

Penalty Request -- Workers' Compensation

Employee:

Employer:

WID number:

Insurer:

DOI:

Insurer claim number:

TPA:

Claim representative:

Listed below are the most commonly issued types of penalties (the list is not exhaustive) and any documentation that may be helpful when reviewing for potential assessment of a particular penalty. Check the applicable boxes below, including the type of supporting documentation. After you have gathered the accompanying information requested, attach all supporting documentation and send it by either method to the following.

Mail to:

Email to:

Minnesota Department of Labor and Industry
Compliance, Records and Training
443 Lafayette Road N.
St. Paul, MN 55155

penalty.crt.dli@state.mn.us

Compliance, Records and Training will notify you regarding your penalty request after reviewing the information. For other questions about your claim, continue to contact the Workers' Compensation Division Help Desk at 800-342-5354 (press 3), 651-284-5005 (press 3) or helpdesk.dli@state.mn.us.

Check applicable boxes below

Late ongoing payments

Periodic permanent partial

Temporary total

Temporary partial

Permanent total

Payment not made within three business days of the date due (by statute)

More than three occasions of late payment in any 12-month period

Indication of pay-period and normal payday from pre-injury employment (weekly, twice a month, etc.)

Copies of checks or pay stubs showing dates checks were issued

Copies of envelopes if postmarked two or more days later than date on check

Copies of documents showing dates pay stubs were sent to the insurer (for temporary partial disability payments)

Late commencement of permanent partial disability (PPD)

Date of medical report citing PPD rating was sent to the insurer (attach copy if available) Copy of check or pay stub showing date payment was issued

Copy of envelope if postmarked two or more days later than date on check

Late payment of order or award

Copy of award or order

Copy of check or pay stub showing date payment was issued

Copy of envelope if postmarked two or more days later than date on check

Late payment of medical bills

Date medical bill sent to insurer (include copy of billing statement and medical information)

Copy of check or pay stub showing date payment was issued

Copy of envelope if postmarked two or more days later than date on check

Late commencement or recommencement of TTD, TPD benefits

Copy of check or pay stub showing date payment was issued

Copy of envelope if postmarked two or more days later than date on check

Late denial of benefits

Copy of envelope if postmarked two or more days later than date on form

Copy of Notice of Insurers' Primary Liability Determination

Excessive billing for medical records by health care provider

Copy of bill(s) received for medical records request

Improper collection or attempt to collect payment by health care provider

Copy of initial bill injured worker received

Copy of letter from insurer stating treatment is related to the workers' compensation injury

Supplemental bill injured worker received after health care provider was notified of work-related injury

For concerns related to unpaid or late reimbursement of rehabilitation bills, visit dli.mn.gov/business/workers-compensation/work-comp-forms, see "Optional forms" and then "Penalty Request for Failure to Pay or Deny Rehabilitation Invoice."