

Notice of Acceptance of Claim

Simulated training document only — not an official or live claim file.

Claim Information

Claim Number	25004567
Employee	Nicole Moore
Date of Injury	09/12/2024
Employer	Evergreen Wellness Center
Claims Administrator	Summit Claims Services / WestShield Employers' Safety Group
Examiner	Jordan Peters
Notice Date	10/03/2024

Accepted Body Parts and Conditions

Body Part	Condition
Lumbar spine / low back	Lumbar strain with pre-existing degenerative disc disease.
Left hip	Left hip strain.
Left knee	Left knee contusion / internal derangement, including medial meniscus tear.

Benefits Authorized

Benefit Type	Description
Medical Treatment	Treatment through the employer's approved Workers' Compensation MPN, including PrimeCare Occupational Health and orthopedic referral.
Temporary Disability	Payment of TTD beginning 09/13/2024 at a rate of \$600.00 per week based on an AWW of \$900.00.

This notice confirms acceptance of the above body parts and conditions as industrial injuries arising out of and occurring in the course of employment. This simulated notice is for training only.