MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

SATION APPLICATION FOR ADMINISTRATIVE RULING

• Pursuant to 8 CSR 50-2.030(1)(H) if the total amount of the additional reimbursement sought is one thousand dollars (\$1,000) or less, either party may use this form to file a request for administrative ruling that initiates the administrative ruling procedure.

• All parties shall participate in the administrative ruling procedure.

DIVISION OF

	,)	
Health Care Provider,)	Medical Fee Dispute No:
)	
VS.)	DWC Injury No.:
)	
	,)	Employee (Patient):
Employer,)	
)	Date of Accident/
and)	Occupational Disease:
)	
	,)	
Insurer)	

APPLICATION FOR ADMINISTRATIVE RULING

Total Amount Disputed \$

The undersigned party hereby applies to the Division of Workers' Compensation for an Administrative Ruling in the above captioned case.

	Health Care Provider	Name		
	Employer	Name		
	Insurer/Third Party Administrator	Name		
	Res	spectfully sub	mitted,	
		Email A	Address	
mailed or ha	CERTIFICATE O signed, certify that a true and accurate copy of and delivered to all attorneys and/or all parties day of	DIVISION USE ONLY		
Attorney's	Signature		Date	
Attorney's	Name (Printed)	Bar No		
Address (if	different than above)			
must be re <i>Rel. Comn</i> * If the Hea	advised that corporations and limited liab epresented by an attorney licensed in the S nn., 789 S.W.2d 19, 20 (Mo. banc 1990). Ith Care Provider is a corporation or a LI			
attorney, this Application will be rejected.				DATE STAMP

The Missouri Divisions of Employment Security and Workforce Development are equal opportunity employers. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711