

**STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027**

1. REVISION DATE: MM / DD / YYYY		NOTICE OF CONTROVERSY THIS IS A DENIAL OF YOUR BENEFITS				2. WCB FILE NUMBER (if known): DN5	
EMPLOYEE							
3. EMPLOYEE LAST NAME: DN43		4. FIRST NAME: DN44		5. MI.: DN45	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX- DN42		
7. STREET/P.O. BOX MAILING ADDRESS: DN46		8. CITY: DN48		9. STATE: DN49	10. ZIP: DN50	11. HOME PHONE NUMBER: DN51	
12. DATE OF INJURY: MM / DD / YYYY DN31		13. SPECIFIC INJURY OR ILLNESS: DN35			14. BODY PARTS (S) AFFECTED: DN36		
EMPLOYER/INSURER							
15. INSURER FILE NUMBER: DN15		16. EMPLOYER NAME: DN18		17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER: DN168, 165, 170, 167, and 159			
18. INSURER NAME: DN188		19. INSURER MAILING ADDRESS AND PHONE NUMBER: DN10, 12, 13, 14, and 137					

20. NOTICE TO EMPLOYEE	
YOUR EMPLOYER/INSURER IS DENYING YOUR WORKERS' COMPENSATION CLAIM OR PART OF IT. THE REASON FOR THE DENIAL IS CHECKED BELOW. IF YOU DISAGREE WITH THIS DENIAL, CONTACT A CLAIMS RESOLUTION SPECIALIST AT THE NEAREST REGIONAL OFFICE LISTED BELOW.	
<p>21a. FULL DENIAL REASON</p> <p style="text-align: center;">DN198</p> <p>FULL DENIAL EFFECTIVE DATE DN199</p> <p>*NOTE: Reasons identified in boxes 21a or 21b will not preclude a party from raising additional issues at a later date.</p>	<p>21b. PARTIAL DENIAL REASON</p> <p style="text-align: center;">DN294</p> <hr/> <p>22a.</p> <p>DATE OF INITIAL INCAPACITY DN56</p> <p>CURRENT DATE OF INCAPACITY DN144</p> <hr/> <p>22b.</p> <p>DATE EMPLOYER NOTIFIED DN281</p>
23. COMMENTS: DN197	

24. ANY EMPLOYER OR INSURER THAT FAILS TO FILE A NOTICE OF CONTROVERSY IN A TIMELY FASHION AS REQUIRED BY THE WORKERS' COMPENSATION ACT AND RULES ADOPTED BY THE BOARD MAY BE OBLIGATED TO PAY BENEFITS/PENALTIES. QUESTIONS PERTAINING TO THIS OBLIGATION MAY BE DIRECTED TO A CLAIMS RESOLUTION SPECIALIST AT ONE OF THE REGIONAL OFFICES LISTED BELOW.

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES				
AUGUSTA	BANGOR	CARIBOU	LEWISTON	PORTLAND
442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	106 HOGAN RD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	1037 FOREST AVE, STE 11 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858

25. PREPARER NAME (REQUIRED): DN140	27. TELEPHONE NUMBER (REQUIRED): DN137	28. DATE MAILED: DN100
E-MAIL ADDRESS (REQUIRED): DN138	TOLL-FREE NUMBER: N/A	