

GEORGIA STATE BOARD OF WORKERS' COMPENSATIONBoard Claim No. **0005****NOTICE TO CONTROVERT**

A. IDENTIFYING INFORMATION			
EMPLOYEE	Last Name 0043, 0255	First Name 0044	M.I. 0045
Address 0046 0047 0048 0049 0050			Social Security Number 0042
E-mail Address N/A			Date of Injury 0031
			Phone Number 0051
EMPLOYER	Name 0018 0016		Phone Number 0159
Address 0019 0020 0021 0022 0023			
E-mail Address N/A			
INSURER/ SELF-INSURER	Name 0007 0006		Insurer/Self-Insurer File # 0015
CLAIMS OFFICE	Name 0188 0187 0185		Phone Number 0137
Address 0014 0010 0012 0013			
E-mail Address			

B.	<input type="checkbox"/> 1. This serves as notice, pursuant to O.C.G.A. §34-9-221, that the right to compensation in this claim is being controverted on the following specific grounds: 04 or PD 0294 = E and 0198 0197
	<input type="checkbox"/> 2. This is notice, pursuant to O.C.G.A. §34-9-200 and Board Rule 205(b), that the compensability of the following medical treatment / test is being controverted for the following specific reasons: PD 0294 = D and 0198 0197
	<input type="checkbox"/> 3. If only part of the claim is being controverted, state the specific part of the claim and the reason(s) it is being controverted: PD 0294 = A/D/E and 0198 0197

C.	<input type="checkbox"/> This is to certify that a copy of both sides of this notice has been sent to the employee / claimant(s), all counsel of record and any other person with a financial interest, as listed below: Information from Trading Partner agreements
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Type or Print Name 0140	Signature	Date HD1
Phone Number R22/0137	E-mail Address R22/0138	

This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be given to the employee and any other person with a financial interest in the claim including, but not limited to the employer, medical care provider(s) and attorney(s).