Date:

To:
Address:

Re: Claim No:
Date of Injury:
Employer:
Insurer/TPA:

NOTICE OF INTENTION TO CLOSE CLAIM

(Pursuant to NRS 616C.235(1))

After a careful and thorough review of your workers' compensation claim, the Insurer determined that your claim should be closed before all benefits to which you may be entitled have been paid. Accordingly, your claim will be closed effective seventy (70) days from the date of this notice.

Your file reflects that you are not presently undergoing any medical treatment; however, if you are scheduled for future medical appointments, please advise this office immediately.

If you disagree with this determination, you have the right to request a hearing to resolve your dispute **WITHIN SEVENTY (70) DAYS OF THE DATE OF THIS LETTER**. To file an appeal online, visit the website for the Nevada Department of Administration, Hearings Division at https://eflex.nv.gov/efile/reg and follow the steps for initiating a Request for Hearing (preferred). If you are an unrepresented litigant, you may mail a notice of appeal to: Department of Administration, Appeals Office, 2200 South Rancho Drive, Suite 220, Las Vegas, NV 89102 (702) 486-2525 or the Department of Administration, Appeals Office, 1050 East William Street, Suite 450, Carson City, Nevada 89701 (775) 687-8440.

Department of Administration
Hearings Division
1050 E. William Street, Ste. 400
Carson City, NV 89701
(775) 687-8440

OR

Department of Administration
Hearings Division
2200 S. Rancho Drive, Suite 210
Las Vegas, NV 89102
(702) 486-2525

NRS 616C.390 defines your right to reopen your claim. You must make a written request for reopening and your doctor must submit a report relating your problem to the original industrial injury. The report must state that your condition has worsened since the time of claim closure and that the condition requires additional medical care. Reopening is not effective prior to the date of your request for reopening unless good cause is shown. Upon such showing by your doctor, the cost of emergency treatment shall be allowed.

Reason for appeal: _____

_____

_____

Signature_____ Date_____

Retain a copy of this notice for your records.

Enclosures

D-12(a)
D-13