



North Dakota Workforce
Safety & Insurance

**PERSONAL
REIMBURSEMENT APPEAL**
CLAIMS DIVISION
SFN 61258 (04/2022)

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Bismarck ND 58506-5585
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TTY (hearing impaired) 800-366-6888
Fraud and Safety Hotline 800-243-3331
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SECTION 1 – Injured employee's information		
Claim number	Injured employee's (First name)	(Last name)
SECTION 2 – Appeal information		
WSI bill number	Date of service	Approved amount
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WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
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Reason for appeal (Select all that apply and attach supporting documentation)		
<input type="checkbox"/> Not enough miles in a month <input type="checkbox"/> No appointment verified <input type="checkbox"/> Meals not paid <input type="checkbox"/> No receipts submitted <input type="checkbox"/> Mileage reduced <input type="checkbox"/> Other (Explain)		
SECTION 3 – Explanation of appeal		
SECTION 4 – Signature		
Injured employee's signature		Date