

Date of Letter

Accept Newly Contended Condition

Claimant Name
Claimant Address Line 1
Claimant Address Line 2
Claimant Address Line 3

Added

RE: Claim Claim Number

Switched

Dear Enter Claimant Name,

Removed first sentence

Updated end of sentence

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

Updated

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

Removed sentence

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
Name

Enter Phone Number
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

New

Or go to: <http://secure.Lni.wa.gov/ReportSelfInsuredEmployer/#>

Updated

cc: Attending Provider

Updated to fillable field