

Penalty Request for Failure to Pay or Deny Rehabilitation Invoice

Submit a separate penalty request form for each instance where services were not timely paid or denied.

Employee: _____ Claim #: _____
WID #: _____ Insurer and TPA: _____
DOI: _____ Adjuster: _____

I request a penalty be assessed under Minnesota Statutes, section 176.221, subdivision 6a, for the insurer's failure to comply with Minnesota Rules 5220.1900, subpart 1g, by failing to (check one or both):

Pay or deny payment of rehabilitation services in writing within 30 days after receipt of the invoice.

Identify in writing the specific charges and services for which payment was denied and reasons for the denial.

I have attached a copy of the following documentation (check all that apply)

Required 1: The invoice submitted to the insurer (including self-insured employer or third-party administrator).

Required 2: Email message, fax confirmation sheet or other correspondence documentation of the date or dates the invoice was submitted to the insurer.

If applicable, the insurer's response to the invoice and the date the insurer's response was received by the rehabilitation provider.

I have not yet received any response to the invoice submitted to the insurer.

If applicable, a copy of the Rehabilitation Request or Rehabilitation Response form filed with the Department of Labor and Industry related to payment of services on the invoice.

If applicable, correspondence from the Department of Labor and Industry about payment for the rehabilitation services on the invoice, such as certification or noncertification of a dispute or a Decision and Order.

If applicable, documentation of communication with the insurer about failure to timely pay or deny payment of the invoice, such as copies of email messages, a phone log of calls or the provider's notice to the parties, letters, a progress report or an R-3 Plan Amendment form under Minn. R. 5220.1801, subp. 9 (O), about a reduction in services.

I request a penalty be assessed under Minnesota Rules 5220.2780 for the insurer's failure to pay a rehabilitation invoice following order:

Required: Copy of the order.

If applicable, documentation of late payment.

Comments:

Person making request (print name)	Phone number	Email address
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Registered rehabilitation provider firm name	Firm registration number
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Permission to release information regarding penalty request about the employer or insurer
(Check one of the boxes below, sign and date.)

I authorize the Department of Labor and Industry to release my name as the complainant to the employer or insurer, or their representative, named above. I also authorize the Department of Labor and Industry to release to the employer or insurer, or their representative, whatever facts the department deems necessary to describe the complaint in the course of the investigation.

I do not authorize the Department of Labor and Industry to release my name as the complainant to the employer or insurer, or their representative, named above. I understand this will limit the department's ability to investigate the complaint.

Signature	Date
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Return all pages and any supporting documentation to:

By mail --
Personal and confidential
Rehabilitation policy specialist
Department of Labor and Industry
443 Lafayette Road N.
St. Paul, MN 55155

or

By email --
penalty.crt.dli@state.mn.us