

Jim Doyle
Governor

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Secretary

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Division Administrator



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
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October 6, 2003

TEST INSURER 1
C/O TEST INSURER 1
ONE MAIN ST
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/98
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO: 094CBD6S8646

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

We have not received the treating practitioner's final medical report for the above referenced claim which is overdue. If you do not have the final medical report yet, please explain the delay and estimate when you will submit it.

When there are more than 3 weeks of temporary disability or any permanent disability, section DWD 80.02(2)(e)4 of the Wisconsin Administrative Code requires that within 30 days after the final payment of compensation, the insurer shall submit a final treating practitioner's report together with a final WKC-13 or shall estimate when the report will be submitted. Our records indicate that final compensation was paid.

For failing to submit a timely report or a timely estimated date of submission, the Department is assessing a \$100 forfeiture, pursuant to s.102.35(1), Wis. Stats. **Please do not pay now.** The Department will record the forfeiture and will invoice you annually for the total amount due.

The Department will immediately rescind the forfeiture if our records are wrong. Please mark the appropriate boxes in sections 1 or 2 and return this letter to the Department.

1. The insurer requests that the Department rescind the forfeiture because:
The insurer submitted a timely final report or estimated date. [Please enclose a copy.]
Final Compensation has not been paid. (Explain): _____
Other. (Explain): _____

2. The insurer accepts the forfeiture and is now submitting the final medical report or estimating the date when the report will be submitted. (Note: there is no penalty for making an error in the estimated submission date.)

Name: _____ Phone (____) _____
(please print)

Signature: _____ Date _____

It is important that you respond. Failure to respond to this request within 30 days may result in further sanctions by the Worker's Compensation Division under ss. 102.28(2)(c) or 102. 31(3), Wis. Stats., or by the Office of the Commissioner of Insurance, under s. 601.64 Wis. Stats., or both.

To review a complete list of reports that are due or overdue on all your claims go to "Insurer's Pending Reports" on the Department's internet web site at: http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm.

Sincerely,

Department of Workforce Development
Worker's Compensation Division

FWC86D (R. 4/2003)