



### REQUEST BY A HEALTH CARE PROVIDER FOR CASE STATUS INFORMATION TO FILE A MEDICAL FEE DISPUTE APPLICATION

Note: If you file an "Application for Direct Payment" or an "Application for Payment of Additional Reimbursement of Medical Fees," please return this completed form with your application.

**This form must be completed in its entirety for the Division to evaluate your request. You should complete the Employer and Insurer information that you have on file prior to submitting this form. Please state "unknown" if you are unable to complete any required field.**

#### Health Care Provider Information

Name & Address	Contact Person Name
	Phone No.

#### Employee Information

Name	Date of Accident/Occupational Disease	Date Service Provided
Social Security No.	Injured Body Part(s)	

#### Employer Information

Name	Address
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#### Insurer Information

Name	Address
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#### I am requesting the Division to provide the following information *(please check all that apply)*

<input type="checkbox"/> Injury No.	<input type="checkbox"/> Insurance Carrier
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<input type="checkbox"/> Status Update	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Report of Injury has been filed with the Division	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Claim for Compensation has been filed with the Division	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Date the case was Settled	_____
d. Date the case was Dismissed	_____

<input type="checkbox"/> Name and Address of Claimant's Attorney	<input type="checkbox"/> Name and Address of Employer/Insurer Attorney
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Please return completed form to: [MFD@labor.mo.gov](mailto:MFD@labor.mo.gov)  
**OR**  
 Return completed form with a self-addressed stamped envelope to:  
**Missouri Division of Workers' Compensation**  
**Attn: Medical Fee Dispute Unit**  
**P.O. Box 58**  
**Jefferson City, MO 65102-0058**

DIVISION USE ONLY

DATE STAMP

*Missouri Division of Workers' Compensation is an equal opportunity employer/program.  
 Auxiliary aids and services are available upon request to individuals with disabilities.*