

File Number:  
CA-1008 SFC-D-ACC

U.S. DEPARTMENT OF LABOR

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

June 28, 2013

Date of Injury:

Dear Mr. \_\_\_\_\_ :

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):

Diagnosed condition(s)

CONTUSIONS OF MULTIPLE SITES  
SPRAIN OF NECK

ICD-9 code(s)

9248  
8470

**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.

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 (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.*

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Sincerely,

  
John Quarterman  
Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

**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.