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| --- | --- |
| Date Letter Sent | **Deny Newly Contended Condition** |

Claimant Name

Address Line 1

Address Line 2

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.

Enter Employer Name is not responsible for the condition(s) diagnosed as Enter diagnosis(s), because:

it was not caused or aggravated by the industrial injury or occupational disease for which the claim was filed.

the worker did not have the condition as of Date.

This decision is based on the following documentation:

Click or tap here to enter text.

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