

Date:

To:

Address:

Re: Claim No:

Date of Injury:

Employer:

Insurer/TPA:

**NOTICE OF CIRCUMSTANCES UNDER WHICH A CLAIM MAY BE CLOSED UNDER  
SUBSECTION 2 OF NRS 616C.235**

(Pursuant to NRS 616C.235(2) and (3))

You have received less than \$800 in medical benefits within six (6) months of the opening of your workers' compensation claim. This letter serves as notice that if the medical benefits required to be paid for your claim are less than \$800 during the first twelve (12) months after your claim was opened, your claim may be closed in accordance with Nevada Revised Statutes (NRS) 616C.235(2).

This written notice does not create any right to appeal the contents of this notice.

However, if your claim is ultimately closed pursuant to NRS 616C.235(2), you will have the right to appeal closure of your claim.

***Retain a copy of this notice for your records.***

Enclosures

D-12a

D-13