

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).

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.

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.