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**Doctor’s letter to insurer/self-insurer explaining why patient’s treatment was necessary and providing notice of possible submission of dispute to the Department of Workforce Development**

Date

Mr./Ms. (Adjuster)

Insurer/Self-Insurer

Anywhere Address

City, State Zip

 RE: Patient/Employee:

 Dates of Service:

Dear Mr./Ms. :

Our office received your letter dated which constitutes a written notice of dispute as to the necessity of treatment of (patient) . This letter follows our office’s submission to you of a completed bill on this patient which was dated . That notice identified your company, its address and phone number, the patient-employee, the date(s) of service, the health service procedure, and the actual amount charged for each procedure. It is our understanding that this matter involves a patient who was injured within the course of his employment where liability or the extent of disability is or was in dispute. This letter shall serve as a response to the position taken by your company justifying the necessity of treatment submitted by this office as required by Wisconsin Administrative Code.

Initially, we would note that the notice from your company failed to specify the following matter(s) which is required by applicable administrative code provisions: *[Address any of these items listed below which have not been previously specified by the provider]*

1. Name of the patient/employee.
2. Name of the employer on the date of injury.
3. Date(s) of the treatment in dispute.
4. The amount charged for the treatment and total amount in dispute.
5. The written explanation of the reason(s) why your company believes the treatment was unnecessary, including the organization and credentials of any person who provides supporting medical/chiropractic documentation.

We would ask that your company promptly provide this additional information to our office.

In response to the information provided by your company, we believe that the disputed treatment was necessary to cure and relieve the effects of the patient’s injury for the following reasons: *[A clear written explanation should be provided with respect to any disputed treatment explaining the reasons; from a chiropractic perspective, why the treatment was necessary to cure and relieve the effects of the patient’s injury. The explanation should include a diagnosis of the condition for which chiropractic treatment was rendered. Supportive research can be submitted which is appropriately identified in the letter.]*

Pursuant to applicable Administrative Code, your company has fifteen (15) days in which to respond to this letter justifying the disputed services. If the necessity of treatment no longer are disputed, all or a portion of the fee which is not in dispute must be paid within sixty (60) days from the date of this letter. If your company fails to respond to this submission or otherwise is ultimately responsible for the disputed fee, our office intends to recover all applicable interest on the disputed charges ultimately paid or awarded to this office at an annual rate of twelve percent (12%), to be computed from the date that your company first missed a deadline for response or failed to timely make appropriate payment.

Please further be advised that our office reserves the right to submit a written request for the Department to resolve this necessity of treatment dispute. [See note below] We look forward to resolving this matter without further costs or delay to any of the interested parties.

 Sincerely

 (Doctor/Office Administrator)

cc: Patient

*[****NOTE*** *that such a written request for the Department’s involvement must be submitted within six (6) months after an insurer or self-insurer first refuses to pay the disputed fees by providing the initial written notice to the provider disputing the charges. The Department has a form which can be used in formally submitting the matter to the department. The form is available by contacting the Department of Workforce Development – Workers Compensation Division; Medical Costs Dispute Unit, at 2001 East Washington Avenue, Madison, WI 53707. All relevant correspondence with the insurer should be maintained in connection with submitting any dispute.]*

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