

<Date>

<Addressee>

Re:

Claim Number:

Date of Injury:

Employer:

Insurer:

Claims Administrator/Third-Party Administrator:

Body Part(s)/Diagnosis:

NOTICE OF CLAIM ACCEPTANCE

(Pursuant to NRS 616C.065)

Dear >

The above referenced claim has been accepted on behalf of (**Insert Insurer**). Please check the information contained in this notice. If you find any of the information to be incorrect, please notify the claims administrator who is handling this claim.

The Body Part(s)/Diagnosis listed above identifies the current scope of the claim. Per NRS 616C.065 and *Gilman v. Clark Cnty. Sch. Dist.*, 527 P.3d 624 (2023), unless a condition or body part is specifically denied, you retain your right to request to expand the scope of the claim upon your written request to the Insurer at any time. However, any requests for expansion are subject to the limitations set forth in NRS 616C.495. In addition, if you are seeking to expand the scope of the claim to include a newly developed injury or disease, the request is also subject to the requirements of NRS 616C.160. Should you submit a request for the scope of your claim to be amended, a new determination regarding expansion of the scope of the claim will be provided, with appeal rights.

If you disagree with this determination, you have the right to request a hearing to resolve your dispute **WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER**. To file an appeal online, visit the website for the Nevada Department of Administration, Hearings Division at www.hearings.nv.gov/efile and follow the steps for initiating a Request for Hearing (preferred). If you are an unrepresented litigant, you may mail a notice of appeal to: Department of Administration, Hearings Office, 2200 South Rancho Drive, Suite 150, Las Vegas, NV 89102 (702) 486-2525 or the Department of Administration, Hearings Office, 1050 East William Street, Suite 400, Carson City, Nevada 89701 (775) 687-8440.

If you have any questions, please contact > Sincerely,

<Claims Adjuster>

Enclosure: D-53, D-12a >

cc:

Please retain a copy for your records

<If established and available, internet address for the website to obtain a list of healthcare providers>