

SAMPLE SECTION 2362 NOTICE

Dear (Claimant):

We acknowledge receipt of your workers' compensation claim which was received by us on _____ . Please be advised as follows:

_____ Your claim is accepted as a lost time claim. We will forward the State Agreement form to you.

_____ Your claim is accepted as a medical only/no lost time claim.

_____ Your claim is denied for the following reason(s):

_____ We cannot presently accept or deny your claim for the following reason(s). We hope to have our investigation completed as soon as possible:

_____ Lack of medical documentation.

_____ Further factual investigation required.

_____ Other: _____

_____ While we are not formally accepting your claim for such benefits, medical bills and/or lost time benefits will be paid under Delaware's pay without prejudice section. Delaware law requires that you be provided with the following notice: **this claim is IN DISPUTE** and payment is being made without prejudice to the employer's right to dispute compensability of the workers' compensation claim generally or the employer's obligation to pay this bill in particular.

The date the charges are paid is as follows: _____

The specific benefits being paid are as follows: _____

 X Delaware Law requires that you be notified that the statute of limitations for worker's compensation claims is two years. If your claim has been accepted as compensable and payments made to you or on your behalf, the statute of limitations is five years from the date of last payment.

Very truly yours,

cc: Industrial Accident Board

NOTE: Additional cc must be sent to medical provider if a medical bill is denied or is being paid under the pay without prejudice section