State of Nevada

Department of Business and Industry

Division of Industrial Relations

Workers’ Compensation Section

##### OCCUPATIONAL DISEASE CLAIM REPORT (NRS 617.357)

Submit within 30 days of acceptance/denial, closure, reopening, confirmed diagnosis and any changes to the claim – **PART 1**

Submit within 30 days of appeals filed and decisions rendered – **PARTS 1 & 2**

|  |  |
| --- | --- |
| **Submitted By:** | [ ]  Insurer [ ]  TPA |
| Company: |       |
| Submitter Name: |       |
| Telephone:  |       |
| Email: |       |

**PART 1 (Claim Information)**

|  |  |
| --- | --- |
| Insurer Name: |       |
| Insurer FEIN: |       |
| Insurer Certificate Number:  |       |
| Claimant’s Employer: |       |
| Claim Number:  |       |
| Claim Disposition:  | [ ]  Accepted [ ]  Denied |
| Reason for Denial: | [ ]  1-Pending medical investigation [ ]  2-Negative test/no exposure [ ]  3-Not in course/scope  |
| [ ]  4-Not compensable/no disease [ ]  5-Late reporting [ ]  6-Failure to correct predisposing condition |
| [ ]  7-Misc (duplicate claim, wrong insurer/uninsured, etc)  |
| **CLAIMANT (Choose one) & CLAIM ACCEPTED/DENIED PURSUANT TO NRS (Choose one):** |
| [ ]  **firefighter** [ ]  NRS 617.453 Cancer [ ]  NRS 617.455 lung disease [ ]  NRS 617.457 heart disease [ ]  NRS 617.481 certain contagious diseases [ ]  NRS 617.485 hepatitis[ ]  **arson investigator** [ ]  NRS 617.455 lung disease [ ]  NRS 617.457 heart disease [ ]  NRS 617.481 certain contagious diseases |  [ ]  **police officer**  (PEACE OFFICERS PER NRS 289.010 included) [ ]  NRS 617.455 lung disease [ ]  NRS 617.457 heart disease [ ]  NRS 617.481 certain contagious diseases [ ]  NRS 617.485 hepatitis [ ]  NRS 617.487 hepatitis [ ]  **emergency medical attendant** [ ]  NRS 617.481 certain contagious diseases [ ]  NRS 617.485 hepatitis |
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| Date of Injury: |  |       |
| Date Claim (C4) Received by Insurer/TPA: |       |
| Date Accepted/Denied:  |  |       |
| Estimated Medical Costs of Claim: | $      | Diagnosis Confirmed: [ ]  Yes [ ]  No |
| Description of Claim:  |        |
| Initial Claim Closure Date:       | Date Claim Reopened (if applicable):       | Subsequent Claim Closure Date(if applicable):       |

**PART 2 (Appeal Information)**

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| **INITIAL APPEAL OF:** **[ ]  Claim Denial [ ]  Claim Acceptance** |
| Appealed By: [ ]  Claimant/Dependent/Representative [ ]  Employer/Insurer  |
| Appeal Number:       |
| Date Appeal Filed:       ` |
| Hearing Date:        |
| Decision Date:       |
| Decision: [ ]  Affirmed [ ]  Reversed [ ]  Remanded  [ ]  Modified [ ]  Dismissed [ ]  Stip (Explain):       |
| Decision By: [ ]  Hearing Officer [ ]  Appeals Officer  |

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| --- |
| **SUBSEQUENT APPEAL OF DECISION BY: [ ]  HO [ ]  AO [ ]  DC** |
| Appealed By: [ ]  Claimant/Dependent/Representative [ ]  Employer/Insurer |
| Appeal Number:       |
| Date Appeal Filed:        |
| Hearing Date:        |
| Decision Date:       |
| Decision: [ ]  Affirmed [ ]  Reversed [ ]  Remanded  [ ]  Modified [ ]  Dismissed [ ]  Stip (Explain):        |
| Decision By:  [ ]  Appeals Officer [ ]  District Court [ ]  Supreme Court  |

 OD-8 (6/18)