

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Insurance Company Name]  
[Claims Department Address]  
[City, State, Zip Code]

Subject: Request for Adjustment of BWC Claim

Dear [Adjuster's Name or "Claims Adjuster"],

I hope this letter finds you well. I am writing to formally request an adjustment to my claim under the Bureau of Workers' Compensation (BWC), claim number [Claim Number].

[Briefly explain the reason for the adjustment request. Include details that support your case, such as discrepancies, new evidence, or relevant updates about your situation.]

I have attached [mention any documents you are including, such as medical records, invoices, or other relevant paperwork] to support my request. I believe these documents will clarify my position and justify the adjustment.

I would appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you need any further information or clarification.

Thank you for your time and consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title, if applicable]