

DATE:

EMPLOYER: _____
EMPLOYEE: _____
CLAIM NO.: _____
LOSS DATE: _____

PAYMENT WITHOUT PREJUDICE

To Whom It May Concern:

This letter will confirm that we have issued the following payment(s):

- Temporary Total Disability: (From _____ to _____) **OR** (_____ weeks).
- Temporary Partial Disability: (From _____ to _____) **OR** (_____ weeks).
- Permanent Partial Disability: (From _____ to _____) **OR** (_____ weeks).
- Permanent Disfigurement: (From _____ to _____) **OR** (_____ weeks).
- Treatment with _____ scheduled for _____.
- Other:

In this regard, and pursuant to 19 *Del. C.* § 2322(h), please be advised of the following:

This claim is **IN DISPUTE** and payment is being made without prejudice to the Employer's right to dispute the compensability of the workers' compensation claim generally or the Employer's obligation to pay this bill in particular.

If you have questions or would like to discuss this matter further, then please do not hesitate to contact me.

Sincerely,

Claims Representative

CC: Industrial Accident Board

THE STATUTE OF LIMITATIONS IN A CONTROVERTED CLAIM IS TWO YEARS FROM THE DATE OF ACCIDENT CAUSING PERSONAL INJURY OR DEATH OR ONE YEAR FROM THE DATE THE EMPLOYEE KNEW AN OCCUPATIONAL DISEASE WAS RELATED TO WORK. FOR AN ACCEPTED CLAIM IT IS FIVE YEARS FROM THE DATE OF LAST INTENTIONAL PAYMENT FOR WHICH A RECEIPT WAS FILED. FOR CLAIMS UNDER 19 DEL. C. § 2357 IT IS ONE YEAR FROM THE ACCRUING OF THE CAUSE OF ACTION ON WHICH SUCH IS BASED.