

Date:

To:

Address:

Re: Claim No:

Date of Injury:

Employer:

Insurer/TPA:

NOTICE OF INTENTION TO CLOSE CLAIM OF LESS THAN \$800 IN MEDICAL BENEFITS IN 12 MONTHS- NO PERMANENT PARTIAL DISABILITY EVALUATION

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

It has been determined that the medical benefits required to be paid for your workers' compensation claim were less than \$800 during the first twelve (12) months after your claim was opened. In accordance with NRS 616C.235(2), your claim will be closed effective seventy (70) days from the date of this notice.

Your claim will be closed without a Permanent Partial Disability (PPD) evaluation because the insurer has determined that there is no possibility of a permanent impairment of any kind based on the medical information available.

Please note that if you do not appeal the closure of your claim, or you appeal the closure of your claim and the appeal is not successful, the claim cannot be reopened. NRS 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since the time of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for reopening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

If you disagree with the above determination, you have the right to appeal under Nevada Revised Statutes (NRS) 616C.305 and NRS 616C.315 to 616C.385 inclusive. If you would like to appeal, please complete the bottom portion of this notice and send it to the State of Nevada, Department of Administration, Hearings Division at the address below. Your appeal must be filed within **seventy (70) days** after the date on which the notice of the insurer's final determination was mailed pursuant to NRS 616C.315.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR

Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

Reason for appeal: _____

Signature _____

Date _____

Retain a copy of this notice for your records.

Enclosures

D-12a

D-13