

RECEIVED JUL 17 2014

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 366-0100

July 16, 2014

Date of Injury:  
Employee:

Dear Ms. :

This is to notify you that your claim for a traumatic injury on the following condition(s):

has been accepted for the

Diagnosed condition(s)

AGGRAVATION OF ASTHMA

ICD-9 code(s)

493.8

**Please advise all medical providers who are treating you for this injury of the accepted ICD-9 code(s). Accurate coding facilitates timely bill processing.**

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

As you can see above, we have accepted an aggravation of your pre-existing asthma.

Within 30 days, we will need a medical report from your physician indicating whether this was a temporary or permanent aggravation of your pre-existing condition.

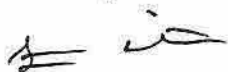
1. If temporary, when did it resolve?
2. If it has not yet resolved, when can we expect it to resolve?
3. If permanent, we will need your physician to state so and how it was permanently exacerbated.

Either way, your physician will need to submit a medical report being sure to include their reasoned medical opinion, supported by objective findings, as to how your pre-existing condition was affected by this work injury.

If your injury results in lost time from work, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days. If wage loss continues after your entitlement to COP expires, you may claim compensation using Form CA-7.

Please refer to the attachment entitled "Now That Your Claim Has Been Accepted" for important information pertaining to how to contact us, medical authorizations, payment of bills, and returning to work.

Sincerely,



Stephen Minter  
Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER  
FELSER LAW FIRM, P.C.  
PO BOX 10267  
SAVANNAH, GA 31412

**NOTICE TO EMPLOYING AGENCY:**

If Form CA-7 claiming compensation for wage loss is filed, you are reminded that 20 C.F.R. §10.111(c) requires the submission of a CA-7 within 5 working days. Please fully complete any form submitted and provide contact information to avoid delay of payment.

Please send a copy of the position description (including physical requirements) for the job held on date of injury.

You advised in Form CA-1 that the claimant was not in the performance of duty; however, our office received a medical report from Dr. Vishal Agrawal dated 04/05/2014 that states the claimant aggravated her asthma due to being exposed to wax and chemicals at work.