

Sample Letter – 2nd Notice for Payment **following receipt of partial payment.**

Please note, this letter does not represent a document that is required by the South Carolina Workers' Compensation Commission under South Carolina Regulation or Statute. However, should the provider make future request of the SCWCC to intervene in a disputed billing matter, record of a correspondence similar in nature to the correspondence below shall be provided.

Date

(Employer's Representative)

Subj: Request for resolution of outstanding payment for medical services provided _____
(2nd Notice for Payment).

Dear (Employer's Representative),

The South Carolina Workers' Compensation Act was enacted to shield employers in South Carolina from costly injury litigation arising from worker injuries sustained through employment-related activities. The Act guarantees that injured workers can receive prompt, competent medical care when workplace injuries occur. South Carolina Code of Law (42-9-360(d)) provides that "Payment to an authorized health care provider for services shall be made in a timely manner but no later than thirty days from the date the authorized health care provider tenders request for payment to the employer's representative, unless the commission has received a request to review the medical bill."

As the attached invoice for medical services shows, (name of the medical provider) rendered treatment to (injured worker), an employee of (employer) on (date of service). (provider) submitted the attached invoice to (employer's representative) on (date of invoice).

On (date), (provider) received a partial payment for services rendered. Because the payment rendered to (provider) is less than the payment amount allowed under SCWCC regulation and no contractual agreement exists between (employer's representative) and (provider) stipulating a lesser payment amount, this letter is provided to serve notice to (employer's representative) and the South Carolina Workers' Compensation Commission that the attached bill for medical services is in dispute. Please provide either payment in full of the medical services bill or an explanation as to partial payment. If payment is not received or resolution is not reached within 30 days of the date of this notice, the dispute will be transmitted to the South Carolina Workers' Compensation Commission for final determination.

Please note that, per South Carolina Code (42-15-60; 42-15-70), the employer of the injured worker is the considered the responsible party for purposes of medical services payment under the Workers' Compensation Act. Therefore, (injured employee's employer) has been included as a copied recipient of this notice.

(Employer's representative), thank you for your attention to this matter. I look forward to prompt resolution of this issue.

Sincerely,

(Medical service provider representative)

Cc: Injured Employee's Employer

SAMPLE