Florida Department of Financial Services
Division of Workers' Compensation, Office of Medical Services
CARRIER RESPONSE TO PETITION
FOR RESOLUTION OF REIMBURSEMENT DISPUTE

The Carrier Response to Petition for Resolution of Reimbursement Dispute must be filed with the Agency pursuant to 69L-31.009, Florida Administrative Code.

CARRIER NAME: _____

[MUST BE "carrier" as defined in s.440.13(1)(c), Florida Statutes]

CARRIER MAILING ADDRESS: _____

_____

If Carrier Response is submitted by an entity acting on behalf of the Carrier, please provide:

ENTITY NAME: _____

ENTITY MAILING ADDRESS: _____

_____

PETITIONER NAME: _____

Name of Injured Employee service(s) provided to: _____

Date(s) of Service Applicable to Petition: _____

1. **Provide the name, mailing address and proof of delivery, to the Petitioner, (e.g. delivery confirmation) for the copy of the Carrier Response to Petition for Resolution of Reimbursement Dispute form and all accompanying information served on the Department in response to the Petition.**

   Petitioner Name: _____

   Petitioner Mailing Address: _____

   Proof of Delivery: _____

2. **Does the Carrier agree or disagree that the issue(s) identified by the Petitioner in its response to question number 3 on the Petition for Resolution of Reimbursement Dispute form the basis for this reimbursement dispute?** _____

   If the Carrier disagrees with the Petitioner's response to question 3 on the Petition, please identify all issues the Carrier contends form the basis for this dispute. _____

   _____

   _____

   _____

   _____

3. **Please provide a detailed breakdown of the calculations made by the Carrier in arriving at the actual dollar amount reimbursed by the Carrier for the payment that is in dispute.** _____

   _____

   _____

   _____

   _____

4. **Does the Carrier agree or disagree with the Petitioner's response to question number 5 of the Petition for Resolution of Reimbursement Dispute?** _____

   If the Carrier disagrees, please provide a detailed explanation of the nature of the Carrier's disagreement with Petitioner's response. Attach any reimbursement contract provisions relevant to Carrier's response to this question.

   _____

   _____

   _____

   _____

If additional space is needed to complete your responses to any of the questions, continue on a separate sheet and attach to the form.

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5. Does the Carrier contend that there are additional grounds for adjustment or disallowance of payment that were not identified on the Explanation of Bill Review? _____ If yes;

(a) Identify the specific additional grounds for adjustment or disallowance. _____

_____

_____

(b) Explain why the additional grounds for adjustment or disallowance were not identified on the Explanation of Bill Review.

_____

_____

(c) Identify any peer review consultant(s) or independent medical evaluator(s) involved in identifying the additional grounds for adjustment or disallowance._____

_____

_____

6. Were any of the documents or records the Carrier is submitting in response to the Petition for Resolution of Reimbursement Dispute created or originated subsequent to the issuance of the Explanation of Bill Review? _____

If yes;

(a) Specifically identify the document(s) or record(s) created subsequent to the issuance of the EOBR.

_____

_____

_____

_____

(b) Explain in detail why the document(s) or record(s) were created or originated subsequent to issuance of the Explanation of Bill Review.

_____

_____

_____

_____

7. Does the Carrier agree or disagree with the Petitioner's response to question 6 on the Petition for Resolution of Reimbursement Dispute? _____

If the Carrier disagrees, please explain in detail why the Carrier disagrees with Petitioner's response.

_____

_____

_____

_____

Signature of Carrier representative or other representative authorized to respond on behalf of Carrier:

_____ _____

Signature **Date**

Please mail the completed Carrier Response to Reimbursement Dispute to:

Print Form

Division of Workers' Compensation, Office of Medical Services
c/o Department of Financial Services
200 East Gaines Street
Tallahassee, Florida 32399-4232