

**Instructions:**

- THE INJURED WORKER, EMPLOYER, AUTHORIZED REPRESENTATIVES OR PROVIDER MUST FILE THIS APPEAL WITH THE INJURED WORKER'S MCO.
- Please print or type.
- Use this form to appeal the MCO medical treatment/service decision and to start the Alternative Dispute Resolution (ADR) process.
- Appeal to Level 1 must be filed within 14 days of receipt of the written notice of the MCO initial medical treatment/service decision.
- Appeal to Level 2 must be filed with the MCO within 7 days of the receipt of written notice of the MCO Level 1 decision.
- Complete this form to the best of your knowledge.

THE INJURED WORKER NAME AND BWC CLAIM NUMBER ARE MANDATORY.

INJURED WORKER NAME

BWC CLAIM NUMBER

APPEALED BY: (check appropriate box)

<input type="checkbox"/> Injured worker name		Telephone number ()
<input type="checkbox"/> Injured worker representative name	Representative I.D. number	Telephone number ()
<input type="checkbox"/> Employer name	Contact person	Telephone number ()
<input type="checkbox"/> Employer representative name	Representative I.D. number	Telephone number ()
<input type="checkbox"/> Provider name	Specialty	Telephone number ()

- Level 1 APPEAL TO MCO** – Check if this is to appeal the initial MCO treatment/service decision.

Date of MCO initial decision letter _____

Date of receipt of MCO initial decision _____

- Level 2 APPEAL TO BWC** – Check if this is to appeal the MCO Level 1 decision and refer the dispute to the Bureau of Workers' Compensation. Date of MCO Level 1 decision _____

Date of receipt of written notice _____

Was this treatment/service decision Denied Approved Amended

Specify medical treatment/service you wish to appeal. _____

Enter start date of
requested treatmentEnter total number
of treatments _____ per week for _____ weeks OR per month for _____ months**GIVE REASON FOR THE APPEAL.** Please be specific, include any relevant information, any new evidence that will assist in approval of your appeal. (Attach additional documentation if necessary.)

Signature of party filing appeal

Date