

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

1. REVISION DATE: <div style="text-align: center;"> ____/____/____ MM DD YYYY </div>	<h2 style="margin: 0;">NOTICE OF CONTROVERSY</h2> <h3 style="margin: 0;">THIS IS A DENIAL OF YOUR BENEFITS</h3>	2. WCB FILE NUMBER (if known):
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EMPLOYEE				
3. EMPLOYEE LAST NAME:	4. FIRST NAME:	5. MI.:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	
7. STREET/P.O. BOX MAILING ADDRESS:	8. CITY:	9. STATE:	10. ZIP:	11. HOME PHONE NUMBER:
12. DATE OF INJURY: <div style="text-align: center;">____/____/____ MM DD YYYY</div>	13. SPECIFIC INJURY OR ILLNESS:		14. BODY PARTS (S) AFFECTED:	

EMPLOYER/INSURER		
15. INSURER FILE NUMBER:	16. EMPLOYER NAME:	17. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:
18. INSURER NAME:	19. INSURER MAILING ADDRESS AND PHONE NUMBER:	

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.

21a. <b style="text-align: center;">FULL DENIAL REASON FULL DENIAL EFFECTIVE DATE ____/____/____	21b. <b style="text-align: center;">PARTIAL DENIAL REASON 22a. DATE OF INITIAL INCAPACITY ____/____/____ CURRENT DATE OF INCAPACITY ____/____/____ 22b. DATE EMPLOYER NOTIFIED ____/____/____
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*NOTE: Reasons identified in boxes 21a or 21b will not preclude a party from raising additional issues at a later date.

23. COMMENTS:

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 442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	BANGOR 106 HOGAN RD BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	CARIBOU ONE VAUGHN PL 43 HATCH DR, STE 110 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	LEWISTON 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	PORTLAND 1037 FOREST AVE, STE 11 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858
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25. PREPARER NAME (REQUIRED):	26. TELEPHONE NUMBER (REQUIRED):	27. DATE MAILED:
E-MAIL ADDRESS (REQUIRED):	TOLL-FREE NUMBER:	____/____/____