

Suspension Request Coversheet

Claim Number: _____ Worker's Name: _____
Request submitted by: _____ Phone Number: _____

Type of Non-Cooperation:

- Not attending or cooperating with medical examinations or vocational evaluations requested by the department or self-insurer.
- Failure to keep scheduled appointments or evaluations with attending physician or vocational counselor.
- Engaging in unsanitary or harmful actions that jeopardize or slow recovery.
- Not accepting medical and/or surgical treatment that is considered reasonably essential for recovery from the industrial injury or occupational disease.
- Refusal of the worker to transfer care to a provider in the Medical Provider Network (MPN).
- Failure to follow retraining plan Accountability Agreement/jeopardizing plan completion

Attempts to Avoid Non-Cooperation:

- Phone call made to worker/attorney discussing non-cooperative behavior and explaining consequences. Attach Copy of All Logged Phone Calls
- Informal letter sent recapping conversation or giving additional information. Attach Copy

Requirements:

- Formal non-cooperation letter sent to the worker. **Attach Copy**
- An explanation of the problem, including specific actions expected of the worker.
- Request that the worker provide the reasons for the non-cooperation.
- Notice that benefits may be suspended or reduced as a result of the non-cooperation, with RCW 51.32.110 either cited or paraphrased.
- A request for the workers written explanation of good cause per WAC 296-14-410 within 30 calendar days of the letter.
- If the worker is non-cooperative during retraining (see above) provide the department an explanation of how the worker's actions impact(ed) the plan and whether the plan can be salvaged, per RCW 51.32.099 (3)(a) and (5)(a-c).

Worker Response:

- The worker did not respond to the request for good cause.
- The worker responded but didn't show good cause. Attach Copy of Worker Response

Request:

- I request the department issue an order to suspend the following benefits under this claim:
 - Time-loss/LEP
 - Medical
 - Vocational
 - All benefits

For more information on claim suspension go to the Miscellaneous Claims Issues section of the Claim Adjudication Guidelines. **If you have any questions and don't know the self-insurance adjudicator's name and contact information, call the receptionist at 360-902-6901.**