

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

Explanation of Disallowance
Subsequent Injury Account
August 13, 2025

Claim Number: 21D34J953196
Date of Injury: 11/25/2021
Insurer: Las Vegas Metropolitan Police Department
Employer: Las Vegas Metropolitan Police Department
Third Party Administrator: CCMSI
Submitted by: Kim D. Price, Esq.

Total Reimbursement Requested: \$ 188,106.74

Item #	Amount Requested	Check Number	Date of Service	Type of Payment or Provider	Amount Disallowed	Explanation of Disallowance
1	\$ 125.05	532289318	11/26/21 - 12/03/21	Matrix Healthcare Services, Inc.	\$ 125.05	No EOB or Health Insurance Claim Form was submitted
2	\$ 1,080.00	534875687	6/1/2022	COMPDMC	\$ 1,080.00	No EOB was submitted
3	\$ 460.97	N/A	N/A	N/A	\$ 460.97	No EOB or Health Insurance Claim Form was submitted; The amount was not listed on the paid transactions list
4	\$ 133.91	N/A	N/A	N/A	\$ 133.91	No EOB or Health Insurance Claim Form was submitted; The amount was not listed on the paid transactions list
5	\$ 2,124.22	30875	08/20/22 - 09/02/22	TTD	\$ 2,124.22	TTD payments were overpaid, duplicate payment for 08/20/22 - 09/02/22
6	\$ 2,124.22	30956	08/20/22 - 09/02/22	TTD	\$ 2,124.22	TTD payments were overpaid, duplicate payment for 08/20/22 - 09/02/22
				Total of Disallowance:	\$ 6,048.37	