



North Dakota Workforce
Safety & Insurance

MEDICAL BILL APPEAL
MEDICAL SERVICES DIVISION
SFN 58310 (10/2019)

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 – Provider’s information

Provider/facility name

Contact name	Telephone number	Fax number
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SECTION 3 – Appeal information

WSI bill number(s) CMS 1500 UB-04

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