

# fax

Subject: Incomplete/Inaccurate D-35

Date: March 3, 2020

To:

Phone Number:

Fax Number:

Re: Claim #:

The DIR Workers' Compensation Section received the attached D-35. Upon review, we are unable to process your request for the following reasons:

- Missing Information -
- Missing written agreement signed by TPA and injured employee/legal representation
- Missing letter of representation
- Missing previous PPD information
- Claim has not been indexed. Resubmit D-35 with TK number once the claim has been entered into CARDS, if it's already been indexed resubmit D35 with Tk #.
- Please UPDATE claim indexed in CARDS, then resubmit the D35 with the Tk #.

**\*\*\*When resubmitting D35, please update the Request date to current date.**

Thank you,