

**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>FULL DENIAL REASON</b>          FULL DENIAL EFFECTIVE DATE ____/____/____	21b. <b>PARTIAL DENIAL REASON</b>      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				
<b>AUGUSTA</b> 442 CIVIC CTR DR, STE 225 156 STATE HOUSE STATION AUGUSTA, ME 04333-0156 (207) 287-2308 1-800-400-6854	<b>BANGOR</b> 396 GRIFFIN RD, STE 105 BANGOR, ME 04401-5638 (207) 941-4550 1-800-400-6856	<b>CARIBOU</b> ONE VAUGHN PL 658 MAIN ST, STE 1 CARIBOU, ME 04736 (207) 498-6428 1-800-400-6855	<b>LEWISTON</b> 36 MOLLISON WAY LEWISTON, ME 04240-7777 (207) 753-7700 1-800-400-6857	<b>PORTLAND</b> 56 NORTHPORT DR, STE 201 PORTLAND, ME 04103 (207) 822-0840 1-800-400-6858

25. PREPARER NAME (REQUIRED):	26. TELEPHONE NUMBER (REQUIRED):	27. DATE MAILED: ____/____/____
E-MAIL ADDRESS (REQUIRED):	TOLL-FREE NUMBER:	