



b. The following **factual** issues relative to the medical payment matter are in dispute. Concisely state all factual issues. **Do Not attach supplemental pages.**

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c. The following **legal** issues are in dispute. Concisely cite the specific statutory and regulatory authority asserted to be relevant and/or applicable in this matter. **Do Not attach supplemental pages.**

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Requesting Party or Representative's signature

Requesting Party or Representative's name (typed/printed)

Attorney ID (if representative is counsel)

E-mail Address

Telephone

Address

Address

City/Town State ZIP

If you are an attorney, or if you wish to be represented by an attorney, said attorney must formally enter their appearance through WCAIS. Until then, all notices will go to the current parties of record.

**Notice: This petition must be filled out as fully as possible. If not filing electronically, the original must be sent to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St, Suite 202, Harrisburg, PA, 17102-1400. A copy must be sent to the prevailing party in the fee review determination that you are appealing. A Proof of Service must be attached. A Proof of Service is a signed statement signed by you verifying that you have sent a copy of the petition to all parties and their attorneys, if known.**

**All requests for a hearing will be returned if not signed and dated. Do not attach documents to this request. The Workers' Compensation Office of Adjudication will destroy all attachments and will NOT process them or return them to you.**

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information Services**  
717.772.3702

**Claims Information Services**  
toll-free inside PA: 800.482.2383  
local & outside PA: 717.772.4447

**Hearing Impaired**  
PA Relay 7-1-1

**Email**  
ra-li-bwc-helpline@pa.gov



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