North Dakota Workforce Safety & Insurance

MEDICAL SERVICES DISPUTE RESOLUTION REQUEST

MEDICAL SERVICES DIVISION
SFN 19605 (12/2020)

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SECTION 1 – *Injured employee's information*

Claim number	Injured employee's (First name)	(Last name)	Social Security number*

Telephone number

SECTION 2 – *Provider's information*

Provider's full name

Facility name (if applicable)	Facility Federal Tax ID

Address

City	State	ZIP code

Contact person	Telephone number

Are you the treating provider? ☐ Yes ☐ No	If no, list name of treating provider	Treating provider's telephone number

Treating provider's address (if different from above)	City	State	ZIP code

SECTION 3 – *Treatment information*

Type of treatment in dispute (Be as specific as possible. Example, lumbar fusion L5-S1, right shoulder MRI, medication, etc.)

Date(s) of service in dispute

Treatment disputed is
☐ Proposed ☐ Already provided

SECTION 4 – *To be completed by requesting party. (Respond to the questions listed below and provide narrative information.)*

Is the disputed treatment the result of a utilization review (UR) decision?
☐ Yes ☐ No

If yes, has an appeal of the UR decision been completed?
☐ Yes ☐ No

If yes, submit the following documentation:

- Statement summarizing attempts to resolve this dispute
- Relevant and pertinent medical information regarding the dispute not already provided to Workforce Safety & Insurance

If no, you must appeal the UR decision before requesting binding dispute resolution by completing the UR Review Request (UR-C) form.

SECTION 5 – *Signature*

This form was completed by
☐ Provider ☐ Injured employee ☐ Injured employee's attorney ☐ Employer ☐ Other

I have answered all questions to the best of my ability and submitted documentation to support the request.

Signature	**Date**

* In compliance with the Federal Privacy Act of 1974, disclosure of the Social Security number on this form is mandatory pursuant to N.D.C.C. § 65-05-02. The Social Security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.

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