

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

SECOND REQUEST

NECESSITY OF TREATMENT 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 necessity of treatment dispute resolution request for treatment provided from, through. The total amount in dispute is.

The Department informed Test Insurer 2 that it had 20 days to file an answer to the necessity of treatment dispute resolution request filed by the provider. As of the present date, Test Insurer 2 has not responded.

The Department again requests that the insurer 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. A copy should be sent to the provider. If Test Insurer 2 fails to submit the requested information, 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

GL97A (R. 10/2021)