

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

REASONABLENESS OF FEE DISPUTE RESOLUTION

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

**Treatment Dates: From: Through:**

On, the Department received a reasonableness of fee dispute resolution request from for treatment from, to, in the amount of. The provider requests that the Department determine whether or not billed fee(s) are reasonable under Wis. Stat. § 102.16(2) and Wis. Admin. Code DWD § 80.72.

Pursuant to Wis. Admin. Code DWD § 80.72, Test Insurer 2 has 20 days from the date of this notice to file an answer with the Department and send a copy of the answer to the provider. The answer must include:

- The state-certified database used for reimbursement.
- Copies of prior correspondence relating to the fee dispute which the provider has not already filed. It is not necessary to include a copy of the provider's application.
- An explanation, if applicable, of why the service provided is not more difficult or complicated than in the usual case.

The answer can be mailed to the PO Box address or faxed to the Health Cost Dispute Unit's fax number, which are listed above. Please notify the Unit if the dispute has been resolved.

Failure to answer within 20 days may result in a determination by the Department that the fee is reasonable and an order may be issued in favor of the provider.

The provider states that a copy of the dispute resolution request was sent to the insurer or self-insurer. Contact the provider if you have not received a copy.

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