

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- PERMANENT PARTIAL DISABILITY EVALUATION SCHEDULED

(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.

An evaluation for a Permanent Partial Disability (PPD) has been scheduled pursuant to Nevada Revised Statutes (NRS) 616C.490.

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 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.

Reason for appeal: _____

Signature _____

Date _____

Retain a copy of this notice for your records.

Enclosures

D-12(a)

D-13