COMPLAINT FOR PENALTIES 39-A §205(4)

STATE OF MAINE
WORKERS' COMPENSATION BOARD
ABUSE INVESTIGATION UNIT
27 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0027

PETITIONER

[CHECK ONE]:

☐ HEALTH CARE PROVIDER ☐ EMPLOYEE

NAME: _____

STREET/P.O. BOX: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

BOARD FILE NUMBER (if known): _____

RESPONDENT - INSURER

NAME: _____

STREET/P.O. BOX: _____

CITY, STATE, ZIP: _____

NOTICE

A party is not required to file a written response to this petition under 39-A M.R.S.A. §307(3).

1. On _____ (MONTH DAY YEAR), _____ (EMPLOYEE NAME) sustained a work-related injury while working for _____ (EMPLOYER NAME).

2. **[CHECK ONE]:**

   ☐ On _____ (MONTH DAY YEAR), the employee sent the employer/insurer copies of bills paid for by the employee for medical or health care services related to the injury.

   - OR -

   ☐ On _____ (MONTH DAY YEAR), the health care provider sent the employer/insurer copies of bills for medical or health care services related to the work-related injury.

3. The bills were sent by certified mail. **[YOU MUST ATTACH PROOF OF SERVICE BY CERTIFIED MAIL.]**

4. There is no ongoing dispute regarding the claim and the insurer/employer has failed to pay the medical bills submitted to it within thirty (30) days after receiving notice, by certified mail, of nonpayment of the bills.

WHEREFORE, I request such penalties as I may be entitled pursuant to Title 39-A §205(4).

_____
SIGNATURE OF PETITIONER

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original petition to the Workers' Compensation Board at the above address by regular mail.
2. Mail one (1) copy **by certified mail, return receipt requested**, to each other party named in the petition.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

_____
NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)

_____
STREET/P.O. BOX

_____
CITY, STATE, ZIP

_____
TELEPHONE NUMBER

_____
EMAIL

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.