

TEST INSURER 2
C/O TEST INSURER 2
RM C100
201 E WASHINGTON AVE
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

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

Dear Insurance Carrier/Self-Insured Employer:

The above-named employee has notified our Division regarding a dispute over the employee's end of healing, the return to work restrictions or the necessity for further treatment. The employee has now agreed to have this dispute resolved by a tiebreaker doctor.

You will be kept informed of all progress made in this case. If you have any questions, you may call our office and ask to speak to the Alternative Dispute Resolution Section.

PURSUANT TO SECTION 102.13(3), STATS., YOU MUST REINSTATE THE PAYMENT OF TEMPORARY DISABILITY BENEFITS PENDING THE DECISION OF THE TIEBREAKER DOCTOR. YOU ARE ENTITLED TO CREDIT FOR ANY OVERPAYMENT THAT MIGHT RESULT.

You must send a copy of all medical records related to the employee's condition to the tiebreaker doctor. These must include all of the treatment records in your possession and the report of any examining doctor upon which you relied when suspending benefits for temporary disability. These records must be sent at least 3 days before the scheduled appointment. Do not mark these records in any way that would influence the tiebreaker doctor. You may also send job descriptions or other employment related records that you believe will assist the tiebreaker doctor.

You may not contact the tiebreaker doctor directly regarding the issue(s) in dispute.

PURSUANT TO SECTION 102.13(3), STATS., YOU ARE REQUIRED TO PAY FOR THE TIEBREAKER DOCTOR'S SERVICES. The tiebreaker doctor has been instructed to bill you directly for these services.

You may not later engage the tiebreaker doctor as your doctor. The employee may not engage the tiebreaker doctor as a treating doctor.

You may reach a settlement with the employee concerning the issue(s) in dispute. If so, the employee must notify the department and the tiebreaker doctor immediately that the settlement has been accepted and the tie-breaker examination is no longer needed. If less than 24 hours notice is given, you may be billed by the tiebreaker doctor for these services.

Sincerely,

Alternative Dispute Resolution Section

Worker's Compensation Division

TB-INS (R. 10/2002)

Copy sent to:

SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703