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 |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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)**

|  |
| --- |
| **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 |

|  |
| --- |
| **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)