No-Show Fee Request Checklist

Claim Number: ______________________ Worker’s Name: ____________________________
Request submitted by:__________________________ Phone Number: _________________

Requirements:

☐ Letter sent immediately after the missed appointment. ATTACH A COPY.
The letter includes the following:
   ☐ Acknowledgement that the worker missed the appointment.
   ☐ Notice that benefits may be suspended or reduced as a result of the non attendance, with RCW 51.32.110 either cited or paraphrased.
   ☐ A request for the worker’s explanation of good cause within 30 calendar days of the letter.
☐ ATTACH A COPY of the examination appointment notice.

Worker Response:

☐ The worker did not respond to the request for good cause.
   Or,
   ☐ The worker responded but didn’t show good cause. ATTACH A COPY of the worker’s response.

No-Show Fee:

☐ The no-show fee is at the department’s fee schedule rate or the amount charged, whichever is less.
☐ I request the department issue an order to assess a no-show fee in the amount of $____________.
☐ ATTACH A COPY of the no-show fee charged by the examiner.

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.