

[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: Request for Workers' Compensation Claims Adjustment - Claim  
Number: [Your Claim Number]

Dear [Claims Adjuster's Name],  
I hope this letter finds you well. I am writing to formally request an  
adjustment to my workers' compensation claim (Claim Number: [Your Claim  
Number]).

[Explain the reason for the request briefly, e.g., discrepancies in  
medical bills, change in injury status, or additional expenses incurred.]  
Attached you will find all necessary documentation, including [list any  
relevant documents, such as medical records, bills, or correspondence]. I  
believe this information will provide clarity regarding my situation.  
I appreciate your attention to this matter and look forward to a prompt  
resolution. Please do not hesitate to contact me, should you require any  
further information.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]