

No-Show Fee Request Checklist

Claim Number: _____ Worker's Name: _____

Request submitted by: _____ Phone Number: _____

Requirements:

- ☐ Letter sent immediately after the missed appointment. **Attach 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, in writing, of good cause within 30 calendar days of the letter.
- ☐ **Attach Copy** of the examination appointment notice.

Worker Response:

Note: No-show fee cannot be issued if worker gave at least five business days' notice of their intent not to attend the examination.

- ☐ The worker did not respond to the request for good cause.
Or,
- ☐ The worker responded but didn't show good cause. **Attach 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 Copy** of the no-show fee charged by the examiner.

Note: If all required information is not received, the request will be denied.

For more information on No-Show Fees 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.