

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

NECESSITY OF TREATMENT DISPUTE RESOLUTION

DISPUTE ID: EMPLOYEE: SAMPLE SAMPLE SAMPLE-SIMPLES
INJURY DATE: EMPLOYER: SAMPLE EMPLOYER INC

Treatment Dates: From: Through:

We have received a health cost dispute for necessity of treatment.

You have 20 days to either negotiate a settlement with the provider, pay the disputed amount or file an answer with this Department. The answer must include the name of the organization and credentials of any individual whose review of the case has been relied upon in reaching the decisions to deny payment. Your answer should also include any prior correspondence relating to the dispute which the health care provider has not already filed with us and any other material you want to be considered.

If you settle the dispute, you must notify the Department or you can be billed for our costs of obtaining an expert opinion. After the 20-day period has passed, the Department will automatically submit whatever material it has in its possession relating to this dispute-received from the provider and from you to a medical expert licensed in the same profession as the provider whose treatment is under review. The expert reviewer will be from an impartial, independent review organization or from a panel selected by the Department.

If this is the first dispute involving this provider, the insurer or self-insurer is responsible for paying the cost of the review. In all other cases, the losing party will be required to pay. The Department will bill the correct party.

Health Cost Dispute Unit
Worker's Compensation
(608) 264-6819

GL92 (R. 08/1998)