

Claimant Name  
Address Line 1  
Address Line 2  
Address Line 3

Added

RE: Claim Claim Number

Switched

Dear Enter Claimant Name,

Removed part of sentence

(Removed first sentence)

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

Updated

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.

Added options to select

This decision is based on the following documentation:

Click or tap here to enter text.

(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

Added

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

Updated

cc: Attending Provider