



North Dakota Workforce  
Safety & Insurance

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

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

<b>SECTION 1 – Injured worker's information</b>		
Claim number	Injured worker's (First name)	(Last name)
<b>SECTION 2 – Appeal information</b>		
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
WSI bill number	Date of service	Approved amount
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 worker's signature		Date