

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

REASONABLENESS OF FEE DISPUTE RESOLUTION

DISPUTE ID: EMPLOYEE: SAMPLE SAMPLE SAMPLE SIMPLES
INJURY DATE: EMPLOYER: SAMPLE EMPLOYER INC

Treatment Dates: From: Through:

On, the Department received a reasonableness of fee dispute resolution request from for treatment from, through, in the amount of. The provider requested that the Department determine whether or not a fee is reasonable under Wis. Stat. § 102.16(2) and Wis. Admin. Code DWD § 80.72. The provider states that a copy of the dispute resolution request was sent to Test Insurer 2.

The Department sent a letter informing Test Insurer 2 that it had 20 days to file an answer to reasonableness of fee dispute resolution request under Wis. Admin. Code DWD § 80.72.

The health care provider notified the Department that this reasonableness of fee dispute has been resolved. Therefore, pursuant to Wis. Admin. Code DWD § 80.72, the dispute resolution request is dismissed without prejudice.

This order becomes final in 30 days unless it is appealed to Circuit Court as provided in Wis. Stat. § 102.23(1)(a).

Division of Worker's Compensation
Department of Workforce Development

GL99 (N. 07/2021)