter is being sent to the employee to advise that the health care provider listed above has filed a Health Service Cost/Necessity of Treatment Dispute Resolution Request with the Department. As soon as reasonably possible, the employee should contact his or her attorney about the health care provider's bill and discuss inclusion of this bill for resolution in the formal hearing process. An employee may be responsible for payment of the health care provider's bill if payment of the disputed charge is not addressed in the order issued at the conclusion of the formal hearing process.

Any questions related to this process should be addressed with the employee's legal counsel.

Sincerely,

Worker's Compensation Division  
Medical Dispute Resolution Unit

GL90 (R. 01/2016)

**Copy sent to:**

TESTER SAMPLE SIMPLES-SAMPLER  
1309 CHERRY AVE  
GUADELAHARA MEXICO 00000-0000

TEST INSURER 2  
C/O TEST INSURER 2  
123 JENNIFER ST  
MADISON WI 53703