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| --- | --- |
| Date of Letter | **Accept Newly Contended Condition** |

Claimant Name

Claimant Address Line 1

Claimant Address Line 2

Claimant Address Line 3

RE: Claim Claim Number

Dear Enter Claimant Name,

A request for treatment was received for a newly contended condition that wasn’t originally accepted on this claim.

The medical in the claim file supports the condition diagnosed as Enter diagnosis(s) as being related to the claim.

If you have questions about the action being taken, or have additional information you’d like to provide, please contact me at the phone number listed below.

Sincerely,

|  |  |  |
| --- | --- | --- |
| Name |  | Enter Phone Number |
| Name |  | Phone Number |

|  |
| --- |
| **If you dispute the action being taken, you may write the Department of Labor & Industries within 60 days at:**  **Department of Labor & Industries**  **PO Box 44892**  **Olympia WA 98504-4892**  **Fax: 360-902-6900**  **Or go to: https://secure.Lni.wa.gov/ReportSelfInsuredEmployer/#** |

cc: Attending Provider