



**North Dakota Workforce  
Safety & Insurance**

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

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 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.

**M6**