

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

SECOND REQUEST

REASONABLENESS OF FEE DISPUTE RESOLUTION

DISPUTE ID: EMPLOYEE: SAMPLE SAMPLE SAMPLE SIMPLES
INJURY DATE: 05/01/1985 EMPLOYER: SAMPLE EMPLOYER INC

Treatment Dates: From: Through:

This is a request for information.

On submitted to the Department a reasonableness of fee dispute resolution request for treatment provided from through. The total amount in dispute is.

The Department informed Test Insurer 2 that, pursuant to s. 102.16(2), Wis. Stats., and s. DWD 80.72 of the Wisconsin Administrative Code, it had 20 days to file an answer to the reasonableness of fee dispute resolution request filed by the provider. As of the present date, Test Insurer 2 has not responded and provided the Department with information from a database certified by the Department that the fee in dispute is greater than the formula amount in the database.

The Department again requests that the insurer provide the Department with documentation of its investigation and/or supporting documentation for the denial within 20 days of this letter. A copy should be sent to the provider. If Test Insurer 2 fails to submit the requested documentation, an order by default may be issued directing the insurer to pay the full disputed amount.

If you need further information, please immediately contact the Health Cost Dispute Unit at (608) 266-1340.

Health Cost Dispute Unit
Division of Worker's Compensation

GL94A (R.05/2021)