



North Dakota Workforce Safety & Insurance

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

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SECTION 1 - Injured employee's information

Claim number | Injured employee's (First name) | (Last name)

SECTION 2 - Provider's information

Provider/facility name | Contact name | Telephone number | Fax number

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)
Service not pre-certified (RC 80) & (RC 91)
Reconsideration of payment

Table with 8 columns: Dates of service (From, To), Unit(s), Place of service, CPT/HCPCS/ADA/Rev code, Modifier, Tooth number/surface, Amount billed, Amount paid.

SECTION 4 - Explanation of appeal

Large empty box for explanation of appeal.

Please attach supporting documentation.

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