
Cover Note for Submission

Date: August 15, 2025

Division of Workers' Compensation

Provider Suspension Unit
1515 Clay Street Suite 1700

Oakland California 94612

Re: Hearing Request Packet – Notice of Provider Suspension under Labor Code
§139.21(a)(1)(C)

Provider Name: Michelle Christine Pratt

Provider Number: (909) 279-7296

Dear Administrative Director,

Please find enclosed my Request for Hearing packet in response to the Notice of Provider
Suspension dated August 5, 2025.

Included in this submission are the following:

- Cover letter requesting a hearing pursuant to Labor Code §139.21(a)(1)(C)
- Personal declaration detailing my non-involvement in fraudulent or abusive conduct and cessation of workers' compensation provider activities
- Evidence summary and supporting documentation, including license revocation records
- Certificates of completion for healthcare fraud and abuse prevention courses I have undertaken to demonstrate my commitment to compliance and ethical standards

I respectfully request that the suspension be reconsidered and lifted based on the grounds provided.

Thank you for your attention to this matter. Please contact me if further information is needed.

Sincerely,
Michelle Christine Pratt
(909) 279-7296
