

RECEIVED OCT 21 2015

U.S. DEPARTMENT OF LABOR

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

October 16, 2015

Date of Injury:
Employee:

Dear _____

This is to notify you that your claim for a traumatic injury on 08/19/2015 has been accepted for the following condition(s):

<u>Diagnosed condition(s)</u>	<u>ICD-10 code(s)</u>
TOXIC EFFECT OF UNSPECIFIED SPIDER VENOM, INITIAL	T63.304A
INSECT BITE OF RIGHT MIDDLE FINGER, INITIAL	S60.462A

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 you have not been released to full duty, have your treating physician provide a medical report that includes appropriate work restrictions and a statement as to when you will be released back to full duty without restrictions.

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,

Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

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.

PAUL FELSER
ATTORNEY AT LAW
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.
- Please send a copy of the position description (including physical requirements) for the job held on date of injury.
- Please submit an update regarding this employee's work status.
- It is noted that you challenged the claim based on the fact that most spiders cannot penetrate the human skin. Our office disagrees and finds that the evidence supports that the claim is compensable; supported by the statement provided by the **witness** who helped catch the spider and the **physician's statement** from Dr. Henry Tam dated 10/14/2015; additionally Ms. Miller reported the injury and sought treatment for the injury **the same day**. Therefore it is supported that Ms. Miller was in fact bitten by a spider in the breakroom on 08/19/2015 and is suffering the effects of the spider's venom.