**Letter to Worker’s Compensation Insurer following their Request for Reimbursement of Patient’s Billing Payment**

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Prepared: 3/6/13

Date

Adjuster

Worker’s Compensation Insurer

Address

City, State Zip

 RE: Employee- (patient)

 Employer-

 Your Claim Number-

Dear Adjuster:

 This office has the privilege of providing chiropractic treatment for (patient) with respect to the above-referenced worker’s compensation claim. We have reviewed your letter of (date) containing a copy of a report completed by Dr. (insurance doctor) dated on (date) . It appears that your company is relying on that report as a basis for denying a substantial amount of treatment related expenses incurred by (patient) before this report was provided to (patient) . Your letter indicates that Insurance Company will not be responsible for any medical payments regarding this claim.

 I am writing to request that your company reconsider its position on payment of treatment expenses incurred by (patient) prior to her receipt of your letter. As you may be aware, treatment expenses which are both reasonable and necessary must be paid by the worker’s compensation carrier if the injured employee obtained that treatment in good faith upon the treating practitioner’s recommendation prior to dispute identification concerning the reasonableness and/or necessity of such compensability. This principal is based upon the “Spencer rule” which is well founded in cases involving worker’s compensation claims. See Spencer v. ILHR Department, 55 Wis.2d 525, 531-32 (1972) and Honthaners Restaurants v. LIRC, 2000 WI. app. 273, 240 Wis.2d 234.

You will note that these charges were incurred prior to your doctor’s examination. We would ask that your company reconsider its position on payment of these treatment expenses and provide payment within fifteen (15) days of the date of this letter.

Doctor

cc: (Patient and applicable attorney(s))

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