

File Number:  
CA-1008 TI-D-ACC

**RECEIVED NOV 07 2019**

U.S. DEPARTMENT OF LABOR

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

November 04, 2019

Date of Injury: \_\_\_\_\_  
Employee: \_\_\_\_\_

Dear

After reconsideration of 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-10 code(s)</u>
SPRAIN OF JOINTS AND LIGAMENTS OF OTHER PARTS OF NECK, SEQUELA	S138XXS
SPRAIN OF LIGAMENTS OF THORACIC SPINE, INITIAL ENCOUNTER	S233XXA
SPRAIN OF UNSPECIFIED PARTS OF LUMBAR SPINE AND PELVIS, SEQUELA	S339XXS

**Please advise all medical providers who are treating you for this injury of the accepted ICD-10 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; however, you may be subject to the three-day waiting period mandated by the Postal Accountability and Enhancement Act (Public Law 109-435). 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.

***If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.***

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Sincerely,  
PAUL FELSER

Senior Claims Examiner  
Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL FELSER  
7393 HODGSOM MEMORILA DR  
SUITE 102  
SAVANNAH, GA 31406

**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.