

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

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

Subject: Request for Workers' Compensation Evaluation

Dear [Claim Adjuster's Name],

I hope this letter finds you well. I am writing to formally request a comprehensive evaluation of my workers' compensation claim [Claim Number] related to my injury sustained on [Date of Injury].

As per the guidelines outlined in the workers' compensation policy, I believe that a thorough assessment is necessary to ensure that my case is adequately reviewed. In support of my request, I have attached all relevant medical documentation, incident reports, and any other pertinent information regarding my injury and its impact on my ability to work. Please let me know what steps need to be taken to facilitate this evaluation, and if there are any specific forms or additional documents that you require. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]  
[Your Job Title] (if applicable)  
[Your Department] (if applicable)  
[Company Name] (if applicable)