

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.