

U.S. DEPARTMENT OF LABOR

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

March 21, 2014

Date of Injury:
Employee:

Dear Mr. BROWN:

When your claim was received, it appeared to be a minor injury that resulted in minimal or no lost time from work. These cases are administratively handled to allow for payment of a limited amount of medical expenses. The merits of the claim, however, had not been formally considered.

Your claim has now been reopened for consideration because the medical bills have exceeded \$1500; therefore, we are now formally adjudicating your claim.

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

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
SPRAIN OF BACK, LUMBAR REGION	847.2
SPRAIN OF OTHER SPECIFIED SITES, KNEE AND LEG LEFT	844.8

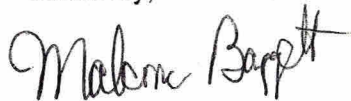
Please advise all medical providers who are treating you for this injury of the accepted ICD-9 code(s). Accurate coding facilitates timely bill processing.

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.

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,



Malcome Baggett
Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER ESQ.
FELSER LAW FIRM P. C.
P O 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.