

SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Dear Employee:

You have agreed to be examined by a tiebreaker doctor to resolve the dispute you have with your employer's insurance carrier or your self-insured employer regarding the date you reached your end of healing, your return to work restrictions, or the necessity for further treatment. The tiebreaker doctor's report will resolve the disputed issue(s) and a formal hearing may not be necessary.

The tiebreaker doctor will contact you to schedule this appointment with you.

If you are unable to attend your scheduled examination, you must call the tiebreaker doctor immediately to have your examination rescheduled. You must be examined not more than 7 days after the date of your scheduled examination. You must notify our office and the insurance carrier immediately if you reschedule your examination.

IF YOU DO NOT ATTEND YOUR EXAMINATION, WITHOUT A GOOD REASON, THE DEPARTMENT MAY REVOKE YOUR RIGHT TO ANOTHER EXAM AND YOU MAY LOSE YOUR BENEFITS.

You may reach a settlement of the disputed issues with the insurance carrier or your self-insured employer before attending the tiebreaker examination. If so, you must notify the department and the tiebreaker doctor immediately that you have settled the matter and that the tiebreaker examination is no longer needed.

You may bring along your medical records for the tiebreaker doctor to review as part of the exam.

You may not engage the tiebreaker doctor as your treating doctor.

Sincerely,

Alternative Dispute Resolution Section
Worker's Compensation Division

TBEE4 (R. 10/2002)

Copy sent to:
TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703