**ACCEPT CONDITION/DENY CONDITIONS**

Dear \_\_\_\_\_\_\_\_\_\_\_\_,

**Your benefits.**

We are paying medical benefits related to your claim for the industrial injury that occurred on <insert date> while working for <Employer Name>.

{Drop down: **accepted or denied**}

**New Condition(s) accepted:**

* The medical in the claim file supports the condition diagnosed as <enter diagnosis(s)> as being related to the claim.

**Conditions Denied:**

* <Employer Name> is not responsible for the condition(s) diagnosed as <diagnosis>, because it was not caused or aggravated by the industrial injury or occupational disease for which the claim was filed.

**Contact me if questions.**

If you have questions about the action being taken, or have additional information you’d like to provide related to this action, please contact me at the phone number below. I’d be glad to discuss further so that we have a shared understanding about the action being taken under your claim and the reasons for the action.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claim Adjudicator Date Phone