

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
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.

Your response to our previous requests for a final medical report from the treating doctor for the claim referenced above is overdue. The final medical report includes information stating the extent of any permanent partial disability and the worker's end of healing for the above claim.

Please refer to the Insurers' Pending Reports on our web site for the missing required final medical report at <https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>.

If you have problems signing on, have forgotten your ID or Password, or have not yet been assigned a WC Employer Logon ID/User name and password, please call (608) 267-6980 or email us at wcsecurityadmin@dwd.wisconsin.gov.

Please fax the requested information to our imaging fax at 608-260-2530.

As a self-insured employer, it is your responsibility to submit all required reports and respond to information requested by the department in a timely manner.

Thank you,

Director
Bureau of Claims Management

BIPMED (R. 12/2006)