

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 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 dates of treatment, through, in the amount of. The provider requests that the Department issue a default order pursuant to Wis. Admin. Code DWD § 80.73(3)(c) based on the failure of Test Insurer 2, within 60 days of receiving the provider's bill documenting treatment, to either pay for medical treatment or to give proper notice to the provider as to why the treatment was unnecessary.

Test Insurer 2 has 20 days from the date of this notice to submit to the Department, with a copy to the provider, an 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 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 default order being issued by the Department as requested. The provider states that a copy of the dispute resolution request was sent to the insurer. Contact the provider if you have not received a copy of the dispute resolution request.

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

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