

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.

We received the final medical report on this claim. Based on this medical report, a not final permanent partial disability worksheet is attached. Since the doctor checked "Yes" for the surgery box, **we will need all the operative reports on this claim.** Once we receive the operative reports, we will then be able to finalize the PPD worksheet.

Let us know immediately if you do not make payments as shown.

If there is no temporary disability shown on the attached sheet, or if the temporary disability is incomplete, please send a WKC-13 through the Internet Pending Reports at **<https://dwd.wisconsin.gov/wc/insurance/pending-rpts.htm>** giving the dates of disability and the amounts paid. If the temporary disability information is absent or incomplete then the accrual of PPD may not be accurate.

WKC-18269 WC930 (N. 01/27/2017)

See other side for additional estimate information