

PROVIDER
ADDRESS1
ADDRESS2
CITY STATE ZIP

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

RE: REASONABLENESS OF FEE DISPUTE RESOLUTION

The Worker's Compensation Division received your Health Service Cost/Reasonableness of Fee 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 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/Reasonableness of Fee 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

GL91 (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