

<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 the above determination, you do have the right to appeal by requesting a hearing before a Hearing Officer by completing the enclosed Form D-12a and sending it to the State of Nevada, Department of Administration, Hearings Division. **Your appeal must be filed within seventy (70) days after the date on which the notice of this determination was mailed.**

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, Ste. 210  
Las Vegas, NV 89102  
(702) 486-2525

If you have any questions, please contact >

Sincerely,

<Claims Adjuster>

Enclosure: D-53, D-12a >

cc:

***Please retain a copy for your records***