

April 28, 2008

State of California
Division of Workers' Compensation
Audit Unit
2424 Arden Way
Suite 305
Sacramento, CA 95825-2482

RE: Applicant:
SS#:
D/Injury:
Employer:
Payor:
Location:
Claim #:
WCAB#:

Dear Sir or Madam,

This is a complaint about the above-indicated payor. On INSERT APPLICABLE DATE HERE, I submitted a request for authorization (DFR) to the above-indicated payor. Attached you will find a copy of the documentation submitted to the payor, and the proof of service by mail.

The payor failed to timely respond to the request for authorization. If this is a complaint about the failure to self-impose the statutory increase and/or interest for the late payment of either treatment, or medical-legal expenses and services, you will find attached a copy of the explanation of reimbursement, as well as a copy of the check, delineating the date issued.

Please investigate the claim file(s) of the above-indicated payor to determine if this is (1) an isolated instance, (2) a General Business Practice, as defined, or (3) an infraction that has been knowingly committed or performed with sufficient frequency so as to indicate a General Business Practice.

I wish to be named as the one who initiated this complaint. Should you have any questions, or require further information, please contact me at the address and/or telephone number indicated above.

Sincerely,

Encl: as stated