

Template for non-payment of WC DEPO FEE to the WCB

DOCTOR's LETTERHEAD

Date

NYS Workers' Compensation Board
Centralized Mailing Address
PO Box 5205
Binghamton, NY 13902-5205

Re: Claimant's Name
WC Case Number:
Date of Injury:
Amount Due:

Dear Sir/Madam:

For the above referenced case, I was deposed on (*DATE*). According to WC regulations, I was supposed to be paid within 10 days of being deposed.

I have not received payment. I sent the attached letter, dated: (*DATE*) to the WC Carrier in question and notifying them that I have not been paid. I am also providing you with proofs of mailing for the demand letters which were sent to the carrier.

I am requesting that the Board issue an order directing payment. In addition, I am notifying you of this WC Carrier's non-compliance with WC regulations.

Thank for your prompt attention to this vital matter.

Sincerely,

Signature

Dr. (NAME)

ATTACHMENTS