



MEDICAL BILL APPEAL
 MEDICAL SERVICES DIVISION
 SFN 58310 (05/2016)

1600 E Century Ave, Ste 1
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 TTY (hearing impaired) 800-366-6888
 Fraud and Safety Hotline 800-243-3331
 www.workforcesafety.com

SECTION 1 – Injured worker information

Claim number	Injured worker's (First name)	(Last name)
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SECTION 2 – Provider's information

Provider/facility name		
Contact name	Telephone number	Fax number

SECTION 3 – Appeal information

WSI bill number(s)	<input type="checkbox"/> CMS 1500	<input type="checkbox"/> UB-04
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Reason for appeal (select all that apply)

Medical records not received (RC 212)
 Attach medical records with this form

Service not pre-certified (RC 80) & (RC 91)
 Provide description of appeal in Section 4

Reconsideration of payment
 Provide description of appeal in Section 4

Dates of service		Unit(s)	Place of service	CPT/HCPCS/ADA/Rev code	Modifier	Tooth number/surface	Amount billed	Amount paid
From	To							

SECTION 4 – Explanation of appeal

Please attach supporting documentation.

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