



North Dakota Workforce
Safety & Insurance

MEDICAL BILL APPEAL
MEDICAL SERVICES DIVISION
SFN 58310 (08/2024)

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 – Claim information

Claim number	Injured employee's (First name)	(Last name)
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SECTION 2 – Provider's information

Provider	Contact name	
Telephone number	Fax number	Email address

SECTION 3 – Bill information

WSI Bill number(s)	Date(s) of service		CPT/HCPCS/ADA/Modifiers/Rev code APC/DRG	Charged amount	Paid amount
	From	To			

SECTION 4 – Explanation of appeal

Select reason for appeal

- ☐ No prior authorization for the service (Reason code 80) or (Reason code 91)
- ☐ Provider was not aware the condition was a work-related injury. Submit documentation indicating provider billed the patient or other insurance
- ☐ Injured employee's claim status at time of service was denied, presumed closed, or a claim not filed
- ☐ Medical records not received (Reason code 212). Attach medical notes supporting the charge(s)
- ☐ Other – Submit any supporting documentation and provide explanation below

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