



North Dakota Workforce
Safety & Insurance

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

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 – Appeal information

WSI bill number	Date of service	Approved amount
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Reason for appeal (Select all that apply and attach supporting documentation)

- Not enough miles in a month
- No appointment verified
- Meals not paid
- No receipts submitted
- Mileage reduced
- Other (Explain)

SECTION 3 – Explanation of appeal

SECTION 4 – Signature

Injured employee's signature	Date
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