MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

REQUEST FOR AWARD ON UNDISPUTED FACTS IN REGARD TO APPLICATION FOR DIRECT PAYMENT

P.O. Box 58
Jefferson City, MO 65102-0058

______________________,	)	
Health Care Provider,	)	Medical Fee Dispute No: ____-______________
	)	
vs.	)	Injury No.: ____-______________
	)	
______________________,	)	Employee (Patient): ______________
Employer,	)	
	)	Date of Accident/
and	)	Occupational Disease: ______________
	)	
______________________,	)	
Insurer	)	

REQUEST FOR AWARD ON UNDISPUTED FACTS

Employer hereby requests that an Administrative Law Judge of the Division of Workers' Compensation issue an award denying the APPLICATION FOR DIRECT PAYMENT filed herein by ______________________________
(name of health care provider)

on the ground that the health care services for which direct payment is being sought were not authorized by Employer or its Insurer. In support of this request, Employer states that there is no genuine issue of fact necessitating an evidentiary hearing in regard to the APPLICATION FOR DIRECT PAYMENT, and that the following facts are undisputed *(attach additional sheets, if necessary)*:

In support of the undisputed facts listed above, Employer attaches the following exhibits *(attach additional sheets, if necessary)*:
Please identify each exhibit by letter "A," "B," etc. and by general description of the document.

______________________ Employer/Insurer Signature & Date

______________________ Employer Address & Phone No.

______________________ Employer/Insurer Attorney's Signature & Date

______________________ Attorney's Address & Phone No.

CERTIFICATE OF SERVICE

I, the undersigned, certify that a true and accurate copy of this Request for Award on Undisputed Facts has been mailed or hand delivered to all attorneys and/or all parties of record this
__________ day of ______________ , 20____.

Attorney's Signature ______________________ Date __________

Attorney's Name *(Printed)* ______________________ Bar No. __________

Address *(if different than above)* ______________________

DIVISION USE ONLY

DATE STAMP

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