

DENIAL OF WORKERS' COMPENSATION CLAIM
(G.S. 97--18(c) AND G.S. 97-18(d))

IC File # _____
Emp. Code # _____
Carrier Code # _____
Carrier File # _____
Employer FEIN _____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

Employee's Name _____			Employer's Name _____			Telephone Number _____		
Address _____			Employer's Address _____			City _____	State _____	Zip _____
City _____	State _____	Zip _____	Insurance Carrier _____			Policy Number _____		
Home Telephone _____			Work Telephone _____			Carrier's Address _____		
	<input type="checkbox"/> M <input type="checkbox"/> F	Sex _____	Date of Birth _____			City _____	State _____	Zip _____
Social Security Number _____			Carrier's Telephone Number _____			Fax Number _____		

TO EMPLOYEE (TO DEPENDENT(S) OR NEXT OF KIN IN CASE OF DEATH): _____

This is to inform you that the claim for the injury on _____, or
 occupational disease as of _____, or
 death on _____

is DENIED for the following reasons:

SIGNATURE EMPLOYER OR CARRIER/ADMINISTRATOR

TITLE

DATE

Employer/insurance Carrier must provide a detailed statement of the grounds for denying compensability of the claim or liability for the claim where payments have previously been made without prejudice under N.C. Gen. Stat. § 97-18(d). Failure to specify a particular ground may preclude asserting certain defenses at a later date pursuant to N.C. Gen. Stat. § 97-18(f).

Employee: If you disagree with this denial, you are entitled to request a hearing by submitting a Form 33. If you need assistance you may contact the Industrial Commission at the address below or telephone the Industrial Commission at (800) 688-8349.

Employer: A copy of this form shall be sent to the employee and employee's attorney of record, if any, and all known health care providers which have submitted bills to the employer/carrier. The original of this form shall be sent to the Industrial Commission at the address below.

For IC use ONLY
Nature _____
Body _____
Cause _____
SIC _____
Coder _____

FORM 61

MAIL TO:

NCIC - CLAIMS SECTION
4335 MAIL SERVICE CENTER
RALEIGH, NORTH CAROLINA 27699-4335
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688-8349