



ACCLAMATION INSURANCE  
MANAGEMENT SERVICES  
*Loss Portfolio Management*®

P.O. Box 269120 Sacramento, CA 95826

**You may lose important rights if you do not take certain actions within 10 days.  
Read this letter and any enclosed fact sheets very carefully.**

September 4, 2013

Tiffany Anderson  
2 North Arena Ave.  
Lodi, CA 95242

RE: Injured Worker: Tiffany Anderson  
Date of Injury: 06/01/2004  
Claim Number: VE140000025  
Employer: Vector-San Joaquin County Mosquito Vector Control District

**NOTICE OF DENIAL OF LIABILITY FOR WORKERS' COMPENSATION BENEFITS  
UNREPRESENTED**

Dear Ms. Anderson:

Karen Jellison is handling your claim for Workers' Compensation benefits on behalf of the AIMS. This notice is to advise you of the status of benefits for your Workers' Compensation injury on 06/01/2004. Informative Fact Sheets are enclosed for your review.

After careful consideration of all available information, we are denying all liability for your claim of injury. Workers' compensation benefits are being denied because we have no medical reports or information that support a cumulative trauma claim of injury to your internal system as a result of exposure as a result of your former job duties when you were employed. Also, this cumulative trauma period is beyond the Statute of Limitations.

Enclosed for your review with this notice is an informative fact sheet addressing questions about Qualified Medical Evaluators (QME) and Agreed Medical Evaluators (AME).

For injuries, which occur on or after January 1, 1990, there is a legal presumption before the Workers' Compensation Appeals Board that your claim is compensable if it is not denied within 90 days of your returning an Employee Claim Form to your employer. That presumption can be rebutted only with information that could not be discovered within the 90-day period.

For claims reported on or after April 19, 2004, regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide such medical treatment until the claims administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of \$10,000.00.

The State of California requires that you be given the following information:



You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please give me a call at (916)563-1900. However, if you are represented by an attorney, please contact your attorney. If you want further information on your rights to benefits or disagree with our decision, you may contact your local State Information & Assistance Office of the Division of Workers' Compensation by calling (209) 948-7980.

For recorded information and a list of offices, call (800)736-7401. You may also visit the DWC website at: [http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm](http://www.dir.ca.gov/DWC/dwc_home_page.htm)

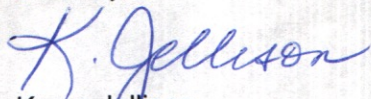
You also have a right to consult with an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply the Workers' Compensation Appeals Board, or the Administrative Director.

You may claim additional benefits, but you should be aware that such a claim is subject to certain time limitation. Labor Code Section 5405 states that an injured worker has one (1) year from the date of either the last payment of temporary disability benefits or last furnishing of medical benefits to commence proceeding with the Workers' Compensation Appeals Board for the collection of benefits. Labor Code Section 5410 states that an injured worker shall have five (5) years from the date of injury to commence proceedings to collect benefits for new and further disability for temporary disability, permanent disability, or medical treatment.

If you have any questions or concerns, please feel free to call me at (916)563-1900.

Sincerely,



Karen Jellison  
Examiner  
(916)563-1900 242

cc: San Joaquin Co MVCD

Enclosures: Proof of Service  
DWC Fact Sheet E - QME/AME (Rev. 3/12)  
QME Panel Request Form 105a with attachment



## PROOF OF SERVICE BY MAIL

I am employed in the County of Sacramento, State of California. I am over the age of 18 years and not a party to the within action or proceeding. My business address is:

Acclamation Insurance Management Services, Workers' Compensation Division

On    September 5, 2013   , I served the following checked foregoing document(s) as:

### Denial of Claim Letter

On the person(s) indicated below, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully pre-paid in the United States mail at Los Angeles, California, address as followed:

Tiffany Anderson, 2 North Arena Ave. , Lodi, CA 95242

  X   **BY MAIL**

I deposited such envelope in the mail at (city), California.

The envelope was mailed with postage thereon fully pre-paid.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Nieves Sampo

Name