

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

[Claims Adjuster's Name]
[Insurance Company Name]
[Insurance Company Address]
[City, State, Zip Code]

Subject: Workers' Compensation Claim - [Claim Number]

Dear [Claims Adjuster's Name],

I am writing to discuss my workers' compensation claim (Claim Number: [Claim Number]) related to my injury that occurred on [Date of Injury]. I would like to provide additional information and request updates regarding the progress of my claim.

[Describe the incident briefly and the injuries sustained. Include any relevant details that may assist the claims adjuster.]

I have attached copies of my medical records, treatment plans, and any required documentation for your review. Please let me know if further information is needed to process my claim.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Job Title (if applicable)]