

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 that includes all of the following (**Attach Copy**):
 - An explanation of the problem, including specific actions expected of the worker.
 - Reference [RCW 51.32.110](#), and include the specific language related to the worker non-cooperation issue.
 - Request that the worker provide the reasons for the non-cooperation.
 - Notice that benefits can be suspended as a result of the non-cooperation.
 - Inform the worker that per [WAC 296-14-410](#) they have 30 calendar days from the date of the letter to respond in writing to the request for the reasons for the non-cooperation.
- 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/loss of earning power
 - 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.**