



**MEDICAL BILL APPEAL**  
 MEDICAL SERVICES DIVISION  
 SFN 58310 (07/2023)

1600 E Century Ave, Ste 1  
 PO Box 5585  
 Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
 Toll Free Fax 888-786-8695  
 TTY (hearing impaired) 800-366-6888  
 Fraud and Safety Hotline 800-243-3331  
 www.workforcesafety.com

**SECTION 1 – Injured employee’s information**

Claim number	Injured employee’s (First name)	(Last name)
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**SECTION 2 – Contact information**

Contact name	Facility name	
Telephone number	Fax number	Email address

**SECTION 3 – Bill information**

WSI Bill number(s)	Date(s) of service		CPT/HCPCS/ADA/Rev code/Modifiers	Units	Amount billed	Amount paid
	From	To				

**SECTION 4 – Reason for appeal**

**Supporting documentation must accompany this form.**

**Select reason for appeal**

No prior authorization for the service (Reason code 80) or (Reason code 91)

Provider was not aware the condition was a work-related injury. Submit documentation indicating provider billed the patient or other insurance

Injured employee’s claim status at time of service was denied, presumed closed, or a claim not filed

Medical records not received (Reason code 212). Attach medical notes supporting the charge(s)

Other – Submit any supporting documentation and provide explanation below