File Number: CA-1008-TI-D-ACC

U.S. DEPARTMENT OF LABOR

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OWCP/DFEC, PO Box 8311 LONDON, KY 40742-8311 Phone: (303) 202-2500

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September 17, 2020

Date of Injury: Employee

Dear

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

has been-accepted for the

Diagnosed condition(s)

ANTERIOR SUBLUXATION OF LEFT HUMERUS

ICD-10 code(s) S43.012A

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. 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,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED-

File Number: 'CA-1008 TI-D-ACC

PAUL H-FELSER FELSER LAW FIRM, P.C. 7393 HODGSON MEMORIAL DRIVE 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.