

File Number: |
CA-1008 OD (HL)-D-ACC

RECEIVED NOV 14 2016

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 08, 2016

Date of Injury
Employee

Dear

This is to notify you that your claim for an occupational disease has been accepted for the following condition(s):

Diagnosed condition(s)

SENSORINEURAL HEARING LOSS, BILATERAL

ICD-10 code(s)

H903

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.

PLEASE NOTE the initial acceptance letter dated 5/19/16 erroneously authorized hearing aids. Based on the most recent review by the District Medical Advisor (DMA), the medical evidence of record establishes that you do not require hearing aids. Therefore, hearing aids cannot be authorized at this time.

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,

Senior Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
FISHER LAW FIRM, P.C.
QUEENSBORO BANK BLDG
7393 HODGSON MEMORIAL DRIVE
SUITE102
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.