



STATE OF NEVADA | DEPT OF BUSINESS & INDUSTRY | DIVISION OF INDUSTRIAL RELATIONS

Workers' Compensation Section (WCS)

1886 College Parkway, Suite 100, Carson City, NV 89706 | Phone: (775) 684-7270 | Fax: (775) 684-3073 | Email: medunit@dir.nv.gov
2300 West Sahara Ave., Suite 300, Las Vegas, NV 89102 | Phone: (702) 486-9080 | Fax: (702) 486-9174 | Email: medunit@dir.nv.gov

MEDICAL BILL APPEAL FORM

Medical Bill Appeal: If your bill has been reduced or denied by an insurer you may, within 60 days of receiving notice of the reduction or denial, or within 60 days after the payment was due, request the WCS to review that action. The WCS will investigate and make a payment determination pursuant to Nevada Administrative Code (NAC) 616C.027.

To file an appeal, follow the steps below, fill out completely and enter N/A where it does not apply.

Complainant Information (Submitter):

1. Name (First, Middle, Last)	2. Name of Company	3. Date of Appeal (mm/dd/yyyy)
4. Address (Street or P.O. Box, City, State, ZIP Code)		
5. Submitter's Email Address:	6. Phone Number	

Injured Employee (IE) Information:

7. Name (First, Middle, Last)	8. Claim # (if known)
9. Address (Street or P.O. Box, City, State, ZIP Code)	10. IE's Phone Number
11. Employer (At time of injury)	12. Date of Injury(mm/dd/yyyy)
13. Employer's Address (Street or P.O. Box, City, State, ZIP Code)	14. Employer's Phone Number

Insurer/ Third Party Administrator (TPA) Information:

15. Name of Insurer/TPA	16. Name of Contact	17. Email Address
18. Insurer/TPA Address (Street or P.O. Box, City, State, ZIP Code)		19. Insurer/TPA's Phone Number

Mark the corresponding boxes, as applicable:

- | | |
|---|---|
| <input type="checkbox"/> Letter explaining the issue being appealed. | <input type="checkbox"/> Pertinent medical records. |
| <input type="checkbox"/> Proof of timely submission to the Insurer/TPA. | <input type="checkbox"/> Prior authorization (D-35 if for PPD) |
| <input type="checkbox"/> Copy of original bill and subsequent bills. | <input type="checkbox"/> Documents proving attempts to address the issue with the |
| <input type="checkbox"/> Copy of all EOBs | Insurer/TPA prior to submitting appeal to WCS. |

In the space below, describe the facts of the appeal. Please attach copies of supporting documentation, if available.

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Note: If additional space is required, please attach additional sheets.

Completed forms and supporting documentation can be emailed to medunit@dir.nv.gov, or mailed to either address at the top of this form.

For Internal Use Date of Receipt:_____

WCS Medical Bill Appeal Form (REV. 9/27/24)



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Frequently Asked Questions

What types of documentation should I submit to support my appeal?

Please submit any supporting documentation with your appeal. Supporting documentation may include:

- Medical bills;
- Explanations of benefits (EOBs);
- Copies of invoices or checks;
- Evidence of communications (written correspondence or documentation of conversations) between you and the insurance carrier, attorney, or health care provider, including names, dates, and phone numbers;
- Proof of timely submission or filing (for example, certified receipts or fax receipts);
- Copies of relevant WCS forms;
- Photographs, reports, and recordings (video, audio, surveillance) if fraud is alleged; and
- Any other documentation to support your appeal.

Where can I find additional information about appeals?

- NAC 616C.027.

Is the information I submit confidential?

The information in WCS' investigation files is confidential per Nevada Revised Statute (NRS) 616B.012 (1) and generally may not be disclosed except:

- in a criminal proceeding in accordance with NRS 239.0115;
- in a hearing conducted by WCS;
- on a judicial determination of good cause;
- to a governmental agency, political subdivision, or regulatory body if the disclosure is necessary or proper for the enforcement of the laws of this or another state or of the United States per NRS 607.217; or
- to an insurance carrier if the investigation file relates directly to a felony regarding workers' compensation or to a claim in which restitution is required to be paid to the insurance carrier.

How do I submit my appeal and supporting documentation to WCS?

E-mail: medunit@dir.nv.gov

Fax: (702) 486-9174 or (775) 687-3073

Mail: 2300 West Sahara Avenue, Suite 300
Las Vegas, Nevada 89102

1886 East College Parkway, Suite 100
Carson City, Nevada 89706

For questions or assistance with submitting a workers' compensation appeal, call (702) 486-9080 or (775) 684-7270.