

## State of Nevada Department of Business and Industry Division of Industrial Relations

## OCCUPATIONAL DISEASE CLAIM REPORT (NRS 617.357)

Submit within 30 days of acceptance/denial and any changes to the claim – PART 1 Submit within 30 days of appeal, closure, reopening, or confirmed diagnosis – PARTS 1 & 2

Submitted By:		Insurer	☐ TPA			
Company:						
Submitter Name:						
Telephone:						
Email:						
PART 1 (Claim Information)						
Insurer Name:						
Insurer FEIN:						
Insurer Certificate Number:						
Claimant's Employer:						
Claimant's Name:		First: Last:				
Claim Number:						
Claim Disposition:		☐ Accepted ☐ Denied				
D 1-Pending		medical investigation 2-Negative test/no exposure 3-Not in course/scope				
Reason for \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					6-Failure to correct predisposing condition	
Denial:	7-Misc (duplicate claim, wrong insurer/uninsured, etc)					
CLAIMANT (Choose one) & CLAIM ACCEPTED/DENIED PURSUANT TO NRS (Choose one):						
☐ FIREFIGHTER ☐ POLICE OFFICER (PEACE OFFICERS PER NRS 289.010 INCLUDED)						
□ NRS 617.453 CANCER			<u> </u>			
	5 LUNG DISEASE	CE			☐ NRS 617.455 LUNG DISEASE ☐ NRS 617.457 HEART DISEASE	
	7 HEART DISEASE					
		NTAGIOUS DISEASES			☐ NRS 617.481 CERTAIN CONTAGIOUS DISEASES ☐ NRS 617.485 HEPATITIS	
□ NRS 617.48			ASES	<u> </u>		
□ NK5 01 / .40	J HEFATTIIS			☐ NRS 617.487 HEPATITIS		
☐ ARSON INVESTIGATOR				☐ EMERGENO	☐ EMERGENCY MEDICAL ATTENDANT	
	5 LUNG DISEASE	JF			☐ NRS 617.481 CERTAIN CONTAGIOUS DISEASES	
	J LONG DISLASL				☐ NRS 617.485 HEPATITIS	
	7 HEADT DISEASE			NRS 612	7 485 HEDATITIS	
	7 HEART DISEASE	HOUS DISE	ΔSFS	□ NRS 617	7.485 HEPATITIS	
☐ NRS 617.48	7 HEART DISEASE 1 CERTAIN CONTAC	GIOUS DISE	ASES	□ NRS 617	7.485 HEPATITIS	
☐ NRS 617.48 Date of Injury:	1 CERTAIN CONTAC		ASES	∐ NRS 617	7.485 HEPATITIS	
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