

Department of Workforce Development
Division of Worker's Compensation
P.O. Box 7901
Madison, WI 53707-7901
Telephone: (608) 266-1340
Fax: (608) 267-0394
Email: dwddwc@dwd.wisconsin.gov

STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Raymond Allen, Secretary

November 9, 2017

ADDRESS LINE 1
ADDRESS LINE 2
ADDRESS LINE 3

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 Dr. Example:

The insurer listed below informed us that they did not receive your medical report on the treatment and present condition of the injured employee.

Please complete the enclosed Medical Report on Industrial Injury, form WKC-16, and send it to the insurer at the address given below. If it is too early for a final report, please give the present condition and the approximate date a final report can be expected.

A medical report is necessary to ensure prompt and full payment of compensation benefits and medical bills.

Your cooperation is appreciated.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

GL15 (R. 07/2003)

LastFirstALJintGL15

Enc. w/original: 1 WKC-16 Form

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