



North Dakota Workforce  
Safety & Insurance

**PERSONAL  
REIMBURSEMENT APPEAL**  
CLAIMS DIVISION  
SFN 61258 (10/2019)

1600 E Century Ave, Ste 1  
PO Box 5585  
Bismarck ND 58506-5585  
**Telephone 800-777-5033**  
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TTY (hearing impaired) 800-366-6888  
Fraud and Safety Hotline 800-243-3331  
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<b>SECTION 1 – Injured employee's information</b>		
Claim number	Injured employee's (First name)	(Last name)
<b>SECTION 2 – Appeal information</b>		
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)		
<b>SECTION 3 – Explanation of appeal</b>		
<b>SECTION 4 – Signature</b>		
Injured employee's signature		Date