



North Dakota Workforce
Safety & Insurance

**PERSONAL
REIMBURSEMENT APPEAL**
CLAIMS DIVISION
SFN 61258 (07/2017)

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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
www.workforcesafety.com

SECTION 1 – Injured worker’s information		
Claim number	Injured worker’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
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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 worker’s signature		Date