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

## NECESSITY OF TREATMENT DISPUTE RESOLUTION - DEFAULT

DISPUTE ID: EMPLOYEE: SAMPLE SAMPLE SIMPLES

INJURY DATE: EMPLOYER: SAMPLE EMPLOYER INC

**Treatment Dates:** From: Through:

On, the Department received a necessity of treatment dispute resolution request from for treatment from, through, in the amount of. The provider requested that the Department issue a default order, pursuant to Wis. Stat. § 102.16(2m) and Wis. Admin. Code DWD § 80.73, 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 a bill documenting treatment provided to the employee. sent a copy of the dispute resolution request to the insurer.

The Department sent a letter informing Test Insurer 2 that it had 20 days to submit a satisfactory explanation of the extraordinary circumstances that prevented payment or proper notice being given to the provider under Wis. Admin. Code DWD § 80.73(3)(a).

The health care provider notified the Department that this necessity of treatment dispute has been resolved. Therefore, pursuant to Wis. Admin. Code DWD § 80.73(8)(c), the dispute resolution request is dismissed without prejudice.

This order becomes final in 30 days unless it is appealed to Circuit Court as provided in Wis. Stat. § 102.23(1)(a).

Division of Worker's Compensation Department of Workforce Development

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