

# FORM PER-37: Notice to Controvert Right of Compensation

**Instructions:** To properly dispute and controvert right of compensation to an employee claim as prescribed under A.S.C.A. §32.0662, the employer is mandated to file a controvert notice with the Commissioner on or before the 14<sup>th</sup> day after having knowledge of the alleged injury or death (or within 14<sup>th</sup> days upon receipt of either the Employee's Injury Reporting Notification or a Notice of Claim Filed).

1. <b>Date of this Notice:</b>	2. <b>Name of Employer:</b>	3. <b>Name of Injured Employee:</b>
4. <b>Name of Insurance Carrier (or Self-Insurer Employer):</b>		5. <b>Date of Employee's Alleged Injury or Death:</b>
6. <b>Employer's Mailing Address:</b>		7. <b>Employee's Present Mailing Address:</b>
8. <b>Specify the Type of Controvert Notice:</b> <input type="checkbox"/> Notice to controvert and dispute the employee claim in its entirety as work-related. <input type="checkbox"/> Notice to controvert and dispute the compensation of certain disability or death benefits. <input type="checkbox"/> Notice to controvert and dispute the compensation of certain medical treatments or medical expense(s). <input type="checkbox"/> Notice to dispute and controvert employee's claim for compensation due to statute of limitation on filing. <input type="checkbox"/> Other		
9. <b>Pursuant to A.S.C.A. §32.0662, the employer herein hereby serves this notice to controvert right of compensation on the following specific ground or reason:</b>		
10. <b>Authorization:</b>  (Print Only) _____ Name of Person Approving this Notice  _____ Official Title of Person Approving this Notice  (Sign) _____ Authorized Signature of Person Approving this Notice		