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November 9, 2017

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

RE: NECESSITY OF TREATMENT DISPUTE RESOLUTION

On [Insert date], [name] submitted to the Department the necessity of treatment dispute resolution request for various dates of treatment from [date] through [date], totaling [amount].

The provider requested the Department to issue a default order pursuant to Wis. Admin. Code s. DWD 80.73(3)(c), 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 the bill, which documented treatment provided to the employee.

In a letter dated January 01, 2016, the Department sent notice of the health cost dispute default order request to Test Insurer 2. The notice clearly stated that Test Insurer 2 had 20 days to provide the Department with a satisfactory explanation of the extraordinary circumstances that prevented payment or proper notice being given to the provider within 60 days of receiving the bill. The notice further stated failure to respond would result in a default order as requested by the health care provider.

According to our records, Test Insurer 2 responded on January 30, 2016 indicating payment was made after the filing of the health cost dispute resolution request.

Therefore, [name] is to notify the Department in writing, with a copy to the insurer, whether payment was received, and if so, whether it was to your satisfaction. Failure to respond within 30 days of this letter may result in a determination that this dispute has been resolved and a dismissal order will be issued.

If you need further information, please contact the Health Cost Dispute Unit at (608) 264-6819.

Health Cost Dispute Unit  
Worker's Compensation

GL116  
GL116 (R.12/2014)

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