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.