State of Nevada DEPARTMENT OF BUSINESS AND INDUSTRY Workers' Compensation Section **Division of Industrial Relations**

Explanation of Disallowance Subsequent Injury Account July 11, 2025

Claim Number: Date of Injury:

19C51J140409

11/18/2019

City of North Las Vegas City of North Las Vegas

Third Party Administrator: CCMSI

Kasey McCourtney

Total Reimbursement Requested:

Submitted by:

Employer:

Insurer:

12,205.68

	2	-	_			Item #
	69	١	rA.			S. K
	1,869.28	1,007.20	1 869 78			Amount Requested
	2014		1975			Check Number
	10/27/20 - 11/09/20	00110110	08/18/20 - 08/31/20			Date of Service
Total of Disallowance:	TTD		TTD			Type of Payment or Provider
\$	₩.	ļ	'n			An Disa
3,471.52	1,602.24	1000	1.869.28			Amount Disallowed
	1,602.24 duty work on 10/29/2020, as verified by the requestor		1 869 28 check #1967	2020, to August 31, 2020, is a duplicate of the benefits already paid for the same period on	Previously addressed on initial disallowance sheet. The TTD pay period from August 18,	Explanation of Disallowance

SI-669