

NOTICE OF DENIAL

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

200 East Gaines Street
Tallahassee, Florida 32399-4226

COMPLETE ALL APPLICABLE SECTIONS BEFORE FILING WITH THE DIVISION

SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE

SOCIAL SECURITY NUMBER

EMPLOYEE NAME (First, Middle, Last)

DATE OF ACCIDENT: (Month-Day-Year)

EMPLOYEE ADDRESS

EMPLOYER NAME

ATTACH ADDITIONAL PAGE(S) IF NECESSARY

DENIED BENEFITS (List below)

REASON FOR DENIAL OF BENEFITS (Provide detailed information to support reason(s) for denial)

DATE DENIAL RESCINDED: ____ / ____ / ____ Description of benefits reinstated or started:

CC: (Name and Address)

ADJUSTER NAME

ADJUSTER TELEPHONE

() _____ - _____ Ext. _____

INSURER CODE

DATE PREPARED

INSURER NAME

CLAIMS-HANDLING ENTITY NAME AND ADDRESS

SVC. CO/TPA CODE

CLAIMS-HANDLING ENTITY FILE
#

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234. Section 440.105(7), F.S.

DWC-12 Purpose and Use Statement

The collection of the social security number on this form is imperative for the Division of Workers' Compensation's performance of its duties and responsibilities as prescribed by law. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law.